

Ms K A Rogers

Dulas Court

Inspection report

Dulas
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Tel: 01981240214

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection was carried out on 18 July 2016 and was unannounced.

Dulas Court provides accommodation and personal care for up to 31 people. At the time of our inspection there were 22 people living at the home and one person receiving respite.

There was a registered manager in post. 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 received person centred care that maintained their health and wellbeing. People were supported to maintain their hobbies and interests and people's abilities and skills were recognised and promoted.

People were treated with dignity and respect. People had good relationships with staff. The provider supported people to be part of the wider community.

Staff had good support and training to enable them to meet the need of the people living at the home. There were sufficient numbers of experienced and well trained staff to ensure people were supported safely and people's health needs responded to quickly. Medicines were managed safely and people received their medicines in line with their prescription.

The service responded effectively to people's needs and preferences. People were supported by staff that knew the needs of the people they supported. The service was responsive and well managed. People knew the registered manager and the provider. People were actively involved in the running of the home through regular meetings. They felt that if they had any concerns they were able to speak with the registered manager or provider. The provider welcomed people's views and opinions and acted upon them.

People felt safe and knew how to raise concerns. Staff felt comfortable to raise any concerns about people's safety and understood about how to keep people safe. People were supported to take positive risks. Where risks had been identified the risk had been assessed and action taken to reduce any risk.

People enjoyed the food and had the support they needed to enjoy their food and drinks safely. People were able to make choices about the food and drink they wanted. There was a choice of freshly prepared nutritious food. Where needed steps were taken by the provider to improve people's nutrition.

People's health needs were monitored and changes were made to people's care in response to any changes in their needs. People had access to other health professionals and were referred to them by the registered manager if there were any concerns about their health needs.

The provider was innovative in the use of new technology and adaptations to minimise the impact of dementia on people's independence and wellbeing.

There were a range of audits and checks to make sure that good standards of care and support were maintained. Feedback from the people and relatives was gathered on a regular basis and where any actions were identified these were actioned quickly.

There were strong links with the local community that promoted positive approaches to the people that lived there.

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 were supported by staff who knew how to keep them safe. Staff knew what abuse was and how to respond if they suspected abuse.

There were enough staff to meet people's health needs and keep people safe.

People were involved in managing the risks around their care and treatment.

People received their medicines safely and medicines were stored securely.

Is the service effective?

Good ●

The service was effective.

People had support from staff that had support to maintain knowledge and skills to meet people's needs effectively. People had support and access to health professionals when needed.

People had the support they needed with preparing meals or with eating and drinking.

Staff understood the principles of the mental capacity act and the importance of ensuring people were able to make choices and consent to their care.

Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring and treated them with dignity and respect.

People's views and input into their care was promoted and supported. People felt they could make suggestions about their care at any time with the staff, the registered manager or the provider.

People were involved in planning and reviewing their care and support. They felt they were supported to have choice and to be involved in all aspects of their care.

Is the service responsive?

The service was very responsive.

People had care that was centred on their own individual needs. There were innovative ways of maximising people's potential and minimising the impact of age related conditions.

People had care and support that responded to their needs effectively. If staff had any concerns about people's health needs other health professionals became involved quickly.

People knew how to complain and felt any concerns they had would be listened and responded to.

Outstanding 

Is the service well-led?

The service was very well led.

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The provider ensured that care and support was up to date with current research and best practice.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make improvements.

There were established innovative links with the local community.

Outstanding 

Dulas Court

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 18 July 2016 and was conducted by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to Dulas Court. We did not receive any information of concern.

During the visit we spoke with nine people who lived at the home, eleven members of staff who consisted of one events facilitator, three care assistants, a team leader, two kitchen assistants, cook, housekeeper, the assistant manager, the registered manager and also the provider. Following the inspection visit we also spoke with a doctor. We observed staff supporting people throughout the home. We also 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 looked at a care plan for pressure area care, diabetes and a falls risk assessment.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

Is the service safe?

Our findings

People told us that staff provided care and support in a way that made them feel safe. One person told us how they had been involved with identifying risks associated with their hobby of woodwork. They told us that this had involved looking at what tools they needed and how to use and store them safely. They said, "Staff are great, they make sure that everyone is as safe as they could possibly be." Another person told us how with the support of staff they had been involved in improving their mobility. This had involved encouraging the person to be more independent in how they moved from one area to another. They told us how staff had sat with them and looked at the risks and identified with them what support they needed from staff to move about safely.

