

St. Michael's Homes Limited

Dudbrook Hall

Inspection report

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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

Dudbrook Hall is a 73 bedded purpose built residential care home. The service provides accommodation and personal care for older people and people living with dementia. The service is split over 2 floors, with the residential unit on the ground floor and the dementia unit on the first floor. At the time of our inspection there were 43 people using the service.

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

Effective arrangements were in place to ensure recruitment checks on staff were safe. Minor improvements were required to staff recruitment checks. We have made a recommendation about the management of staff recruitment checks.

We received positive feedback about the service. A relative told us, "Staff are excellent. They have genuine concern for the residents' wellbeing. The manager is approachable, and I have no concerns."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were cared for and supported by staff who had received appropriate training. There were systems in place to minimise the risk of infections. There were safe medicine procedures for staff to follow.

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

Staff understood how to raise concerns and knew what to do to safeguard people.

The provider had monitoring and audit systems to ensure they provided good care and these were kept under regular review.

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 12 January 2018).

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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.

Recommendations

We have made recommendations in relation to staff recruitment and risk assessments.

Follow up

We will continue to monitor information we receive about the service, which will help us 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.

Dudbrook Hall

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.

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

The inspection team consisted of 3 inspectors.

Service and service type

Dudbrook Hall 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.

Dudbrook Hall 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

This inspection was unannounced.

We visited the service on 22 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 7 relatives about their experience of the care provided. We spoke with 9 members of staff, including the registered manager, deputy manager, director, training coordinator, a team leader and administration staff. We also received feedback from health professionals.

We reviewed a range of records. This included 4 people's care records and 5 people's medicines records. We looked at 5 staff files in relation to recruitment and staff supervision. We looked at the provider's arrangements for managing risks and medicines management, staff training data, complaints and compliment records and the provider's quality assurance arrangements.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm

Staffing and recruitment

- Staff were safely recruited, and the provider had completed the relevant employment checks prior to them starting work. Minor improvements were needed to staff recruitment files. For example, some staff files did not include proof of address. The registered manager took immediate action to make the necessary improvements.
- Staff were subject to Disclosure and Barings checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, the DBS checks seen on 1 staff file had been issued by a previous employer and the registered manager had not put a risk assessment in place to ensure the member of staff was safe to work. Following this inspection, the registered manager put a risk assessment in place and completed another DBS check.

We recommend the provider ensure all the necessary recruitment checks are carried out in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to support people's needs. A person told us, "There is always at least 1 member of staff available. Never had a problem trying to find someone, there's plenty of them."
- The numbers and skills of staff matched the needs of people using the service. A relative told us, "There are a lot of staff here and they all know exactly what they are doing." A health professional told us, "Staff are very responsive, I feel confident the staff know what they are doing and will raise any issues promptly."
- Induction training processes promoted safety. The training coordinator told us, "We have a good induction in place and then staff shadow until they are confident to work independently." Staff confirmed the induction had been extensive and offered an opportunity for shadowing which prepared them for their role.

Assessing risk, safety monitoring and management

- People had risk assessments in place which met their care requirements. We saw positive behaviour support plans in place for people as guidance for staff on how to de-escalate certain situations. These included identifying any triggers or early warning signs enabling staff members to support people safely. However, some of the risk assessments had not been updated. For example, a person who had recently had a fall did not have an updated risk assessment. This placed the person at potential risk of receiving unsafe care.

We recommend the provider refer to current guidance to ensure risk assessments are regularly reviewed and are kept up to date.

- The registered manager assessed the risks within the environment, including building, equipment, and fire safety. There were plans to be followed in the event of an emergency evacuation. There were regular checks and services of all equipment and the building.
- Each person had a personal emergency evacuation plan in place. This is used to document how people can be evacuated safely when they may have difficulty responding to a fire alarm or exiting a building unaided in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and how to protect them.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any concerns of actual or potential abuse, and I would know how to escalate them if I needed to."
- People using the service and their relatives told us they felt safe. A relative told us, "Yes [family member] is safe and we have absolutely no concerns. We cannot fault the staff, staff are very friendly and welcoming." A person told us, "I feel safe very here, they are looking after me very well and I never feel alone here."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority or CQC and had sent the appropriate notifications when necessary.

