

Dorrington House

# Dorrington House (Watton)

## 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 ●

# Summary of findings

## Overall summary

Dorrington House Watton provides accommodation and personal care for up to 52 older people, some of whom may be living with dementia. There were 50 people living in the home on the day of our inspection.

This inspection took place on 13 and 14 September 2016 and was unannounced on both days.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection of the home in August 2015, we found that the provider was in breach of four Regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. These were in respect of sufficient staffing, meeting nutritional and hydration needs, dignity and respect and good governance.

Following the inspection in August 2015, the provider sent us a plan to tell us about the actions they were going to take to meet the above regulations.

At this inspection we found that improvements had been made and the provider was no longer in breach of the regulations.

The home had sufficient staff to meet the needs of the people living there. Staff had received training in how to recognise and report abuse. The registered manager knew how to report any safeguarding concerns to the appropriate local authority if necessary.

The home followed safe recruitment practices to ensure only suitable staff were employed to work with people who lived at the home. The home had ensured risks to individuals had been assessed and measures put in place to minimise such risks.

Caring relationships had been built between people and staff. Staff knew the needs and preferences of the people they cared for and people were given reassurance and encouragement when they needed it. Where people needed support in order to make their own day to day decisions this was provided by staff. People's rights to privacy, dignity and independence were taken into account by staff in the way they cared for them.

People were looked after by kind staff that treated them with respect and dignity. They and their relatives were given opportunities to be involved in the setting up and review of people's individual care plans.

Staff were kind and caring and treated people with respect. Staff knew people's likes and dislikes which helped them provide individualised care for people.

People were supported to maintain a balanced diet. Records of support provided with nutrition were not always in place to show that this care had been delivered.

People felt supported by the service manager. Management processes and audits were in place. People and their relatives were involved in their care assessments and care plan reviews. The manager was supported by senior staff, including a deputy manager. People and staff told us the home was well run and that the manager was approachable.

## 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.

There were systems in place to help protect people from the risk of abuse and harm.

There were enough staff to provide people with support when it was required.

People received their medicines when they needed them.

### Is the service effective?

Good ●

The service was not always effective.

People received enough food and drink to meet their needs.

If people became unwell staff sought medical advice promptly to promote their health.

Staff asked for people's consent before providing them with care.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

People's rights to independence, privacy and dignity were valued and respected.

People were involved and included in making decisions about what they wanted and liked to do.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were understood and responded to by staff who knew people well.

People's needs and preferences had been assessed and these were being met.

People knew how to complain if they needed to and any concerns and complaints raised had been investigated.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns.

People were enabled to make suggestions to improve the quality of their care.

Systems were in place to monitor the quality and safety of the service.

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## 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 was 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 13 and 14 September 2016 and was unannounced. The inspection team consisted of 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 this type of care service.

Prior to the inspection, we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law.

We looked at the care of nine people in detail to check they were receiving their care as planned. We also looked at records including four staff recruitment files, training records, staff duty rotas, meeting minutes, medication records and quality assurance records. We spoke with five people who live at the home, eight members of care staff, the chef and the registered manager. We also spoke with relatives of two people currently living at the home.

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.

## Is the service safe?

### Our findings

At our last inspection in August 2015 we were concerned that the level of staffing at the home resulted in people not promptly receiving the care they wanted or needed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

On the days of our visits, our observations indicated that there were enough staff on duty. We saw staff were spending time with people and interacting with them, call bells were answered promptly and staff were going about their duties in a relaxed manner. Staff were busy and purposeful however they were well organised and efficient. The staffing rotas were based on the individual needs of people. We were told by the manager and staff confirmed that staffing levels did not fall below the minimum numbers determined to keep people safe.

Staff we spoke with told us that there had been some occasions of being short staffed over the summer. They told us this was when staff were away or unwell but that it had improved. Staff told us they had more of them on shift which meant more time to spend with people. A staff member said, "Having more staff means more time with people. I have noticed a difference; I can now sit and read a paper with someone, something I couldn't do before." Another staff member said, "Since it was flagged by CQC at our last inspection more staff have been recruited. We have time to spend with people now. The manager has started having an additional member of staff 'floating' between the two floors helping out wherever needed and that has makes a big difference".

