

Quantum Care Limited

Dukeminster Court

Inspection report

Dukeminster Estate
Church Street
Dunstable
Bedfordshire
LU5 4FF

Tel: 01582474700

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Ratings

Overall rating for this service

Good ●

Is the service safe?

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

Dukeminster Court is a care home providing personal care to 43 people aged 65 and over at the time of the inspection. The service can support up to 75 people.

Dukeminster Court accommodates people in five separate units across three floors. At the time of the inspection, one floor and one unit was closed due to vacancies. Each bedroom had ensuite facilities. There were also shared indoor and outdoor spaces in each unit such as a garden area, onsite hairdressing salon, lounge, kitchen and dining area. There was an office at the front entrance of the building. Two units specialised in supporting people living with dementia.

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

People told us they felt safe living at Dukeminster Court. They liked the staff and told us staff treated them well, were kind and knew them very well. Staff knew how to keep people safe and what to do if they had any concerns.

People were supported by trained staff in all aspects of their daily life. This included going into the town, maintaining contact with friends and relatives, having meals and drinks out, socialising and meeting their health needs.

People told us the management had improved since the recent start of the new registered manager and this had a positive impact on the quality of care they received. This included things such as no longer having to wait for help when they called, complaints being resolved quickly and feeling listened to.

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.

The registered manager made sure all staff and visitors followed the latest government guidance for reducing risks about COVID-19 and the spread of infection. Staff had received additional training on this topic to ensure they could keep people as safe as possible.

People were supported to safely administer their medicines and agreed with staff and medical professionals what time they would like to take them. Where there were signs that a new medicine was having an adverse effect, the staff referred the person back to their doctor for review and advice.

People had access to health professionals who worked closely with the staff and management team to ensure all health concerns were looked into straight away. The senior staff had been trained to observe and record basic health observations such as blood pressure and oxygen levels to help professionals get the right information and monitor people's well-being quicker.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 18 February 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 22 January 2021. Breaches of legal requirements were found. There were concerns identified in safe, caring responsive and well-led.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe 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.

Dukeminster 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 Care Act 2014.

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

Inspection team

This inspection was carried out by three inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection-

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, regional manager, housekeeping staff, senior care workers and care workers. 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 also received written feedback from three further relatives, one staff member and two health and social care professionals.

We reviewed a range of records. This included nine people's care records and multiple medication records. Three staff files in relation to recruitment and staff supervision, including one agency member of staff and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to do all that was reasonably practicable to reduce the risks of falls. This was a breach of Regulation 12 (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 this regulation.

- At this inspection, we found that all risks to people had been assessed and clear guidance written in care records for staff to follow. Risk to people in relation to specific conditions such as diabetes or dementia had been reviewed and recorded with input from relevant health professionals where appropriate.
- Staff had received training to help them support people who communicated in ways that could result in harm to themselves or others. This was observed to be implemented and staff clearly knew people well.
- People told us they were happy with how staff supported them with risks, such as being hoisted. One person told us, "I have to be hoisted from chair to chair, and chair to toilet now. I am happy with the way that is handled. I feel safe when [staff] do that."
- The provider had introduced an electronic care planning system. This meant changes to risks could be updated in care records immediately and staff had instant access to that information via handheld devices.
- The registered manager had introduced new auditing processes to analyse the quality of care, including falls and other events. This resulted in a change of where staff were positioned in the home to better observe risks and reduce the amount of falls. This had been a success based on a decrease in the number of falls. One professional wrote to tell us, 'The safeguarding numbers attributed to falls have reduced significantly due to the interventions put in place'.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe. The registered manager had implemented new systems to ensure any concerns could be quickly identified and action taken to resolve them. They notified the relevant organisations of all reportable events.
- People told us they felt safe. One person said, "I feel safe. The staff know me very well." Another person said, "Oh my goodness me yes, I do feel safe, my staff [member] comes in but stands at the door and puts their thumbs up and I put mine up if I am ok."
- The registered manager had enabled all staff to have training on how to keep people safe and recognise the signs of abuse. Staff knew these signs well and were confident to report any concerns to the management team or externally to the CQC or local authority safeguarding teams if needed.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. The registered manager had reviewed how staff were working and had scheduled staff in a way that meant the right staff were in the right places when needed.
- One person told us prior to the new registered manager starting they had to wait a long time for help when using the toilet. They said they now get attention quickly when they needed it. Another person told us about support at night. They said, "In the night if I need help, it is there quickly. I only sometimes need to wait a short time if they are dealing with another person in situ but then they come straight to me."
- The registered manager ensured that all staff, including agency staff had full employment checks on their suitability for the role prior to starting work.