Using medicines safely

- People were given their medicines safely and as prescribed, and it was recorded on their medicine administration record.
- Staff did not support people with medicines until they had completed the required training, and medicine competency assessments were undertaken..
- People had care plans and risk assessments in place which detailed what medicines they were prescribed and how they liked to be supported. Protocols were in place for medicines which were given as and when needed, such as pain relief medicines. This provided staff with information about the dosage and reasons for administering.
- Medicines, including controlled drugs were stored securely and within the appropriate temperature range.
- Senior staff and team leaders completed weekly audits of people's medicines. This meant the management team were able to ensure people received their medicines safely.

Preventing and controlling infection

- We were assured the provider was using personal protective equipment [PPE] effectively and safely. Staff confirmed there were always enough supplies of PPE available. Observations showed staff wore the correct PPE when supporting people.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises and ensuring infection outbreaks can be effectively prevented or managed.
- The environment was clean, and people confirmed regular cleaning took place. The registered manager carried out audits of infection control and cleanliness. The registered manager carried out a daily walk around and met with staff to discuss infections and how these were being managed, whether they could have been prevented and whether any changes were needed to the service.

Visiting in care homes

- People's relatives were supported to visit the service and confirmed there were no visiting restrictions in place. A relative told us, "There are absolutely no restrictions in place. We can visit whenever we want to. There is an open-door policy. They are very welcoming here and we love coming here to visit [relative]."

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the registered manager investigated and took action. Lessons learned from incidents were shared and discussed at team meetings and used to improve people's care. The registered manager told us, "I speak to staff every morning during my walk around, during team meetings and supervisions and discuss any issues or incidents to share information with them. I arrive to work at 5.30am everyday so I can also speak to the night staff on a daily basis."

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS applications had been made and legal authorisations were in place when needed.
- Staff understood the need to gain consent from people for care and to encourage people to make decisions for themselves. Where people were unable to do this, best interest decisions were in place.

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. The rating for this key question 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

- The registered manager, deputy manager and directors had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the service they managed. There was an effective quality audit system in place which included a monthly report to analyse themes or trends.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The service had regular contact with health professionals and updated support plans accordingly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had sent people surveys for feedback on the service they received. This information was used to implement action plans and make improvements. A relative told us, "My [family member] often gives management feedback. I am really impressed with the manager. We too have regular contact and we can discuss anything with them at any time."
- People had regular meetings with the management team to discuss the care they received in the service. A person told us, "We have meetings, and we use this time to discuss how we feel and what changes we would like to see. We also talk about what is working well. We are having a meeting today and I want to discuss the food choices."
- Staff received regular supervision to discuss their support needs and any practice issues. There were also regular staff meetings. A member of staff said, "We have daily handovers and regular staff meetings. The manager involves us and gives us the opportunity to implement any changes we would like to bring to the service. The manager really listens and cares about the staff and people here. We don't have to wait for a meeting to talk to manager's, they have an open door policy so we can speak to them whenever we want to."

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

- The registered manager was aware of their responsibilities in relation to the duty of candour. This requires providers to be open and transparent with people who use their services and others acting lawfully on their behalf.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of any important reportable events. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC. Statutory notifications had been submitted to CQC when needed.
- Staff were positive about working at the service and promoting good outcomes for people. A member of staff said, "I enjoy working here. We work well together as a team. I get a lot of support from the management. We are like 1 big family. Everyone gets on really well with each other. Both the manager and directors are very hands on and are always helping us when we need support."
- People we spoke with were complimentary of the service and staff." A relative told us, "The staff are amazing and very caring. My [family member] is well cared for and I always get informed if they are not feeling well or if anything has changed. We have a good relationship with the home."
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about training and examples of lessons learnt. A staff member told us, "We have regular meetings, and we have the autonomy to make suggestions. The management are very supportive and always welcome any suggestions. I value our meetings and the time we get given."

Continuous learning and improving care; Working in partnership with others

- The registered manager and directors had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager and directors worked closely with the local authority to investigate any safeguarding concerns and implement any learning from these.
- The provider worked in partnership with different healthcare professionals to support people's needs. People's care plans detailed who was involved in their care and evidenced input from the relevant professionals, such as the GP and district nurse.