P Parmar

Dudley Court Care Limited

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?	Requires Improvement

Summary of findings

Overall summary

We carried out this unannounced inspection on 6 and 7 September 2016. Dudley Court Care Home provides care and accommodation for up to twenty two people many of whom live with dementia. At the time of the inspection twenty people were living at the home.

The service has a registered manager who was present throughout the inspection. 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.

At our last inspection in August 2015 we found that the provider had breached regulation in relation to not having robust systems in place to manage risks to people and in monitoring the quality of the service. We also found that the service needed to improve in staff deployment, involving people in their care and consideration of people's cultural needs. Following this inspection the provider sent us a plan detailing what they would do to address the breach. At this inspection we found that improvements had been made in many aspects of the service and the provider was no longer breaching regulation. People and their relatives were happy with how the service was managed. The registered manager had made improvements to the systems in place to monitor the quality and safety of the service although we found that further improvements were needed to ensure these systems were fully effective and robust.

People felt safe living at the home. People had support from staff who understood appropriate action to take should they have concerns about a person's safety and had received training to aid their knowledge.

People were supported to stay safe as the provider had systems in place to reduce and monitor the risks associated with people's care. People were happy with the support they received with their medicines and we saw that this was carried out safely.

There were sufficient staff available to support people when they needed help. Staff were deployed effectively in communal areas of the home and spent time speaking with people or providing reassurance or assistance where needed. Staff felt supported in their role and received support from the registered manager and from other members of staff in the team.

People were supported by staff who had some knowledge of the Mental Capacity Act (2005) and could explain how they involved people in making choices about their care.

A number of people at the home were living with dementia. Staff were confident in supporting people with this condition but there were limited aids to support people in making decisions. We have made a recommendation about accessing information and resources to support people living with dementia to make decisions.

People had their healthcare needs met and the service was quick to respond and seek advice when healthcare needs changed.

People told us they felt cared for and our observations confirmed that staff were kind and caring in their approach. Care was planned with people and their relatives to ensure the care provided met people's preferences. Staff knew the people they were supporting well and could explain how each person liked to be supported.

Care was reviewed with people at regular intervals although this wasn't currently recorded. People had been supported to sustain relationships with people who were important in their lives.

Activities occurred on a regular basis based on people's known interests.

There were systems in place for people to raise concerns and complaints and people knew how to do this. People had the opportunity to feedback their experience of care at the home and the provider responded appropriately when people raised concerns.

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.

People received their medicines safely.

People were supported by sufficient, suitably recruited staff who were deployed effectively.

People had the risks associated with their care managed by staff who knew how to reduce these risks.

Is the service effective?

Good

The service was effective.

People had their healthcare needs met and received appropriate support to receive adequate nutrition and hydration.

People had been supported to make decisions about their daily care needs

Staff had the skills to meet people's individual needs.

Is the service caring?

Good

The service was caring.

People felt cared for and were supported by staff who had got to know them well.

People's independence was promoted and people had their dignity and privacy respected.

People were able to say how they wanted to be cared for.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to receive entertainment and stimulation through activities of their choosing.

People and their relatives felt able to raise any concerns or complaints they had.

Care was reviewed with people although this wasn't currently recorded.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems in place to monitor the quality and safety of the service were not entirely effective.

People, their relatives and staff were happy with how the service was managed.

Staff felt supported in their roles.

Dudley Court Care Limited

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 unannounced inspection took place on the 6 and 7 September 2016. On the 6 September the inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has experience of caring for someone who uses this type of care service. On the 7 September the inspection was carried out by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on.

We visited the home and spoke with five people who lived at the home. We met all the other people who lived at the home. Some people living at the home did not have the capacity to speak to us due to their health conditions. We spent time in communal areas observing how care was delivered and 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 the registered manager, the chef and four staff. We spoke with six relatives and a training provider who were visiting the service. We also spoke with a local fire officer. We looked at records including two care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at the home. All of the relatives we spoke with felt their relative was safe and one relative commented, "Mum is safe here." We observed staff supporting people to remain safe whilst mobilising around the home.

People were supported by staff who understood the appropriate action to take should they have any concerns that a person had been abused. Staff told us and we saw that training in safeguarding had taken place to provide staff with the knowledge of the signs of abuse and action to take. The registered manager understood their responsibilities to report any concerns to the appropriate authorities. The combination of staff knowledge and safeguarding procedures in place meant people would be protected from the risk of abuse.

