

Dunley Hall Limited

Dunley Hall and Ryans Court

Inspection report

Dunley, Stourport on Severn, DY13 0TX
Tel: 01299 822040

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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 

Overall summary

The inspection took place on 19 January 2016 and was unannounced.

The home provides accommodation for a maximum of 35 people requiring personal care. There were 31 people living at the home when we visited. A registered manager was in post when we inspected the service. 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 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Care staff understood what was needed to keep people safe. Staff had received training and knew who their concerns could be shared with.

People received their medicines at they had been prescribed. Regular checks of people's medicines by both the pharmacy and the registered manager, ensured errors were kept to a minimum.

Staff told us they felt supported by having access to training and having supervision meetings that allowed them to discuss issues that were important to them. Staff were also given feedback in their supervision meetings which meant they were able to improve on areas that had been identified that required attention.

Summary of findings

People's consent was appropriately obtained by staff. People who could not make decisions for themselves were supported by staff within the requirements of the law. The registered manager had taken the appropriate action to ensure they met the requirements of the law.

People enjoyed their food. People were offered choices at mealtimes and were supported to have drinks whenever they chose.

People's health needs were assessed regularly and care staff understood how they should care for people. Staff told us they spent time with people and understood how to care for them by getting to know them.

People liked the staff who cared for them. People's privacy and dignity were respected by staff and the management team at the home. People's individual circumstances and individual requests were responded to by staff. Staff showed warmth and care towards people.

People were supported to take part in activities they liked or had an interest in. Staff supported people to maintain individual as well as group interests. Staff knew people's likes and dislikes and how they liked to spend their time.

People responded warmly to the registered manager. Staff were positive about the registered manager and felt part of a team. Staff felt able to contribute ideas as well as ask for help for when they needed support or guidance.

People's care was regularly checked and reviewed by the registered manager. The registered manager understood the registered provider's expectation of the standard of care to be delivered. Both worked together to ensure people's individual objectives for their care could be recorded and updated based on their circumstances.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were at ease around care staff and staff understood what was needed to keep people safe. People received their medications as prescribed.

Good



Is the service effective?

The service was effective.

People were cared for by staff who understood people's health and the risks associated with their health. People were included in discussions about their care and diet and supported to make choices.

Good



Is the service caring?

The service was caring.

People were cared for by staff who people felt understood how to care for them. People knew the staff well and staff understood how to treat them with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People gave suggestions for activities and care staff supported them to participate. People's care was adjusted in line with their individual care requirements. People understood the complaints process but did not feel they needed to use it.

Good



Is the service well-led?

The service was well led.

People's care and the quality of care was regularly reviewed and updated. The management team worked together to ensure the quality of care being delivered met the registered providers expectations.

Good



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 was planned to check 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 inspection took place on 19 January 2016 and was unannounced. The inspection was carried out by one Inspector.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to four people living at the service. We also spoke with seven relatives, three staff, two visiting health professionals, the registered manager and registered provider.

We reviewed three care records, the complaints folder, recruitments processes as well as monthly checks the registered manager completed.

Is the service safe?

Our findings

People living at the home told us they felt safe. One person told us, "I feel safe...there's always somebody around if you need." Asked if their family member was safe, relatives told us they did not have any concerns about their family member living at the home.

Staff we spoke with told us they had undertaken training so that they were able to identify the signs of abuse and that their training was regularly updated. Staff we spoke with told they felt confident that they could share any concerns they had with the registered manager or registered provider. Care staff could explain to us the different types of abuse and understood that external bodies such as the local authority and the Care Quality Commission could also be contacted. We reviewed how the registered manager recorded and monitored concerns and saw that the registered manager had acted in accordance with their responsibilities. Where incidents may have occurred, the local authority had been notified.

Staff we spoke with spoke confidently about how they supported people living at the home. Care staff we spoke with could recall to us how they were observant of the risks to people's individual health needs and what they did to support people. One person told us they lived with Diabetes and that staff supported them. We saw staff regularly check the person was alright and ensured the person had plenty of their favourite sweetened hot drink to ensure their glucose levels were maintained. Two staff we spoke with confirmed they checked on the person regularly because they had Diabetes. When we spoke to staff to understand what they understood about what action to take if the person were to become poorly, staff could describe symptoms they needed to be aware of. Staff told us that information was contained in people's care plans and that risk assessments for people were regularly updated. We reviewed three care plans which demonstrated how risk assessments were detailed for staff to refer to.