One relative told us, "I don't know how many staff they should have but there are always plenty walking around." Another said, "There have been enough staff when I have been in, because when [relative] needs help or other people do there are enough staff to be with them. My [relative] has very limited mobility and if they need something staff come and get a wheel chair, they look after them well."

We concluded that there were enough staff in place to keep people safe. The manager had implemented change and we no longer had the concerns that we had at the last inspection.

People were supported and cared for by staff who knew how to keep them safe. People told us they felt happy to speak with staff if they ever had any worries or concerns. One person said, "I feel safe, at night two [staff] check on me." Another person said, "I feel safe because of the way the staff take care of me. Staff move me with a stand aid, I had so many falls at home but I haven't had any since I have been here, staff are pretty good." A third person said, "The carers are very nice and if I need them they come as soon as they can which is quite soon, and I have got an alarm [call bell] I can push."

People visiting their relatives at the home also told us that they felt their relatives were safe. A relative told us, "When [relative] was living on their own I was very concerned, but now they are here I am very happy, the

staff are very friendly, very caring and informative, if anything happens they ring me and let me know."

Staff knew how to protect people from potential harm. Staff were able to identify how people may be at risk of different types of abuse and harm and what they could do to protect them. Staff knew the providers procedure of how to report any concerns regarding people's safety. Staff members we spoke with confirmed that they had received training in protecting adults and that this was updated on a regular basis. They also told us that they understood the process to follow if a safeguarding incident occurred and their responsibilities in this.

Staff had the necessary information to support people safely. Care plans and risk assessments were completed and reviewed in order to ensure people's needs were being met in a safe manner. We saw risk assessments had been completed that reflected people's individual needs. For example, we saw information and risk assessments relating to falls prevention and reducing the risk of someone developing a pressure ulcer.

Safe staff recruitment and selection systems were in place and followed to make sure suitable staff were employed to work at the home. All applicants completed an application form, which recorded their employment and training history. Each applicant went through a selection process. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work with vulnerable adults. The provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

Systems were in place to ensure people received their medicines safely. Medicines management was good and audits took place to ensure that people received their medication as prescribed. We found that people's medicines were stored securely. Staff who administered people's medicines received appropriate training and their competency to do this was regularly checked. Medicine administration records (MAR) were completed. We checked the MAR charts and that these had been completed appropriately. We asked people if they received their medicines on time and when they wanted them. One person said, "I get my medication as and when they do the medicine round, I don't have any pain so don't need any pain killers." A visiting relative said, "I don't have any concerns, none at all I think [relative] is taking their medicines well now, at home they wouldn't take them, but they will here." We were satisfied that people received their medicine as the prescriber had intended.

## Is the service effective?

### Our findings

At our last inspection in August 2015 we were concerned that there was not sufficient oversight of whether people were eating and drinking enough. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made. We saw that the manager had implemented more robust record keeping in relation to people's nutritional intake. People had detailed nutritional plans and these were being followed by staff. However we found one area where further improvements were needed. This was because one of the people whose care we tracked did not have the necessary monitoring of their nutritional intake in place.

Staff we spoke with were aware that the person needed support to eat and drink. The staff told us that they relied on communication between themselves to know whether the person had eaten or drunk sufficient amounts. However the information was not written down anywhere for them to check. We asked the staff we spoke with whether they were confident that this information would be passed on accurately. Some staff told us that whilst they thought it would be shared, it could also potentially be forgotten when they were busy. We spoke to the manager about this concern on the first day of our visit. Before we had left the home the manager had implemented appropriate nutritional recording for this person and staff working in the home were immediately made aware of the monitoring in place. One staff member said to us on the second day of our visit, "It was flagged to all staff yesterday [the day of our first visit] afternoon that [person] now has recording charts in place for their nutritional monitoring." We were assured that appropriate action had been taken.