Relatives told us that there were sufficient staff at the service and staff confirmed they felt able to support people safely. We saw that there was always a staff member situated in the communal areas to support people should they require help. The registered manager explained the processes in place for staff recruitment. We saw that this included ensuring staff were suitable to work with people by carrying out Disclosure and Barring Service (DBS) checks prior to staff supporting people. In one instance however we found that the registered manager had not taken suitable action when recruitment checks had identified potential risks. Although the registered manager had carried out recruitment checks they had not always fully assured themselves of compliance with safe recruitment practices.

People were happy with the support they received with their medicines. One person told us, "I have [eye] drops several times a day. They don't forget. I always get them." We observed staff explaining to people they were about to receive their medicines and asking people if they needed pain relief. We saw that medication training had taken place and staff could explain the appropriate action to take if someone had refused their medicines. Where people had medicines on an, 'as required' basis, there was, in the most part, information available for staff of the signs people may show that would indicate they needed this medicine.

Audits of medicine records were carried out to check that medicines had been given appropriately. When necessary the manager had taken effective action to prevent a repeat of any errors identified. We noted that staff had not always recorded when people refused medication and we found one instance where the totals of actual medicines didn't add up to what had been recorded as given. The registered manager told us they would address this

People were supported to receive safe care because the risks associated with their care had been assessed and steps put in place to minimise risks for people. We saw that care records detailed instructions for staff of how to reduce the risk of certain conditions by using specific equipment. At the time of the inspection the mobility needs of one person had changed. We saw that the registered manager had sourced additional training and instruction for staff to ensure they would be able to support this person safely.

Some people living at the home required support to mobilise. Staff were able to tell us how they supported

people with their mobility and we observed staff supporting people to mobilise safely. We saw that there was information for staff in people's care plans on how to support people with their mobility. However we noted on one occasion that there was a lack of detailed instructions for staff about how a person was to be hoisted safely.

At this inspection we saw that improvements had been made to the systems for monitoring and responding to accidents and falls. We saw that following accidents, immediate checks on a person's well-being were made. Accidents were reviewed monthly with action taken to reduce the risk of similar incidences from occurring again. Analysis of falls took place every month and where appropriate referrals to other healthcare professionals took place. These systems reduced the risk of avoidable harm to people.

Our last inspection identified that the systems in place to support people in an emergency situation needed improving. At this inspection we found that improvements had been made and the registered manager had developed individual support plans for each person on action to take in the event of a fire. Staff we spoke with told us accounts of action they would take in line with these plans. We had some concerns about the equipment available to support people in the event of a fire and spoke to our local fire officers for advice. These fire officers are currently working with the home to improve the fire safety within the home further.

Good

Is the service effective?

Our findings

People and their relatives told us that staff knew them well and had taken time to get to know them. One relative commented, "Staff know all the residents well, know their names and all are treated equally."

Staff informed us they had received sufficient training to carry out their role effectively. Staff explained that they had completed an induction when they first started to work at the service, although we noted there were no records made of the induction topics staff covered. Having a standardised induction record would ensure the provider was clear in the areas they required staff to be knowledgeable in prior to commencing work on their own. Staff informed us that as part of their induction they worked alongside a more experienced staff member to get to know people and how they liked to be supported. Staff further informed us that their practice was observed before supporting people on their own. Staff received an introduction to the basic skills and knowledge they needed to meet people's needs.

We saw that training had occurred around key topics and in people's individual conditions. The service had access to a training provider who carried out knowledge checks and competencies of staff following a training course. The registered manager had researched into the Care Certificate, which is a nationally recognised induction course for staff new to the care sector, but informed us that no staff currently needed to complete this due to previous qualifications gained. Staff informed us that they had opportunity for regular supervisions with the registered manager to reflect on practice and to receive feedback on parts of their work that needed improvement. Staff received regular training and updates in order to maintain their knowledge of people's needs and best practice.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People told us they were involved in making decisions about their care. We observed people being asked for their consent before being supported with their medicines or if they needed assistance with their meals. Staff we spoke with had some knowledge of the MCA and told us how they supported people to make choices about their care. We saw that the registered manager had assessed people's capacity when applying for a Deprivation of Liberty Safeguard but people's capacity to make decisions in other aspects of their lives had not been considered. The registered manager advised us of their intention to assess people's capacity and had sourced assessment tools to enable this to occur.