People told us they were enough staff to support them. A relative told us, "Oh yes, there's enough staff." We saw that regardless of where people were in the home, staff were always around so that people could summon help if they needed. People who preferred to stay in their rooms told us that could press the call bell or that someone would call on them to check they were alright. One visiting healthcare professional told us they had always been supported by staff when they visited and this made it easier for people receiving help. The registered manager told us that staffing levels were adjusted in response to occupancy levels and people's needs. The registered manager told us that where for example, people needed 'End of life care', people required greater support, and that adjustments were needed to staffing levels.

We reviewed how care staff were recruited to work at the home. Although the home has a steady workforce, we saw that there was a system in place so that staff recruited had the necessary pre-employment checks to ensure they could work with people at the home. We spoke to two staff that confirmed they completed Disclosure and Barring Service (DBS) checks before commencing work. Two staff files we reviewed contained confirmation of the necessary pre-employment checks.

We reviewed how people received their medicines. We saw that people's medicines were reviewed regularly by both the registered manager as well as the pharmacy that was responsible for supplying the medication. People told us they felt supported by staff to take their medications and that they received them at the time they would expect to take them. One person told us, "I have my tablets with my breakfast." We saw how medicines were stored and reviewed the system for ensuring they always had enough medicines in stock to meet people's needs. One care staff member told us they followed the written guidance in people's care plans if a person required medicines 'when required'. Staff competency to give people's medicines was also reviewed by the registered manager regularly to ensure staff understood what was needed to ensure people received their medicines as they should.

Is the service effective?

Our findings

People and relatives we spoke to had faith in care staff and how they supported people. One person told us, “They’re amazing the staff.” One relative told us staff were, “Friendly, helpful and competent.”

Care staff we spoke with confidently told us they could access training as and when they needed it. One staff member told us they had expressed a desire to go on refresher training to use the hoist, and this had been arranged as a number of people living at the service required support to be moved. Care staff told us they met with their line manager regularly and that this was useful for them to understand their own performance. This allowed staff to know when things were done correctly or not so well, and if so, what they needed to do to improve.

We saw how care staff applied their understanding of dementia training in the way they engaged with people living at the home who also lived with dementia. We saw one person use a doll as a comfort item. We saw staff support the person’s perception of where they were and respected the time frame within which the person thought they were living. Staff we spoke with understood the importance of supporting the person in that way. Staff told us their training had made realise how empathy enabled them to better support people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff understood what it meant for a person when they were the subject of a DoLS. Staff understood which people

were subject to DoLS and the restrictions in place. Staff told us they were able to confirm these details because they were invited to attend meetings held to discuss people’s care. Staff told us they understood they needed to explain what they were doing so that people did not object to aspects of their care. For example, we saw people were asked about wearing an apron at meal times before staff helped them to wear one. Staff also told us they had attended training and felt confident speaking to the registered manager if they were unsure of anything. We reviewed three applications the registered manager had submitted and saw that they were specific to individual people and their circumstances.

People were supported throughout the day to have drinks and snacks. A drinks station had been set up in the home so that people could have drinks whenever they chose rather than at set times. People enjoyed their meals and told us they were always able to have a choice of food. We saw people being offered choices and where people had difficulty making a selection; they were shown plates of food to pick from. We saw that care staff made efforts to ensure people enjoyed their mealtime. One person became upset and their behaviour may have also upset other people. We saw a care staff person sit with the person and eat their meal next to them because that was what the person had wanted. This helped both settle the person down as well as meant that everyone was able to enjoy their meal.

People told us they saw the GP regularly. The GP was also positive in their feedback of the home and described a good relationship with care staff. The GP told us instructions left with care staff were followed by care staff. People told us they also saw the dentist, opticians and chiropodist.

We also spoke with the chiropodist who also confirmed that people were booked into the see the chiropodist appropriately and people’s care was amended based on any special advice they gave. We saw that people were also supported to attend hospital appointments with staff and visit any other medical professional they needed to see. People were also able to access alternative medicine if they chose. We saw from a person’s care record that they accessed reflexology sessions.