We found that other people had appropriate records in place in relation to their nutritional care needs. Care records had details of people's food preferences and the things they didn't like. Records for other people also showed that they had nutritional plans in place and these were updated and reviewed.

People were not always complimentary about the food and we received mixed views. Two people we spoke with felt that the food was not always tasty; however some people were really positive. One person said, "The quality is very good food, they [staff] ask if you would like it cut up. They are very good about offering something else if someone doesn't want what is offered." One relative commented, "Food is always offered to [relative], but sometimes they won't have it, there are always two choices. They also get plenty of fluids."

We observed lunch in the lounge/dining room on the ground floor and the first floor. Some people had chosen to sit at dining tables and others a preference for sitting in a lounge chair with a table. The tables were set with table cloths and napkins. There were enough staff to support people in the dining areas and those who remained in their bedrooms. The mealtimes were sociable occasions with people and staff chatting about the food. People were offered a three course meal. During the morning staff had checked with people what their preferences were for their lunch. There was a choice of two options for the main meal. Lunch was served in a calm and peaceful manner by staff. People who required staff assistance to eat received this in a discreet and respectful way. People were offered more food if they requested it with the

exception of one person who didn't want either of the options on the menu but no alternative was offered. The person continued to eat the meal that was available. However they told staff that they had wanted something different. We were told that the home had run out of the option the person wanted. We asked the chef about whether there were routinely enough food supplies at the home and they told us there were. They described this occasion as an 'exceptional circumstance and not regular occurrence.'

Staff working in the kitchen we spoke with were aware of people that were on special diets or had additional nutritional needs such as pureed food, soft diets, allergies and where people were at risk of choking. They were also aware of people with special dietary requirements such as those on a high calorie diet or those that were diabetic.

We asked people whether they felt staff had enough training to meet their needs. One person said, "All staff are very nice to me, the staff are trained, they don't do anything without me approving it, they take notice of me if I suggest it" Another person said, ""They [staff] know me better than I know myself, they do training, it helps all of us if they are trained." A third person however commented, "The staff could do with more training, because sometimes they have to ask you how things are done"

The registered manager said that internal training was provided with the aid of DVD's and the completion of questionnaires in addition to some practical training courses. Staff spoken with confirmed they had recently completed training and that most of it was undertaken by watching DVD's. Some of the staff we spoke with told us that they felt watching DVD's was not an effective learning style for them, especially when they were learning about living with dementia. We saw from the providers training guides that the watching of a DVD about dementia awareness was followed up with a comprehensive learning guide and test. The test included written activities which staff needed to complete along with case studies to test their knowledge. We saw that the provider took this approach for a number of other training courses such as safeguarding adults.

People were cared for by staff who told us they generally felt supported. The registered manager told us that staff supervisions and appraisals were held on an annual basis. Some staff we spoke with felt that they would benefit from further supervision sessions. One staff member said, "I have supervision once a year. I think it is enough for me, it may not be for other staff." Another staff member said, "I like [registered manager] I can easily talk to them. I have supervision but can also approach [registered manager] at other times. I feel supported here." Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff or manager. Staff should receive appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their role.

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 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 is called the Deprivation of Liberty Safeguards (DoLS).

People's mental capacity assessments were detailed and thorough in explaining the extent to which people could make decisions and where they required support. However we found that some staff lacked full understanding of the MCA and were not always clear on what the MCA or DoLS were when we spoke with them. We observed however that staff did assume that people had capacity in their interactions with them. One staff member described to us how they would always check a person's care plan for their preferences, if

they found someone couldn't make a decision about what to eat or drink for example. We saw that people were offered choices and staff told us how they worked towards ensuring that people remained as independent as possible.

People were supported to maintain good health and well-being. One person told us, "If I need to see a doctor the staff sort it out for me. I also get people come and look at my feet and we have our eyes tested." Another person said, "The district nurses have been training the care staff up how to do my insulin injections and the blood test so they can help me with it." On the day of our visit a GP was visiting a number of people; staff supported people to a confidential area of the home in order that they could meet with their doctor. One person's relative said, ""As far as I am concerned they know and look after my [relative] very well, if they need a doctor they get one in."

