

Dunley Hall Limited

Dunley Hall and Ryans Court

Inspection report

Dunley
Stourport On Severn
Worcestershire
DY13 0TX

Tel: 01299822040

Date of inspection visit:
06 December 2023
07 December 2023

Date of publication:
05 January 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dunley Hall and Ryans Court is a residential care home providing personal care to up to 35 people. The service provides support to people aged 18 and over, some of whom live with dementia, physical disability and/or sensory impairment. At the time of our inspection there were 29 people using the service.

People's experience of the service and what we found:

Overall, systems to monitor the quality and safety of the service were effective, but some areas for improvement were identified during our inspection in relation to the environment and staff training.

People told us they felt safe and were supported by a consistent and caring staff team. Relatives spoke positively about the home and were happy with the care and support given to their loved ones.

Risks to people had been assessed and recorded so staff knew how to keep them safe. People received their medicines as prescribed and these were reviewed regularly. Accidents and incidents were recorded and analysed to ensure risks were identified and mitigated and lessons were learnt.

Relatives were able to view their family members care records, see photographs of them enjoying activities and send messages through the 'Relatives Gateway'.

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.

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 Good (published 31 October 2018).

Why we inspected

We undertook this inspection due to the length of time since our last comprehensive ratings inspection. We undertook a focused inspection to review the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dunley Hall and Ryans Court

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.

Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dunley Hall and Ryans Court 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. Dunley Hall and Ryans Court 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

The inspection was unannounced on the first day. The provider was made aware we would be returning for the second day.

What we did before the inspection

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 sought feedback from the local authority and Healthwatch.

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

We used all this information to plan our inspection.

During the inspection

We spoke with 5 people about their experience of the care provided and 3 relatives. We spoke with 7 members of staff including the registered manager, deputy manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from 1 visiting professional.

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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People told us they felt safe living at Dunley Hall and Ryans Court. One person told us, "I'm lovely and safe, I don't worry about anything." Relatives we spoke with all felt their family members were safe and well cared for.
- Most staff had received safeguarding training, however, some staff's training had expired. We discussed this with the provider who gave assurances this would be addressed. Staff we spoke with had a good understanding of abuse and the process to follow if they had any concerns and were confident the registered manager would act on anything reported.
- Referrals had been made to the local authority when abuse had been suspected and investigations had been completed.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored.
- Risk assessments were in place for people to minimise the risk of avoidable harm.
- Staff were able to tell us which people had identified risks and how these should be managed. For example, people who were at risk of unintentional weight loss were given fortified drinks and food to help gain weight and their weight monitored.
- People had emergency plans in place outlining how to support them should they need to evacuate the building in an emergency.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- There were enough staff on duty to attend to people's needs. One person told us, "There's plenty of staff always. When I ring my bell they come so quickly."
- Relatives spoke positively about staff, comments included, "The staff are very nice" and "The staff are lovely you couldn't ask for better."
- Pre-employment checks had been carried out to ensure staff were suitable, these included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were administered safely.
- Detailed guidance was in place for all prescribed medicines administered on an 'as required' (PRN) basis.

Whilst reviews were taking place, these were not evidenced on the PRN protocols. The registered manager informed us they would amend the form to include this information.

- Where people required to have their medicines given covertly, best interest discussions were held, and advice sought from the pharmacy. Clear guidance was available to staff to support safe administration.
- People had regular reviews of their medicines carried out by the GP.
- Relatives were satisfied their family members were receiving their medicines safely. One relative told us, "[Person's name] takes medication twice a day, there are no issues with it".
- Most staff had up to date training in safe handling of medicines, however, we saw some staff's training had expired. Despite our findings staff were knowledgeable and demonstrated good practice. We discussed this with the provider who gave us assurances the training would be updated.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had received infection control training. We saw they followed good hygiene practices when supporting people and had adequate supplies of personal protective equipment.
- The home was clean and free from odours however, we did find some areas of the service which needed refurbishment, for example, some of the flooring and equipment were damaged, this meant cleaning may not always be effective. We discussed this with the provider and assurances were given these concerns would be addressed.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Relatives confirmed they were able to visit at any time.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed, and actions taken to reduce the risk of further occurrences.
- Care records detailed where measures had been put in place to reduce risks. For example, one person had been assessed as at risk of falls, a sensor mat had been put in place to manage the risk.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- We found the service was working within the principles of the MCA, and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where people lacked capacity to make decisions, appropriate DoLS, MCA assessments and best interest decisions were recorded.

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 Good. At this inspection the rating has remained 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; Continuous learning and improving care

- Governance systems were in place to monitor the quality and safety of the service. However, some of the issues we found during our inspection had not been identified in the providers audits. Following our inspection the provider confirmed they had reviewed and amended some of their audits.
- Training systems in place were not always effective to ensure staff training was kept up to date. The provider acknowledged this and assured us they would look at implementing a more effective system.
- Systems for the monitoring and oversight of incidents were in place. The registered manager had oversight of each incident individually and identified measures required to reduce recurrence of events.
- The registered manager was aware of their legal responsibilities to submit statutory notifications to CQC for notifiable events.
- The registered manager told us the provider was supportive and they visited the service regularly.

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

- There was a positive and open culture at the service.
- People and their relatives spoke positively about the service. One person told us, "I couldn't ask for more, I haven't come across a carer who's not caring."
- Relatives told us how they used the 'Relatives Gateway' to check care plans and could read what care and support had been provided to their family member. One relative told us, "There are care plans on the family gateway, we look at. There are photos so we know what [Person's name] has been doing." We saw evidence consent had been sought to share this information.
- Staff felt supported by the management team. One staff member said, "I love it, it's more of a family here and residents are like our family". Another staff member said, "There is a great feeling in the home, I am happy here."
- The registered manager told us they had good connection with relatives. Family members supported this statement. One relative told us, "[Name] is a good manager, she always makes time for you."

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 understood their responsibilities under the duty of candour.
- Relatives were kept informed of any changes in their family member's health and wellbeing. One relative

told us, "The staff are very communicative, they update us with everything."

- Systems were in place to record, respond and manage complaints.
- The registered manager and provider demonstrated an open and honest culture.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback was sought from people and staff through meetings. People, relatives, staff, and professionals were also able to provide feedback through regular surveys. Feedback was used to drive improvements.
- People's care records were person centred. Some included details of cultural and religious preferences. The provider had identified further work was required in some areas of care planning.
- Relatives were able to use the 'Relatives Gateway' which enabled them access to their family members care records, see photographs and send them messages. Relatives told us this gave them reassurance their family members needs were being met.
- The provider worked in partnership with other professionals to ensure people received the care and support they required. One professional we spoke with said, "It is such a welcoming place, and they are always on top of everything. They are really good."