The number of people at the home who were living with dementia had increased from our last inspection and staff appeared confident when supporting people with this condition. We noted however that there were limited resources available to support people with dementia in making decisions about the care they received. There were limited visual cues around the home to help people orientate themselves or find their way around the home. We recommend that the provider finds out information about current best practice in relation to the specialist needs of people living with dementia and sources aids to support people with

making decisions in line with the MCA.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. Where people had identified restrictions associated with their care we saw that the registered manager had acted appropriately and had applied for a DoLS, some of which had been approved. Staff were aware of how to support people in line with these approvals and there was a process in place to review and reassess if the restrictions were still appropriate. This ensured that people's right to freedom were respected.

People received appropriate support to have their healthcare needs met. One person told us, "I have had it all done since I came here. Hearing aids, glasses and new teeth." We saw that routine visits occurred from healthcare professionals and when a person developed specific needs the service had contacted external healthcare professionals to meet these needs. When people had specific healthcare needs there was information available for staff to identify if a person was becoming unwell and any action to be taken.

People had their nutritional and hydration needs met. People appeared to enjoy their meals and meal times were a sociable occasion. Care plans documented people's preferred food and drinks and the level of support they required. The chef informed us that they incorporated people's likes and dislikes into planning menus but also offered people different options each day. People had the opportunity to eat meals from a variety of cultures if they wished. We saw staff explaining to people the meals that were on offer and when people required support to eat they were supported in a dignified manner.

Good

Is the service caring?

Our findings

People told us that they felt cared for and that staff knew them well. Relatives we spoke with told us, "Staff are marvellous," and, "They [staff] are very special people." Relatives described the support the service had given to them as well as to the people living at the home. One relative told us, "They are absolutely wonderful here. They give good support to residents and their families."

Staff we spoke with described people they supported in an affectionate way and comments from staff included, "When you are with the residents, they make you feel happy," and, "Staff do actually, genuinely care and enjoy working here with people." We observed kind, caring interactions between staff and people and staff provided comfort when people had become upset. We observed staff change their way of communicating depending on who they were talking to. People were supported by staff who had got to know them well.

We saw that care plans had been developed with people and family members and detailed people's preferences for care. This meant people had been involved in saying how they wanted to be cared for. There was some detail of people's life histories in their care plans, which staff we spoke with knew about and used to promote social interaction.

People living at the home had support to maintain relationships with people who were important to them. Many people living at the home had regular visits from family members and we saw visitors were welcomed into the home. Where people did not have family who were able to visit, the home had maintained their contact through telephone calls.

Staff understood what was important in people's care and ensured that possessions that were important to people and that people needed to feel secure were available and treated respectfully.

People had been supported to maintain their dignity. We saw that people had been supported to retain their individuality through their clothing and jewellery and the service had sourced a hairdressing service for people, if they wished. This aided people's sense of well-being. Staff we spoke with explained how they retained people's dignity by ensuring doors and curtains were closed when providing personal care.

Wherever possible independence was encouraged through personal care tasks or when people were mobilising. One person had been supported to access the community on their own and systems had been put in place to ensure this occurred safely.

Good

Is the service responsive?

Our findings

People we spoke with told us the home had been responsive to their needs. One person explained how they had been supported to watch a specific programme on television which had been on very late at night. We observed staff responding promptly to people's requests for support and reassurance.

People had access to a variety of activities which reflected people's preferences. These included music sessions, film days and quizzes. We saw that options for different activities were discussed at meetings with people and that the service monitored whether people had enjoyed the activity once it had taken place. This meant people had the opportunity for activities based on their preferences that provided stimulation and entertainment.

We saw that reviews of care records took place regularly to ensure the detail in the person's care plan were up to date. This ensured people received care that was responsive to their latest needs. The registered manager informed us that they reviewed care with people although these discussions were not recorded. Recording reviews of care would further allow the service to monitor people's experiences of care to ensure it was still meeting their needs. When possible the registered manager had ensured people living at the home had support from relatives to help express their views about their care. Some of the relatives we spoke with informed us that they had not been involved in care reviews for some time. Care reviews give people and their relatives the opportunity to discuss and review whether the service was continuing to meet their needs.

