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 effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 8 October 2014.

Dudbrook Hall is registered to provide accommodation for 43 older people who require personal care. There were 43 people living at the home on the day of our inspection, although three people were in hospital at the time.

The home had a registered manager who had been registered since January 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe living in the service and were cared for by staff who treated them with kindness and respect. There were enough staff available to meet people's needs and give them support that was caring and personalised. Recruitment procedures were thorough and medicines were safely managed and recorded.

Summary of findings

Assessments of people's capacity to make decisions about their care had been completed and people's rights were protected. People were supported to have as much independence as possible while keeping safe. People and those acting on their behalf were involved in making decisions about their care and support. People's healthcare needs were well managed.

People liked the food and were offered choices. Specific dietary needs were catered for. People were supported and encouraged to eat their meals in a caring and respectful way. Staff were well trained and supported to undertake their roles.

The home was well led and managed to ensure people's well being and safety. People regularly saw the manager around the home and knew her by name, as she did them. The management team had systems in place to listen to people's views and to monitor and improve the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. Staff knew how to recognise and report concerns of abuse.

People's medicines were safely managed. There were enough skilled, experienced staff to meet the needs of the people who lived at the home.

There were systems in place to manage risk for the safety of people living in and working in the service.

Good

Is the service effective?
The service was effective. People were cared for by staff who were well supported and had the knowledge and skills required to meet their needs

People were well supported when they required assistance to eat their meals.

Good

Is the service caring?
The service was caring. Staff were friendly and respectful to people and knew the people they cared for well.

People's privacy and dignity was respected, as was their right to make their own lifestyle decisions.

Visitors felt welcome in the service.

Good

Is the service responsive?
The service was responsive. People's needs were assessed and care and support was planned and delivered in line with their individual care plan.

People were confident that they were listened to. Complaints were responded to positively and actions were taken to improve the service.

Good

Is the service well-led?
The service was well led. The manager was highly regarded by staff and people who used the service. Staff felt well supported.

People and their relatives had regular meetings so they could express their views about the services provided at the home.

Audits of the quality of the service provided were undertaken regularly and actions for improvement were followed up.

Good

Dudbrook Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 October 2014 and was unannounced.

The inspection team included two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services, in this case, for older people.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 looked at information that the provider had sent us since the last inspection such as in notifications. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection, we spoke with nine of the people living in the service and two of their visiting relatives. As well as generally observing everyday life in the home during our visit, 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 manager, the provider, two care team leaders, two care staff and two catering/housekeeping staff. We also spoke with a healthcare professional who was visiting the home during our inspection in a training and advisory role.

We looked at the three people's care records. We looked at staff recruitment, training, supervision and appraisal records. We also looked at the arrangements for managing complaints and monitoring and assessing the quality of the services provided as well as the provider's statement of purpose. The statement of purpose tells people what the provider's aims and objectives for the service are.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel very safe here." Another person said, "There is no worry about safety here." One person explained to us that they felt safe when staff helped them to move from one place to another using a hoist.

People were provided with information on how to gain help to protect themselves and others if they had any concerns about abuse. Posters were displayed in the home that contained contact details of a helpline that people could use if they felt concerned. Staff confirmed they had received training about safeguarding people and whistleblowing. They were able to tell us how they would recognise abuse and report any concerns about a person's safety or welfare to their manager. Staff were confident that the manager would act appropriately but also knew how to report concerns to external agencies such as the local authority, and confirmed they would do this if needed to protect people. A safeguarding concern was escalated promptly and a referral made to the local authority where required.

The provider had processes in place to support safe recruitment of staff. This included staff employed from an agency. We looked at the records of two recently employed staff and found that appropriate checks had been completed to ensure that staff were suitable to work with people living in the home.

We looked around the home and overall found it to be safe. Handrails were fitted to walls along corridors so that people had support when walking. This supported mobility and helped to reduce the risk of falls. However, carpets in some areas were wearing thin and the lines of the floor boards could be seen through them. The carpet in one bedroom was starting to fray and so could become a tripping risk. The manager told us that an upgrade to the home was planned in the near future and included new carpets for these areas as a first stage. The window restrictor on one first floor window was not working properly. Window restrictors had been fitted to prevent the window opening too far so that people did not fall out. We told the manager about this and a new window restrictor was fitted before the end of our inspection so that the window was safe and people's safety ensured.

Staff we spoke with were aware of people's individual risks such as falls or poor nutrition. The manager had procedures in place to identify risks and to put plans in place to limit their impact to promote people's safety. People's care plans identified any individual risks for them such as falls, and included information to help staff to manage this safely. Risks relating to the environment had been assessed and plans put in place to ensure safe management of the service. These included, for example, fire and water risk assessments.