Using medicines safely

- People were supported by staff to have their medicines safely. One person said, "[My medicines] are correct and on time. The tablets come along in a pot from the pharmacy which is labelled with my name and the date and the time. [Staff] give my medicines to me and I take them."
- Staff had received training in safe administration of medicines. They were also observed in practice by a competent person to check their practice was correct. Medicines were stored correctly in clean, secure areas.
- The registered manager had written clear guidance for staff in people's care records about when and how people liked to take their medicines. This included how to support with any known risks and when to offer medicines prescribed as and when required, such as pain relief.

Preventing and controlling infection

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

Learning lessons when things go wrong

- The registered manager shared all lessons learnt with the staff team and other relevant people involved in reportable events. Staff told us they were given the opportunity to reflect on these and agreed ways of working to improve practices and keep people safe.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At a previous inspection, we found that people's dignity was not always upheld. We found staff were inattentive to people's physical and emotional needs. Staff were also not mindful of where and how people were spoken about and who could overhear. People's care records had been left in communal spaces too.

- At this inspection, we observed staff paying attention and speaking to people in ways that supported their dignity and independence. A relative wrote to us, saying, 'The staff are caring and treat people respectfully.'
- Staff were patient while walking alongside people who were at risk of falling, to go at their pace and use their walking aids correctly. They chatted casually about topics of interest and the changes they had seen in their lifetime.
- One person was encouraged to continue their independence by driving out alone to local places of interest and visiting friends and family.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated well and happy with the support provided by staff. One person said, "I am speaking just for myself; I personally think the care that I am receiving from the Dukeminster staff is very good indeed. I have full capacity as they put it and am very happy with the way things are going for me."
- The registered manager had asked everyone living at Dukeminster Court about their cultural and religious preferences as part of their assessment of needs. They had installed a room in one area for people who wished to use it for meditating and relaxation.

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

- People told us they were involved in the planning and review of their care. One person told us, "[Staff] do talk to me about what I like for my care plan." Some people's relatives were also included where people were happy for them to do so.
- A relative told us how care planning had improved since the introduction of the new electronic care planning system. They said, "[We] were shown how they can monitor what fluids etc [my family member] is having. It was nice to see."
- People told us how the registered manager always came to see them to ask how they were and if they needed anything. Relatives told us how the registered manager sought their views to give feedback on how things were whenever they visited the home. Some of the written feedback was, 'Wonderful. [The visit] was perfect and the staff so helpful'. And, '[The visit] was good. Staff are lovely and welcoming'.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At a previous inspection, people and their relatives felt there were not enough opportunities in place for people to spend their time how they chose to. Other concerns were in the way staff communicated with people, which was felt to be inconsistent and infrequent.

- At this inspection, we found that people had the opportunity to participate in organised events if they chose to. This included sessions on seasonal events, historical remembrance, social games and hair and beauty. One person told us, "I like to go out for meals with friends. I go out for food; it is very nice."
- A relative wrote to us to say, '[My family member] is extremely happy at Dukeminster and happily participates in the activities on offer. They love the activities and interactions with the other residents and the onsite hairdresser'. They went on to say how well relatives were welcomed into the home too.
- Some people told us they preferred to stay in their bedroom and just have a chat to friends or watch their televisions. One person said, "I like it here, there is time for a bit of a chat, the food is good and I have choices."
- One person wrote and led the daily quizzes for people. Another person told us, "We have had a little get together this morning all of us had coffee and biscuits and a nice chat."
- The registered manager was continuing their coaching of staff in practice, to ensure their understanding of the importance of chatting to people and making them feel at ease. One relative told us how reassured they were that their [family member] was not just left alone in their room, after witnessing staff pop in for an ad-hoc chat.

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

- The registered manager planned a personalised approach to care in people's records. Care records gave detailed guidance for staff about what people preferred and a personal life history to get to know people better. The registered manager observed staff practice daily to ensure they were applying this approach and also meeting people's needs in a timely manner. They supported staff to develop their practice if they observed interactions not up to the expected standard.
- People were given choice and control over their care and how they spent their time. A person told us, "I can say 'No, I would like something done this way' and this is what we have been doing. But rare that I have to as [staff] know exactly how I like things done and do it that way. They know me very well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had assessed people's preferred ways of communicating. Details of how to meet people's needs were written in their care plans to guide staff. People's care plans included supporting staff to understand what they were trying to communicate when communicating without speech. For example, rubbing their hands together and then through their hair while making a specific facial expression, for one person, typically indicated they were in pain.
- Staff understood how to communicate with people and who they needed to speak to in a louder or clearer voice. Wearing masks at times inhibited this due to people's ability to hear and impacted on their privacy. When this occurred, staff were observed to write the information down instead.
- Currently, people only required support with audio and non-verbal forms of communication. The registered manager explained that if anyone needed information translated into other formats such as other languages or braille, they could look into offering this.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints system in place that recorded all concerns, what action had been taken and the outcomes. Staff understood how to support a person to complain. They also knew when a complaint needed to be escalated to others if it was of a more urgent nature.
- People and relatives told us the registered manager acted quickly when concerns were raised. One person told us how they had complained about the quality of agency staff and the registered manager had acted very quickly. They said, now they would not know the agency staff were not permanent due to the improvement in quality. A relative told us how communication had also improved after they had complained about this.