People's religious and cultural needs were detailed in their care plans. The registered manager had arranged for a faith leader to visit people at the home on a regular basis to pursue their chosen faith. The home had ensured people had the opportunity to have these meetings in a private setting should people wish to.

There were systems in place to share important information between staff about people's changing needs. This included a communication book that staff had to read prior to commencing work, which detailed important information about changes in people's care needs or additional monitoring of people's healthcare that needed to occur. These systems informed staff how to support people in line with their latest requirements and improved consistency of care for people.

We saw that the complaints procedure was on display in the home. People had the opportunity to raise any concerns or complaints they may have individually or in regular meetings. People were frequently reminded of how they could raise concerns and express their views of how they wanted to be supported. The registered manager explained that one complaint had been raised in the last twelve months and described appropriate action they had taken to investigate and resolve the complaint for the person. We noted this was in line with the provider's formal policy. This demonstrated an open culture to complaints.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in August 2015 we found that the registered provider was breaching regulations in relation to managing risks and monitoring the quality of the service. Following this inspection the provider submitted a plan detailing action they would take to address the breach. At this inspection we found that progress had been made in addressing the breach identified at the last inspection. The provider had followed their action plan and were no longer in breach of regulation. The provider had improved the systems in place to monitor the quality and safety of the service. We saw that improvements had been made to the management of risk as there were systems in place to audit accidents and falls to reduce the risk of repeat occurrences. Although improvements had been made we found that some monitoring systems needed further development to ensure they became fully embedded into practice. We found that quality checks had failed to identify the errors in medicine records and that some care records had not been completed fully or accurately. After our inspection the registered manager sent us a copy of a new medication audit they were intending to introduce. Records of staff induction had not been carried out and omissions in recruitment practice had not been identified through the current quality monitoring checks.

The registered manager understood their responsibility to report certain events or incidences to the Care Quality Commission. The registered manager had knowledge of the new regulations including duty of candour and what it meant for people living at the service. We noted that the registered manager had not fully followed the requirement to display the ratings of the last inspection report at the home. Although the report was available in the entrance hall the rating was not displayed conspicuously and we saw that the rating had not been displayed on the provider's website either before or following our inspection visit. The registered manager advised that the rating would be made available on the website. We noted the quality monitoring system had failed to identify that people's records had not always been stored securely. The registered manager assured us that this would be rectified immediately to keep information safe and secure.

People and their relatives were happy with how the service was managed. We saw that the registered manager was available to people and their relatives and was responding to people's requests throughout the inspection visit.

Annual surveys took place with people, their relatives and professionals to seek their views on the quality of the service. We saw that where people had not originally understood parts of the surveys questions, staff had taken time to re-phrase the questions for the person to aid understanding and allow more meaningful feedback to be given. Each individual survey was analysed and where areas of improvement had been identified the registered manager had taken action to resolve this for the person. We noted that as the surveys had only been analysed on an individual level there was a missed opportunity for identifying trends which could affect the quality of the service as a whole and less chance of themes for improvement to be identified. The provider carried out their own audits of the service to ensure it was meeting the expected standard.

The registered manager ensured that people had the opportunity to provide feedback on how the service was run. Residents meetings took place regularly to seek people's views on topics such as menus, activities and if they wished to raise concerns. Where people had chosen not to attend these meetings the service had sought individual feedback too. We saw that feedback raised in these meetings had been actioned, for example by the chef arranging changes to the menu based on people's requests. This meant that the service had provided people with the opportunity to discuss their experiences of care and used feedback from people to further improve the service

Staff felt supported in their role and staff we spoke with commented, "Yes I do feel supported," and "We get support off other staff." The staff spoke of support they received from the registered manager and told us, "She's [the registered manager] nice, I can speak to her," and "She tells us what we are doing right as well as any concerns to make sure we're all doing the right thing." Staff told us they received supervision within which they were reminded of procedures for whistleblowing. Regular staff meetings took place to allow discussion with staff of best practice and specific current topics for people living at the service such as DoLS. This aided staff's knowledge and allowed queries to be raised.

Following the last inspection the provider had recruited a deputy manager at the service to provide support and continuous leadership for staff should the registered manager be unavailable. We were informed that the deputy manager was due to leave the service shortly. However the provider was in the process of seeking a replacement and told us of the importance of this role to further develop the service.