People said they had been given contact details for the managers and other agencies and felt comfortable to contact them if they had any concerns. People felt that they could raise any concerns about their own or other people's safety and they would be listened to and action taken. Staff knew what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. The registered manager and the provider both told us about how important it was to have robust safeguarding systems in place. The provider told us, "We do not tolerate any poor practice or abuse. If ever there was anything we would tackle it straight away. People's safety is of paramount importance."

People had individual risk assessments which included falls risk assessments, nutrition, moving and handling and pressure area management. Where risks were identified plans were in place to identify how risks would be managed. For example, there were some people who were at risk of skin damage due to their health conditions. Individual risk assessments had identified the actions to be taken by staff to reduce the risk which included repositioning guidance and the use of pressure relieving equipment. The staff we spoke knew the people who were at risk and what action they needed to take to reduce the risk of skin breakdown. The provider told us that there were currently no people with pressure area concerns.

People told us that there were enough staff to give them the support they needed. One person told us, "Staff are always around to help when you want." We saw examples where people that asked for support were given the support they needed straight away. Staff told us that they felt that the number of staff in the home allowed them to focus on individuals' needs and to be able to respond promptly to people. We saw that call bells were answered promptly and staff were quick to respond and offer support. People in their rooms were able to ask for support when they wanted as they all had easy access to call bells in their rooms. The registered manager and the provider told us that staff worked as a team to cover unexpected staff absence to ensure consistent support for people.

Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care. Staff told us they undertook a structured induction programme, including shadowing experienced staff members, until they were confident and able to carry out their roles effectively.

People told us that they had the support they needed to take their medicines safely. We saw that some people just needed time and prompting to take their medicines and the staff member was patient and made sure the person took it safely. Other people needed more support and we saw that this was given safely. Medicines were only administered by staff that had received training in the safe management of medicines. We observed how medicines were administered and found staff to be organised and focused on giving the right medicines at the right time to the right person and accurate records of medicines were kept. We found this to be carried out safely and effectively. Medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

Is the service effective?

Our findings

People told us that staff were skilled and knew how to meet their needs. One person told us, "Staff are very good here. They know how to care for me." The doctor told us that they felt staff were skilled and knowledgeable and provided safe effective care. Staff told us that they were able to have plenty of training that was relevant to their roles. One staff member said, "The training is of a very good quality and really helps us with meeting people's needs." Another staff member said, "The training is always geared around people's needs. It's very good." There were champion lead roles for many aspects of the care and support that was provided. These were staff who had been assigned to take the lead for a particular area of care. These champion roles included leads for nutrition, tissue viability and dementia. We asked staff what this meant in practice and how it improved the care and support for people. They said they were able to attend additional training and workshops around the identified area of care and develop closer links with other professionals who specialised in the different areas. We spoke with the tissue viability lead about the work they did. They told us how they had taken the lead in specific individualised work with people where there were concerns about people's skin conditions and pressure areas. They showed us the work they were doing with staff in maintaining people's pressure areas and skin integrity. They showed us how they worked alongside the person themselves, health professionals and staff in developing individual specific care plans. They explained to us how they worked with the nutrition lead, chef and registered manager in ensuring that people's food and nutrition met people's individual needs. They told us this reduced the risk of poor nutrition which was a major factor in developing skin and pressure area concerns. The registered manager told us that all of the staff with lead roles worked closely together so that all things that could have an impact on a person's health and well-being were looked at together.

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 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 told us that they could make choices and that all staff respected their wishes. We saw examples where people were involved in day to day decision making where they chose what they wanted to eat and drink and when they wanted it. People were able to say what they wanted to do and staff provided the support people needed to enable them to do it. For example some people had chosen to do some crafts. Staff were quick to make sure that people had the materials and support to do this. We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were

being met.

We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings. These had been documented and confirmed the person themselves had been involved in this process. At the time of inspection no DoL applications had been made.

