

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Dulas Court

Dulas, Ewyas Harold, Hereford, HR2 0HL

Tel: 01981240214

Date of Inspection: 06 September 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Ms K A Rogers
Registered Managers	Mrs. Elizabeth Blake Mrs. Angela Staphnill
Overview of the service	Dulas Court provides accommodation with personal care for up to 25 people. It is situated in rural Herefordshire.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information sent to us by commissioners of services.

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### What people told us and what we found

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In this report the name of a registered manager appears who was not in post at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

People told us that they were happy with the care and support provided at Dulas Court. They told us, "It's really very good here, I don't think you could better it" and another said, "It's just like normal life, you can do what you like here".

Staff made sure that people were making decisions for themselves as far as they were able. Staff knew how to ensure that decisions were made in people's best interests when anyone was unable to make decisions for themselves.

People told us that they felt safe at the home and were confident that staff knew how to support them. Records showed that staff had received training to prepare them for their work.

People knew how to raise any concerns. They told us, "I've never needed to complain about anything here" and, "It's so good here that I can't think what you could complain about".

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

We saw that staff were making sure that people understood the care and support that they were receiving. During the inspection we saw that staff were checking that people gave consent before they provided any support. For example, one person was being supported to walk from one room to another. A staff member said, "Would you like some help or would you rather try on your own?". When we looked at the person's care plan, we saw that there were clear instructions for staff about how to make sure the person was involved in making decisions about their care. This meant that staff understood the principles of informed consent.

People told us that staff were kind and respectful. One person said, "They do things the way I like them done, they're very good like that". Staff described the way that they worked with people to ensure that nothing was done without consent. Records showed that staff had received training on the Mental Capacity Act, which protects the rights of people who may not always be able to make decisions on their own behalf. The home had a detailed policy about making sure that decisions were taken in people's best interests. This showed that the provider understood their responsibilities with regard to consent.

Records showed that one person had made a decision about their future plans. The provider might find it useful to note that this decision had not been recorded in the person's care plan. This meant that staff might not know what the person's wishes were.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People spoke highly of the care and support they received at Dulas Court. One person told us, "It's really very good here, I don't think you could better it" and another said, "It's just like normal life, you can do what you like here". During the inspection we saw that staff were caring and gentle in the way that they spoke with people. This included not just the care staff, but also housekeeping and maintenance staff. One person said, "They become a bit like your family, you feel as though you know them well".

We spent time with people living at the home who were preparing for a charity coffee morning. They told us that raising money for good causes had always been important to them, and they were pleased that they could continue to do this at the home. We saw that people had individual plans about the way that they liked to spend their time. The activity coordinator had spent a lot of time with each person to make sure that the activities on offer met their preferences. For example, there had been a recent visit to a local stately home. People had been asked about what would make this a good day out for them. The suggestions, such as having afternoon tea, had been incorporated into the plans for the day.

Each person had a detailed plan about how staff would meet their care needs. There were clear records to show that people's individual care needs were being met. For example, some people had been assessed as being at risk of pressure damage to the skin. There were detailed instructions for staff about how to manage this risk. We saw that equipment, such as a pressure relieving cushion, was being used appropriately to reduce the risk.

The deputy manager gave us a clear explanation about when regular monitoring would be carried out for specific risks. This included monitoring people's food intake where there was a risk of weight loss. Records showed that this monitoring was effective. For example, one person had lost weight. Staff had begun recording their food intake and had worked to ensure that the person ate a nutritious high calorie diet. The person had begun to put on weight.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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People told us that they would feel comfortable raising any concerns with the deputy manager. They said, "She'd soon sort it out" and, "She's a good listener". People said that they were sure that action would be taken if they raised any issues. One person told us about the 'Residents' Forum', which was a group solely for people living at the home, chaired by one of the people at the home. Staff did not attend this forum, except by invitation. The person said that this was a place where people could speak freely but that, "Nobody has told me anything which worries me at all". This meant that there was an open and transparent culture within the home.

Staff spoke about the importance of using all feedback, both positive and negative, to improve the quality of the service. There was a clear and detailed policy and procedure to tell people how to make a complaint. This was available in people's bedrooms, so that it was easy for them to access. We asked to see the records of complaints and saw that there had been no complaints within the previous year.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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