People also told us that they had enough staff to help them as they needed, although one relative questioned whether there was enough staff in the evening to get people ready for bed. Staff told us that the staffing levels were satisfactory to allow them to meet people's needs at all times, including in the evening. One person who chose to stay in their bedroom told us that there were plenty of staff passing their room so they could always get help if they needed it. A staff member said, "Staffing levels are fine, we don't like just doing tasks, we like to spend time with our people, their well-being is first". During our inspection we saw that staff were available to support people when they asked for or needed help.

We looked at the arrangements in place for the management of medicines and found them to be safe. Medicines were securely stored. One person was waiting for the GP to arrange for them to receive medicine for an infection. Staff told us that despite contacting the GP promptly the medicines had not been received and records confirmed this. The PIR showed that the manager's checks had found five instances of missed signatures or medication stock discrepancies. In response to this a system had been put in place to record the balance of boxed medicines remaining at the end of each day. We checked the medication administration records (MAR) and stock balances for three people and found no omissions or inaccuracies. This showed that safe arrangements were in place in relation to the recording and administration of people's prescribed medicines.

Good

Is the service effective?

Our findings

People told us that they received the care they needed and that their health care needs were well supported. One person said, “The doctor comes in once a week and there’s a chiropodist if you need one.” Another person said, “The staff are very knowledgeable and friendly.”

People were cared for by staff who were suitably trained and supported to provide care that met people’s needs. Staff received formal induction training to a recognised standard when they started working in the service. The content of the induction was based on the staff member’s previous experience and training. This ensured that staff knew what was expected of them and that they had the necessary skills to carry out their role to a good standard.

Staff told us that they received training and regular updates in issues such as dementia care, communication and moving and handling, as well as the opportunity for additional training and qualifications. This was confirmed in the manager’s staff training records, which showed that evidence of knowledge forms were completed by staff to demonstrate the learning from the training. Staff confirmed they received regular supervision as well as an annual appraisal of their performance and development needs so that they had on-going support to carry out their role effectively.

The manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Assessments had been completed to determine if people had capacity to consent to aspects of their care such as the administration of their medicines. Staff showed awareness that any decisions made for people who lacked capacity had to be in their best interests. The manager showed us that an authorisation was in place to restrict one person’s freedom to protect them and that it contained a clear timescale for review. The manager told us that they had made contact with the local authority to gather information on making an application for all people living in the service in light of a recent Supreme Court ruling. This showed that the service was meeting the requirements of the DoLS which ensured that people's human rights were protected.

People told us they enjoyed the food with comments such as, “The food is very good.” People were well supported to enjoy a choice of food and drinks. Staff sat with people and patiently encouraged those who needed support to eat their meal. People’s health or lifestyle dietary requirements were known to both care and catering staff so that people received the food they needed and preferred. This included enriching foods in line with the dietician’s advice so to improve the person’s nutritional intake.

People told us their healthcare needs were well managed. People’s care records demonstrated that staff sought advice and support for people from relevant professionals, outcomes were recorded and reflected within the plan of care so that all staff had clear information on how to meet people’s health care needs. A health care professional told us, “When I make changes to a person’s medication or treatment these are usually quickly effected suggesting that communication is good.”

Good

Is the service caring?

Our findings

People told us that staff were caring and friendly. One person said, "[Staff name] is very good and treats me like a real friend," and added that the carers were, "Lovely girls – they never grumble at me." Another person said, "The girls are all very good, and very sensible." Health professionals told us that, in their experience, staff were caring towards people living in the service.

We saw and heard staff interact with people in a caring and respectful way. Staff addressed people by their preferred name, and chatted with them about everyday things and people in their lives. This showed that staff knew about what was important to the person. We saw that people living in the service and staff spoke to each other freely and laughed together.

Staff sat with people when they spoke with them and involved in them in things they were doing.

One staff member was sorting a number of music discs and arranging them in a tidy way. They encouraged a person sitting near them to join in, explaining that they could do with the person's assistance. The person's conversation showed that this made them feel that they had a responsible role and that they mattered. It also provided an opportunity to chat where the person could show their knowledge and inform the staff member about the songs and the singers.

Staff were able to communicate with people in a way that helped them to understand what was being said and gave people the opportunity to make choices. We saw, for example, that at lunchtime, staff brought two plated meals to people who were unable to clearly make a verbal choice about what to eat. Staff gave people time and observed people's responses, such as by pointing, so that people were involved in making their own decisions about which meal to choose. The menu was displayed in large print to make it easier for people to see and so make their own choice where they could do so.

People's privacy and dignity was respected. People could choose whether to spend time in the communal areas, or in their own bedroom. We saw that, if people were in their bedrooms, staff knocked on the door and waited to be invited in before entering the room. We noted that staff closed people's doors before providing any personal care to them. One bathroom and one toilet door were 'stable type' where it was possible to open the top half of the doors while people were using the rooms. The provider's representative told us that suitable locks would be placed on these doors without delay to ensure people's privacy was maintained.

Visitors felt welcome and some people visited most days. One person living in the service told us that they liked, "The fact that the service had an open house so that people could visit [them] anytime."