People told us that the food and drink they were offered was very good and they were given choice over what they wanted to eat and drink. There was a choice of hot and cold food and a varied nutritious menu. Menus were available in large print written format and also as pictorial menus. Where people needed extra support with their meals this was offered. We saw that mealtimes were relaxed and there was lots of laughter and chatter between people and staff. Where people had specific food requirements this was freshly prepared by the chef. The nutrition lead told us that they regularly met with the chef to look at people's dietary needs with them. The nutrition lead told us about how they were using some new techniques to further improve some people's nutritional intake. One example was a person where there had been concern over their nutrition and weight. They had a system which provided positive food odours for people that may have lost their taste or appetite. The nutrition lead said that this technique had been researched by the registered manager, staff and the provider and it was hoped that this would improve the dining experience for some people. The provider told us that this was a new dementia specific technique to stimulate people's senses and followed on from published research by a number of leading dementia specialists. The doctor told us that this had improved the person's appetite and the person was starting to gain weight. This had been used with the person for the past month and staff told us that the person's appetite had started to improve.

People told us that they were supported to access other health professionals when needed and that they were involved in the referral process, attending appointments and discussing treatment options. We could see that where needed referrals had been made to relevant health professionals and guidance followed. For example, a person told us how when they had become unwell staff had supported them with appointments with doctors and nurses. They told us that they were now feeling much better. A doctor we spoke with was confident that staff knew how to care for people. They explained staff followed any instructions or changes regarding a person's care and support swiftly and accurately. We observed that there were detailed handovers between shifts. Staff told us that they found that these provided important details about how people had been and any changes to people's health or support needs.

Is the service caring?

Our findings

Every person we spoke with told us that staff were kind and caring in the care and support they gave. One person said, "Staff are lovely. They care very much for people." The doctor we spoke said, "If ever I need care or support this would be the type of service and staff I would want." The environment was relaxed and we saw staff throughout the day take time to sit and chat with people. We saw that people had good relationships with the staff. One staff member said, "It is like working with one giant family."

People told us that they were treated with dignity and respect. We saw that people's privacy and dignity was respected by staff. Staff knocked on people's doors before going into their room and they addressed people by their preferred name. Where care was given this was done in a way that ensured the person's privacy was respected. For example we saw where people requested help with personal care staff were discreet and maintained people's dignity and privacy. The provider told us that there was always a strong emphasis on ensuring that people were always treated with dignity and respect. Staff told us that there was a strong emphasis on dignity and respect with regular training and workshops about dignity and respect. They felt their approach reflected this. An example they gave us was how they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting. They also said that dignity and respect was a regular agenda item for discussion at team meetings and also in the meetings for the people that lived there. There were two dignity champions in post one of these was a staff member and the other person was a person that lived there. We spoke with the person and they told us how they regularly gathered people's views and then met with the staff dignity champion and registered manager to discuss how people felt about dignity and respect. They told us that there were no issues or concerns at present but felt confident that they would be listened to and actioned if there were any. All of the people we spoke with all knew who the dignity champions were and knew what the role meant.

People were given time by staff to express their wishes and choices that they made were respected by staff. We saw a person request a cold drink. Staff came back with a choice of different juices and cold drinks. Staff spoke calmly and gave the person time to decide. People told us that they could ask for anything and staff would make sure that their wishes were met. All of the staff we spoke with told us that they would not carry out any care or support without the agreement of the person first.

People told us they felt they were able to be part of the care and support they received. They said they were supported to express their views by the provider, registered manager and staff. We saw that when the provider was in the home they took time to talk to people and to make sure that people were happy. People knew who their key workers were and told us that they met with them regularly to discuss their care and support. A key worker is a named member of staff who has a central role in the care of a person. They take the lead in monitoring and reviewing the care and support with the person and become a point of contact for relatives and other professionals. Staff and the registered manager told us that the home operated with as much participation from people as possible. The registered manager said, "It is not just about planned residents meetings. It is making sure that every step of the way people are involved."

Is the service responsive?

Our findings

People told us that they felt that the service always looked at ways to improve and this meant that their care and support was also being improved. The provider told us that they were always looking at ways to further improve the care and support they provided to people. The doctor felt that the provider was always looking at ways to improve people's experiences of care and felt that staff were proactive in identifying concerns and actioning them in a timely way. The provider had been working closely with one of the leading universities that were researching better care and support to people who were living with dementia. As a result of this a number of innovative adaptations had been made to the environment inside the home. For example specifically designed furniture was in people's bedrooms. This allowed people to choose what they wanted to wear and then staff could place the clothes in a wardrobe that had an open design designed so that the person could immediately locate and see the clothing that had been chosen the following morning independently. One person told us that this gave them more independence regarding getting dressed in the morning as they did not have to rely upon staff to locate their clothing items.