End of life care and support

- The registered manager asked people about their wishes in the event of serious illness or death. Not everyone wanted to discuss this and where this was the case, this was recorded in their care plan. Other people had detailed information about their wishes and which relatives should be contacted.
- For people already receiving end of life care and support, their care record also considered the needs of their relatives during this difficult time in their life. One relative wrote in to say, 'I wanted to thank you and your staff for your kind and thoughtful care. We were always impressed with the quality of care and thoughtfulness shown to [my family member]. Finding such a wonderful and caring home for [our family member] meant a great deal to us'.
- The staff worked closely with other professionals such as the palliative care team and district nurses to ensure people were comfortable and as pain free as possible to support a dignified death.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; Continuous learning and improving care

At our last inspection the provider had failed to have quality monitoring systems in place to effectively assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 (Good Governance) 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 this regulation.

- Dukeminster Court had appointed a new manager since the last inspection. This manager was now registered with the CQC. The registered manager had a good understanding of their role and responsibilities. They had implemented a range of new practices and systems for identifying concerns and monitoring the quality of care. This had resulted in an improvement in the number of falls people were experiencing. There was also better communication with relatives and professionals and more respectful and meaningful interactions between people and staff.
- An electronic care planning system had been introduced. The registered manager used the information it generated to analyse the reasons for various events such as falls and act on this. The audit information was very detailed and analysed each individual person's information as well as helping to identify overall trends. The registered manager had implemented a robust improvement and development plan, which was regularly reviewed and shared with the CQC and the local council.
- Staff told us how morale had greatly improved and they had been able to develop their knowledge and skills with the registered managers support. Staff felt able to request any additional training that they felt would benefit their practice and the people they supported.
- One staff member said of the registered manager, "[They] are really on the ball, they have arranged team meetings, which we weren't getting previously." Staff also said they now had the opportunity for regular individual discussions with the registered manager or a member of the senior staff team, as well as coaching in practice.
- Relatives felt the registered manager had a positive impact and approach. One relative told us, "[My family member] is quite happy with [registered manager] and said they go around everyone every morning and say good morning to each of the residents. [This makes my family member] feel better as they felt uneasy with [previous manager]."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People all spoke highly of the recently appointed registered manager and the positive impact they had on the quality of care. One person told us, "The manager we have had installed recently is good. The atmosphere is much better. The manager is very friendly and you do see them and they talk to people and to the staff which is essential. I have always said they need to be walking around and seeing what is going on. You can point out anything to them when you see them around and they will act on it."
- Relatives felt able to speak to the registered manager and that they would listen. One relative told us, 'The management team have been very helpful and done everything they could to make [my family member] feel comfortable and valued. A large part of their decision to live here was because they loved the staff and felt safe and well-cared for'.
- Staff told us how they felt supported by the registered manager. A staff member said, "With [registered manager], the atmosphere has been so different. They support us. I started to lack confidence in myself as there was no structure previously, but I know now that I am good at what I do. I am able to talk to [registered manager] if I have any concerns."

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 understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives and the staff team. They were open with us about plans for continued improvements and the development of staff.
- Relatives were happy that communication had improved. One relative told us, 'Staff always keep us informed as to [my family member's] care and are happy to discuss this at any time'.

Working in partnership with others

- The staff team worked with a variety of health professionals to ensure people's needs were being met. They also worked with the local authority to continue to develop areas that had previously been identified as requiring improvement. One professional told us, 'The manager and management team have responded well to risk of falls. They have also put in place Falls Champions and refreshed their training around this'. A Falls Champion is a staff member with specialist training who supports other staff using initiatives to improve practice and reduce the risk of falls. This could include strengthening exercise sessions for people, reviewing risk assessments and the environment for other hazards and the sharing of new best practice ideas.
- During the inspection we observed staff working with two dieticians to assess staff skills and practice in food safety. A relative told us, '[My family member] has twice weekly sessions with the physiotherapists and occupational therapists and Dukeminster staff accommodate these appointments and adhere to the advice given'. Records showed that instructions from health professionals were followed up by staff.