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and wishes and that they received a level of support that suited them. One person said, "Everything is first class, I don't even have to make my own bed." Other people told us that the service was flexible and they could spend their time as they liked and went out with relatives when they wished. One visitor explained that a person needed a piece of individual equipment to improve the quality of their life. The visitor told us that the manager had responded to this and was supporting them with the application process.

People's care records contained an assessment of their individual needs and included the views of the person, or their representative. This provided information on the person's needs and how they liked to live their life. Plans of care were in place to give staff clear guidance on how to meet people's needs and respect their preferences. Care records showed people's life history and for example, where a religious belief was important to them. This gave staff a view on what mattered to people so that it could be acknowledged and reflected as part of their life in the service. We saw, for example, that people's bedrooms were personalised and reflected their personal interests. We also saw that one person had artefacts in their bedroom that reflected their religious beliefs and were important to them. The manager confirmed that the person was visited by representatives of their faith in line with their wishes.

Staff knew about the people they cared for and their needs, personalities and preferences. They were able to tell us how they supported people's individual needs, for example, how best to encourage people to take their medicines or to eat well. Staff told us that they understood the things that caused some people to become anxious at times and what to do to help the person to become calm when this happened. This included suggesting the person had their meal in a different room or at a different time, or leaving them for a while before offering their medicines again. This showed that people were cared for by staff who understood them and knew how to respond to their individual needs.

People could choose to join in a range of suitable social activities. A designated member of staff told us that they spoke with each person, or their relatives, when they came to the home to find out what the person was interested in. All staff were responsible for social stimulation and meaningful interaction for people as part of the person's overall care and support needs. Staff told us there was no set programme of activities as these needed to be spontaneous and in line with the mood and preferences of people at the time. Outside entertainers came into the service and people went on outings. Links with the local community included people going to tea dances at a local school. One person told us that they did not go out much but that that was their own choice. Other people told us about a recent trip to the seaside for fish and chips which they had all enjoyed.

A health care professional told us that they were providing staff with training on hydration. They told us that all staff at the service, including the chef, were keen to incorporate the learning and be responsive to people's needs. Staff had already made changes to the breakfast meal two days a week so as to put the knowledge into practice and increase people's fluid intake.

People told us that they knew how to complain. One person told us that they had complained about a lack of toilet rolls, which was, "Sorted out very quickly." Another person told us that the manager always listened if they had any concerns. Information on how to make a complaint was displayed. The manager had a system to record complaints and compliments. Records showed that complaints were investigated, responded to and that suitable actions were taken.

Good

Is the service well-led?

Our findings

People told us that they felt the home was well led and managed. They regularly saw the manager around the home and knew her by name, as she did them. People also knew the provider who regularly spent time in the service. One person told us that they saw a lot of the manager and said, "She is lovely." A group of people told us they thought that the home was well run.

There was a registered manager in post who had worked at the service for a number of years and in different roles. The manager knew the home and its staff and procedures well. She was able to tell us about individual needs and preferences of the people living in the home and knew them all by name. The manager told us that she received good support from the provider's management team who were regularly in the home and available to discuss and action any issues promptly. Staff told us that the manager was approachable and they could raise any concerns with her and be listened to and supported. One senior staff member told us they would not be in their current role if it was not for the support of the manager in their development, training and confidence building over the years they had worked in the service.

People had opportunities to offer their views on the service and be listened to through meetings and satisfaction surveys. People confirmed they were able to participate in the meetings and discussed issues such as menus, social activities and keyworkers. Minutes of the last meeting showed us that 30 people had attended. The service was completing this year's satisfaction survey. The summary of last year's survey confirmed that people were satisfied with the service provided. Action plans had been produced and records showed these had been implemented.

The manager had systems in place to gain staff feedback. This included through staff meetings and a review with new staff of their first day to see if they could suggest any areas for improvement. Staff performance was monitored routinely through observations of practice by senior staff to identify any training needs. The management of care was well organised. We saw that staff worked in a calm and seamless way, with each knowing their part. Staff told us that they all worked as a team; carers, seniors and the manager. At handover each shift, staff were allocated to a section of the home. One staff member told us this was so that all staff knew what they were responsible for and so that everybody got the care they needed in a timely way. This showed that staff were aware of the aims and objectives of the service and how they were expected and supported to meet these.

A healthcare professional told us that the manager was often there when they attended the service and that there was a good rapport between the manager and the other staff members which suggested that the service was well led. One healthcare professional told us the home was well led and another healthcare professional said, "The place is amazingly well led. There are high expectations of staff in relation to good practice from both the manager and the Team Leaders who always speak to staff respectfully. Everyone is always smiling and friendly."

The service had a clear quality assurance system in place. The manager and senior staff completed a range of checks and audits that included health and safety, medicines, and infection control. We talked with staff and looked at records relating to the system and found they supported the information provided to us. The provider confirmed that information gathered within the home was reported to the senior management team so that trends or required improvements, such as the new medicines storage room and new carpets were identified, planned for and implemented.