Records showed people accessed healthcare professionals including GP's, dentists, speech and language therapists and specialist nurses.

## Is the service caring?

### Our findings

People told us they were supported by kind and caring staff. One person told us, "I am always treated with kindness." Another person said, "The care is very good, they [staff] know exactly when I can't walk properly and they will come back to walk with me."

A visiting relative told us, "The staff are caring and friendly they seem very patient with people who are demanding, they also have a joke and a laugh with people."

The staff we spoke with demonstrated a good understanding of the people they supported. They told us that since the staffing levels had increased they enjoyed working at the home and felt the standards of care had improved. One member of staff told us, "I would have one of my own family members living here if they needed to." Another staff member commented, "It's really homely here, not at all clinical."

Throughout our visit we saw that most care staff took time to enable people to communicate with them in their own way. Staff took the time to talk kindly to people, crouching down to their level if the person was sitting down. They were able to converse with people in a way which provided reassurance to the people they were caring for.

One person told us, "They [staff] do their level best. I think they are very over worked at the moment they look so tired. They do treat me well. I talk a lot of rubbish to which they listen! They are very good about asking, especially getting up in the morning. They say do you want to get up? They give me the flannel and say do you want to wash your own face?"

People told us that staff knew how they liked to be helped and their preferences. One person said, "They [staff] can't make a bed how I like it. I tell them I can't get into a bed made like that! They listen to me and then they strip the bed and make it again for me! They [staff] always ask can we help you? Do you need help?" One staff member we spoke with told us that the care plans had a good level of detail in them about people's life histories which enabled them to have meaningful conversations with people. We observed this when we heard staff talking to people in a relaxed manner about an event from their past or a family member. People and their relatives were involved in the reviews of their care plans where they wanted to be. The registered manager told us that if review were needed sooner, this also took place. The reviews enabled the staff to be responsive to people's changing needs.

Staff we talked with spoke affectionately about the people they supported. We saw some kind and considerate approaches to care and support. We observed staff working patiently and kindly with people. They were careful to help people to retain their dignity. They knocked on bedroom doors, ensured that people received care in private and used the preferred form of address when speaking with people. Staff were cheerful and pleasant with people in the home and with their visitors. One person told us, "Yes, both male and female staff are really good, they shut the door, knock before entering, stick their head round the door and say are you alright?"

It was evident that family members were encouraged to visit the home when they wished. One relative told us, "I come whenever I want to, I stay as long as I want, in fact they treat me as one of the family, I spent Christmas day here last year it was lovely."

## Is the service responsive?

### Our findings

At our last inspection in August 2015 we found that people were not being adequately supported to pursue their interests and hobbies. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation. We found that people had increased opportunities to take part in activities and pursue their interests.

One person told us, "I like to read, my [family] always bring the papers in, I have read magazines and word searches but I prefer the crossword in the paper, I try to do them." Another person said, "I like to go to the exercise class every Monday. Musical movement I enjoy and we have a bit of a sing song, I love to read, I have read five books since I have been here." Another person's family member told us, "My [relative] usually goes for bed rest in the afternoon, but if there are any activities going on the staff will help them stay up for it."

During our visit we observed staff initiating activities with people such as singing, playing games and looking at books. Some people told us that they had been out on trips to the local area and coast recently. We saw and staff confirmed that a member of care staff stayed in the communal lounges at all times interacting with people. Whilst the staff member was with people we saw they encouraged people to participate in activities such as jigsaw puzzles, ball games or playing dominoes.

People received personalised care which was responsive to their needs. We asked people about whether they received the care that they wanted to have. One person told us, "I go to bed at the time I like and want to go. It's usually between 8.30pm and 9pm" Another person said, "They spoil me as I like to go to bed early usually about 6pm and then I get up early in the morning." A person's relative told us, "The care is personalised as much as it can be in a care home. My [relative] used to like to wear scarves when they lived in their own home. Here the staff make sure they have one on too. [Relative] also has a sentimental item that they like to hold onto. The staff make sure that they still have it with them."