Is the service caring?

Our findings

People we spoke with who lived at the home, talked fondly and affectionately about the care staff supporting them. One person told us care staff were lovely, without exception.” Another person told us, “The care staff are very kind. They’ll do anything for you.” One relative told us staff were “Wonderful”.

People living at the home felt they had a good relationship with staff that enabled staff to understand the needs of people living at the home. People talked positively about the consistency in staff they experienced. One person told us, “Usually the same girl gets me up in the morning”. We saw that care staff understood the needs of people living at the home. We saw care staff sit and chat to people about things that were important to them. We saw one example when a person exchanged light hearted jokes with one of the care staff about the colour of their hair, as the person cajoled the staff member to change their hair colour. Later during the inspection we saw another care staff member set the person’s hair with tongs in the way the person had wanted because care staff knew the person had previously worked in the beauty industry and the person’s appearance was important to them. Care staff we spoke with told us they were able to spend time with people to get to know them. One staff member told us they sat with people in the afternoons when it’s quiet and chatted to them.

People told us they were involved in making decisions about their care. People made decisions about things they wanted to. Some people had discussed funeral arrangements and made staff aware of these so that staff knew what the person would have liked. Where people did not want to discuss this, this was respected by staff. Other people told us about how they made day to day decisions about their care. One person told us they liked to go to bed early and staff knew this. Another person told us they preferred to have a bath and that they always had a bath when they chose to. One relative told us staff kept them updated about their family member’s care and spoke to them to ask their advice if their needed feedback on a particular aspect of the care.

People’s space and where they chose to spend time was respected by care staff. Some people chose to stay in their

rooms and have relatives visit them, whilst other people liked to socialise. However, people’s preferences were known to care staff and people were supported accordingly. One person we spoke with who told us they liked to keep themselves to themselves but liked to have tea at a particular time in one of the homes lounges. We saw care staff bring in the tea as the time stated to the persons delight.

People’s privacy was maintained at the home though a number of different ways. We saw “Pigeon Holes” for people living at the home, which meant that people could collect their own post, open and respond to it. We also saw that promoting dignity and respect, extended to family members of people living at the home too. During the inspection we saw the registered manager and registered provider support a family member to make funeral arrangements for a relative who had recently passed away. The registered provider also arranged for family and friends to gather at the home after the funeral to allow care staff to pay their respects to the person’s family. The registered provider also showed us a refurbished area that had been set aside for people who were nearing the end of their life. The room was larger so that it could accommodate a larger number of friends and relatives who may wish to visit as well as a dining area so that people could eat their meals together in private. The registered manager told us that the idea had arisen because of some of the requests and feedback they had received from relatives.

People were also encouraged to maintain their independence with things that were important to them. One person told us, “There’s always help but the girls listen if I want to do it myself.”

Relatives we spoke with told us they visited whenever they chose to and stayed for as long as they needed. Some relatives told us they visited daily whilst others visited as often as possible and called whenever they could. Relatives told us they felt welcome and that this made visiting their family member easier. One family member had asked whether they could come in and have Christmas dinner with their family member who had recently moved in, and a table was set up so that they could eat together as a family.

Is the service responsive?

Our findings

Two relatives we spoke with had had a family member recently move to the home. The relatives we spoke with told us that the experience had been made easier because they felt able to input their family member's preferences for their care. They told us that they shared information with the care staff about what the person liked and disliked and how they liked to have certain things done.

The registered manager told us about how they worked with families and the person to monitor people's care so that it met people's expectations as well as ensure what was needed to care for the person. We saw one person display behaviour that was challenging for staff to support. The person's health had recently deteriorated and staff worked with the person to understand their behaviour in order to provide reassurance to the person. Already a number of adjustments had been made such as understanding which care staff the person responded positively to. Staff told us that they were keeping a consistent care team around the person so that they could better understand the person's changing needs.

We saw people throughout the day ask staff to do things and ask for help. We saw one person ask for staff to get them a cardigan and a care staff member responded immediately. On another occasion, a person asked to use the bathroom and the person was immediately supported.