The provider had also just implemented the latest guidance from the National Institute for Health and Care Excellence (NICE) on oral health in care homes. This involved staff carrying daily assessments of the oral health of the people that lived there and taking swift action to ensure timely access to dental services. Staff told us that this had made them think and be more mindful of checking people's mouths. The provider said that by adopting this best practice it would improve the responsiveness to mouth care across the home.

People told us that they felt they were able and supported to keep their interests and hobbies. The provider told us that they looked at creative ways in which they could recognise and reflect people's life histories and interests. One person had done carpentry before living in Dulas Court and had wished to carry this on. Since moving there they had been given an area of the home which had been adapted to become a wood workshop. The person told us that they had been involved in designing their workshop as well as the risk assessments and adaptations that had been needed to ensure the area was safe for the other people that lived there. Staff supported the person to source wood and also helped to get projects for them to do. This had included bird tables and furniture some of which were in the garden for people to use. The person told us that they had also sold some items they had made at a recent fete that the home held to raise money for the 'residents' fund.' They told us that they found this very rewarding.

One person told us how they were a member of a local bowling club and how when they needed support staff provided this. Other people that had interests in gardening were accessing a local supermarket to help arrange flowers in bouquets for sale to the public. This scheme had attracted attention from the local media. Also people had been involved in developing a sensory garden at the home and this had recently won a national award. People that we spoke with who were involved in these activities told us that they found them rewarding and felt it reflected their interests.

People felt staff made them feel valued for who they were as individuals. People had completed life story books with staff. Staff told us that the life books meant that by spending time with the person themselves as well as their family a more complete picture of the person could be gained. Where people who needed more

time and support with certain choices, staff had time and focussed first on what people could do and not just the health conditions that people had. We saw that staff spent time with people to make sure they had choices at mealtimes and also with what they wanted to do.

People were doing lots of different things throughout the day of our visit. We saw some people reading books, another person was drawing, some people were talking and reminiscing with staff and another person reading a newspaper. Staff told us how the provider and registered manager placed importance on keeping people's minds active, and how spending time with individuals was encouraged. The staff told us how this approach kept people well for longer and slowed the deterioration of a person's health.

People told us that they felt that they were consulted with regarding their care and support and that staff made them feel valued and listened to. People told us that there were regular meetings where they could put forward suggestions about menus, activities and any other topics that they wished to discuss. People told us that staff made sure that all of the people that attended had the opportunity to discuss items on the agenda. People told us that frequently discussed were ideas and updates on how the service was developing. This had included discussions around the new oral health guidelines and also the on-going development of the gardens.

All of the people we spoke with told us that they had regular care reviews and that staff were quick to respond to any changes in their health needs. One person said, "Staff ask me all of the time how I feel things are going. It's good to be asked." People's preferences were reflected in people's care plans and staff were able to tell us about people's individual likes, dislikes and personalities. The provider and registered manager told us that the ethos of the home was to make sure that people were always involved and had a say in the care and support they received. The doctor told us that in appointments there was always a strong emphasis from staff to involve the person in discussions and any decisions about their care and treatment.

People said that they would raise any concerns with the staff or the registered manager and felt that they would be listened to. People told us that they found they could talk to the staff, registered manager and provider and they knew the complaints procedure and felt very confident that any concerns or complaints would be immediately dealt with. We saw that the provider had a system in place for dealing with complaints but there had not been any recent concerns raised. The system enabled the registered manager and provider to review any complaints and identify actions and lessons learnt.

Is the service well-led?

Our findings

The provider told us that they were always looking at ways to further improve the care and experiences for people that lived there. The provider said, "We always need to look forward and embrace current best practice." The provider told us that as well as following current evidence based practice such as the NICE guidelines, they had developed strong links with the University of Southampton which is a leading university in current research around dementia. They told us that that as a result they were able to provide care and support that was aligned to the latest best practice. This had resulted in the use of the system that provided positive food odours for people that may have lost their taste or appetite. The provider told us that this was a new dementia specific technique to stimulate people's senses and followed on from published research by a number of leading dementia specialists. The doctor told us that they felt it was imaginative and while they had not seen this in any other home it was already having a positive impact on people's health.