Everyone had a care plan in place. Care plans were kept electronically and care staff updated them during the day. Examples of records completed regularly included daily notes and repositioning charts. The care plans that we checked showed that the service had conducted an assessment of people's individual needs prior to them moving into Dorrington House. This was to determine if they could provide them with the appropriate care. This ensured as much as possible, that each person's needs were able to be met. We saw that a large part of the assessment was around establishing the person's life history, what was important to them and their preferences.

Care plans were subject to regular review and were audited to establish whether the information was up to date and reflective of the person's changing needs. Reviews to check that the care plan was still accurate took place. This was important to make sure important information about the person that might have impacted upon the rest of the care plan, remained up to date.

All the people we spoke with told us they would raise any concerns or complaints they had with staff or the registered manager. People and their relatives told us they were confident action would be taken if they raised any complaints. The people we spoke with had not raised any complaints about the care provided. One person told us, "I have no reason to complain, if I did I would speak to the more senior members of staff." We saw that a pictorial version of the complaints procedure was displayed for people. We spoke to the registered manager about updating this so it contained correct details of who people could complain to if they were not satisfied with their response from the provider. They agreed to make the necessary changes. A visiting relative told us, "They [staff] know I am happy but if I wasn't I would go to the office." We saw the registered manager had a system for responding to any complaints made, so any lessons could be learnt.

## Is the service well-led?

### Our findings

At our last inspection in November 2015 we identified that the quality monitoring systems were not regularly used to assess and monitor the quality of the service provided to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation. The registered manager and provider had taken the concerns raised in the last report and had dealt with them effectively. This showed us that they had understood the key challenges and had worked to improve the overall quality of the service.

There was a registered manager in post at the time of this inspection. People we spoke with told us that they knew who the registered manager was. They spoke fondly of her and told us that they thought the home was well managed. One person said, "The [registered manager] is a very nice person they lent me a wheelchair once when my son and daughter in law wanted to take me out" Another person said, ""I have actually recommended this home to one of my visitors."

Quality audits were being carried out across several areas of the service, and remedial actions were being taken to resolve issues that were highlighted as needing improvement.

There was an effective quality assurance system in place to ensure that where needed improvements were made. The registered manager carried out monthly audits on the quality of the service provided. Audits covered a number of areas including medication and care plans. The manager told us that she audited a minimum of nine care plans each month. The managers audits had failed to identify one person did not have nutritional monitoring charts in place when they were at risk. We saw however that once made aware, the manager was very responsive and took immediate action.

Staff we spoke with told us the home was well managed and the registered manager was very approachable and always happy to listen. One staff member said, "We can talk to [registered manager] anytime. She has come and helped me with caring for people before when I have asked her to." A third staff member said, "The registered manager comes out of her office and speaks to people, she knows them well."

The registered manager told us they were supported by the directors of the company. They told us that they attended regular 'peer group' support management meetings. This was with the managers of the providers other two care homes and the provider. In addition the registered manager was also supported by an external care consultant who the provider used to carry out audits and complete additional investigatory work into queries or concerns if needed.

Staff meetings were held every month. These meetings were an opportunity for staff to make suggestions about the service and give their feedback. Staff had daily handover meetings. These were used as an opportunity for staff to pass on important information and or changes to people care needs or wellbeing.

One staff member told us, "We have team meetings quite regularly. We [care staff] can all speak up. We go around the room and ask everyone in turn if they have anything to add." We recommend that the registered manager and provider consider best practice around staff supervision and training.

Questionnaires were sent out to people and their relatives to ask for their feedback and views about the service. These had been sent out during May 2016. We looked at the 15 completed forms that had been returned and saw that the feedback was generally very positive. Where a person or their relative had raised a query or concern, we saw that this had been responded to appropriately and action taken where needed. One relative told us about how they were consulted with as part of their family members care and kept up to date with what was happening at the home. They told us, "There is a newsletter which I receive via email and I have completed an on line survey as well. I think there is a patient and relatives forum too."