People were supported to continue interests that many had had for a number of years. A knitting club ran at the home, with a number of people participating who also met regularly. The club was run by one of the people living at the home and facilitated by care staff. One staff member told us, "We make sure they have their wool and everything they need." We saw items that people had knitted hung up

with pride around the home. People were encouraged to participate at levels that reflected their ability. Some people made pom-poms for their walking frames, whilst others were involved in more elaborate designs for blankets. Another person was supported to maintain their interest in painting. Care staff knew which people liked which activities and we saw them chat to people about interests that were important to them.

People were able to contribute the ideas they had to improve the service in a number of formal and informal ways. One person had expressed an interest in having internet access by discussing it with the registered manager, and this had been installed for the person to use. Another idea had been changing the use of a lounge which was not being utilised. People living at the home were asked through conversations the registered manager. Meetings were also arranged to speak to people living at the home. People were asked to contribute ideas for the change in use. Of the suggestions contributed, the most popular suggestion had been to change the area to a bar area, with a working bar and TV so that people could sit and have a drink if they liked. Changes had already been made in response to the idea and other modifications to the room were still being made. People were also being encouraged to use the new bar area.

Although people told us they knew they could complain if they wanted to, people we spoke with said that they had not had any reason to do so. People and relatives we spoke with told us they had no complaints because care staff supported them. The registered manager described making their availability known to relatives so that relatives could discuss things with them if needed. For example, the registered manager was available on some weekends so that relatives that were only able to visit on weekends had the opportunity to discuss anything they may need to.

Is the service well-led?

Our findings

People knew the registered manager and felt at ease speaking with her. We saw the registered manager chat to people living at the home throughout the day. One person told us, "She's lovely. She really looks after me here."

People seemed at ease and wanted to stop and chat with her about things that were important to them. We saw people exchange light hearted chatter. The registered manager also understood people's individual care needs and could describe to us clearly what was happening with each person's care.

Staff we spoke with talked with warmth and affection about the registered manager. Staff described the registered manager as approachable and willing to step in and support staff if there were ever any issues. We saw an example when a person became agitated and upset, and the registered manager was able to step in and support care staff settle the person and reassure them. Care staff spoke positively about working at the home and the environment they worked within. One care staff member told us, "I can go to her to her with anything."

Care staff working at the home described communication as good between the registered provider and the care staff. Care staff felt able to speak to either the registered manager or provider if there were any issues. Care staff told us they benefitted from having regular meetings as well as being able to make suggestions for areas of the home. One of the cooking staff told us they asked whether they could trial traditional puddings associated with school for people and that this had been supported by the management team. Another care staff member told us they had made suggestions for improving the handover sheets care staff used and this had also been taken on board by the management team. Care staff felt encouraged to speak to the management team and felt part of a wider team.

The registered provider told us they took on board suggestions that came from people living at the home. The registered provider told us about how they tried to

understand the care people expected by making their own observations by being at the home regularly. The registered provider told us that they had seen some people struggle with mugs and beakers whilst drinking hot drinks and had decided to change to fine china mugs because they were lighter for people to pick up and because the handles were bigger.

The registered manager completed regular checks of the service to ensure people's care was continually monitored and updated accordingly. We saw how the monthly checks were completed and reviewed the system the registered manager had. We saw that people's care records, equipment and medicines were all reviewed regularly. We also saw that the registered manager also reviewed staff performance to ensure staff were comfortable and able to complete the necessary tasks needed to care for people. Regular supervisions with staff and observations of staff practices meant that even when issues fell outside of these supervision meetings, the registered manager was able to identify issues so that people's care was not affected. For example, care staff told us that training was monitored regularly, but should they need more training, this could be requested and would be arranged promptly.

The registered manager described having a close working relationship with the registered provider whereby the registered manager visited the home regularly and had a good understanding of the workings of the home. The partnership between the registered manager and registered provider ensured that knowledge was shared from any learning that had been gained by either. The registered manager regularly attended training events for registered managers and the registered provider also attended events aimed at providers so that each understood issues relevant to providing quality care. The registered manager told us about improvements they had already made to the home as well plans they had made for the future. A number of improvements already completed included the improved signage to make it dementia friendly as well as a refurbishment programme that was on going.