The provider told us that they were always looking for ways to improve the care they provided and to develop staff skills further to effectively meet the health needs of the people that lived there. One of these initiatives was the development of an advanced practitioner role. This was an initiative supported by the Skills for Care organisation that provides national standards based training in the health and social care fields. The role in Dulas Court had been developed to support team leaders to have further training to enable them to do areas of care such as changing dressings that would ordinarily need the input of a district nurse. The provider told us that this would mean that care would be delivered more quickly as people would not have to wait for a district nurse to attend. Staff we spoke with were positive about this role. One staff member said, "It has already had an impact as I have increased my input with the district nurse and have been able to better inform staff about people's health."

People and staff that we spoke with were positive about the work undertaken so far to develop and forge links with the local community. The provider looked at innovative ways to engage with the local community. For example they had regular contact with a local school and students discussed gardening and had a seed swap scheme with the people. Also there were links with the local supermarket, local churches and also with Hereford Academy where students came to the home to gain work experience. One person said, "It is nice to talk to the younger people." The provider had also arranged for local walking groups to take video and audio recordings video of walks in the local area including local landmarks and then to show them to people in the home to watch, discuss and reminisce.

All of the people we spoke with were very positive about the registered manager and provider. One person said, "This is the best place to live."

The provider told us that the vision for the care was to, "Strive for perfection in everything and to treat individuals as you would treat the most loved person in your family." All the staff that we spoke with shared this vision and were motivated and committed to provide the best level of care that they could.

The provider told us that their approach to providing high quality care and support had gained national recognition through them being awarded the Outstanding Contribution Award at the Great British Care

Awards 2015 for their contribution to care. They told us that this national award celebrated providers who make a long-term outstanding contribution to social care. This recognised that the provider has a proven track record of sustained improvement and high quality services, which has been seen through the other services owned by the provider that have been inspected by CQC.

People told us about how the provider involved them in how the service developed. For example two people told us about how valued they felt to be involved in the recruitment process. They told us that they met with prospective new staff and were asked for their feedback on the suitability of the staff which was documented as part of the interview process. The provider told us that it was important to get things right first time and this gave people a say in how Dulas Court was run.

People and staff told us that they could talk to the registered manager at any time and also to the provider if they felt they needed to. The provider told us that their contact details are made available for all staff and people living at the service. Messages could also be sent anonymously to the provider to alert them if there were concerns. Staff told us that they did not have any concerns at present but felt sure that if they did the registered manager and provider would listen and respond straight away. Staff were aware of the whistleblowing policy and said that they would feel supported by the provider if they ever had to whistle blow. The registered manager told us that the provider took a very active part in the running of the service and would take swift and direct action if concerns were identified.

Staff told us that they felt well supported in their roles. They told us that as well as regular one to one supervision they had on-going support throughout the day. One staff member said, "The support from the owner and the manager is better than anywhere I have worked." There were also regular staff meetings. Staff told us that these meetings were useful as it gave the opportunity to talk openly with the registered manager and where any actions were identified or suggestions made these were listened to. One example staff gave was the recent discussions between them, the people that lived there and the provider in developing the garden and outdoor areas of the home. They told us that there was an open door culture where they were able to speak with the manager straight away if they had any concerns.

The registered manager told us that there was a clear management structure to support them and the provider was constantly aware of what was going on and supportive of ideas of service or staff development. The provider and registered manager had a comprehensive quality assurance system in place. This included regular feedback from relatives and the people that lived there and regular checks and audits. Audits were carried out each month which included gathering information about the amount of falls, weight changes and pressure area care. The provider and registered manager also did unannounced night visits. They said that the purpose of these visits were not to catch staff out, but to check with residents and staff whether there were any concerns. The provider was also able to show us how they used up to date research to inform the changes in their service, so that people who used it benefitted from it. For example, using the latest recommendations on promoting good oral care, the use of dementia friendly furniture and innovations in the use of smell all helped to improve the quality of experience of people using the service.

The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.