Aria Healthcare Group LTD

Dormy House

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Dormy House is a residential care home providing regulated activities personal and nursing care and the treatment of disease disorder and injury to up to 88 people. The service provides support to adults over the age of 65 years and people living with dementia. At the time of our inspection there were 54 people using the service.

People's experience of using this service and what we found
People were supported to live safely and free from unwarranted restrictions because the service assessed, monitored and managed people's safety effectively. People's relatives provided positive feedback about positive outcomes for people. For example, "They have friends here and are talking again, smiling, and their old character is coming back. Staff understand then and piece things together. She is settled and it is homely."

People's emotional and physical needs were assessed and captured in care plans. Staff were knowledgeable about how to reduce risk and people's preferences and wishes.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was good (published 13 May 2021).

Why we inspected
This targeted inspection was prompted in part by notification of an incident at the service, following which a person using the service died after they had stopped receiving care from the service. It was also prompted in part due to concerns about poor care in relation to another person's deterioration in health including dehydration. These incidents are subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incidents indicated potential concerns about the management of risk of in relation to mobility and falls and nutrition and hydration. This inspection examined those risks.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Dormy House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. This was a targeted inspection to check on concerns we had about the management of risk in relation to specific incidents.

Inspection team
The inspection was carried out by one inspector and one specialist advisor in nursing care 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.

Service and service type
Dormy House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dormy House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 4 people and observed staff supporting people to help us understand the experience of people who could not talk with us. We gained feedback from 10 relatives via telephone, 1 visiting relative and a GP. We spoke with 10 staff members including health care workers, registered nurses, clinical leads, the registered manager, the deputy manager, the regional manager and the provider's clinical auditor. We sent email questionnaires to the staff team and received 5 written responses. We reviewed 7 people's care file records and a further 5 people's health monitoring documentation. We looked at the provider's clinical audits and policies and procedures.

Inspected but not rated

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about the assessment and monitoring of people's safety.

We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management
• Risks to people were identified and actions to reduce risk were documented, shared with staff supporting people and reviewed regularly. For example, appropriate assessments were carried out to in relation to the risk of falls, swallowing/choking risks, nutrition and hydration and skin integrity.
• Equipment was in place to aid people's mobility and reduce the risk of falls such as sensor and crash mats. Staff completed increased regular visual checks where people were assessed as unable to use their call bell and at high risk of falls. Bed rail risk assessments were completed and considered the least restrictive principle to balance people's right to liberty and safety.
• People and their representatives were involved in reviews of risk. Relatives we spoke with were generally positive about people's safety, with mixed feedback about communication from the service, with comments such as, "Mum is safe because they take good care of her. The security of the building is very good. The staff pick up on anything wrong with her and pre-empt her needs. She has had no accidents, incidents or falls", "They know Mum really well and if there is something medical, they will get the doctor in. I don't always get information super quick. If they see me, they will stop me and tell me", "They don't give you information, but they say the door is always open. You put things to them, and you don't get a managerial direct reply" and "Yes, he is safe and well looked after. They are very good at letting me know anything that's different. The communication is very good. I phone on a regular basis, and they phone me too."
• Monitoring systems were in place and documented by staff for areas such as wounds, food and fluid intake and repositioning where people had reduced mobility to reduce the risk of pressure ulcers. During day one we found night staff had not consistently recorded repositioning in accordance with a person's care plan. There was no evidence of harm to the person. The clinical lead acted upon this information and we saw records had improved during day two of our visit.
• Staff we spoke with said they were well supported and felt the service was safe. They were knowledgeable about risk and told us they practiced the least restrictive principle when supporting people to protect their freedom, privacy and dignity. We observed staff using proactive and active approaches to meet people's needs, which minimised communication, emotional and distress reactions successfully. The registered manager confirmed certified training was planned to provide staff with strategies to keep themselves and others safe.
• Staff recorded 'Antecedent (the events, action, or circumstances that occur before a person's behaviour) Behaviour and Consequence' (ABC) incidents. However, we found these were not consistently escalated

appropriately according to the information recorded by staff. In one case, the information indicated risks to a person and others had not been reviewed to reduce the risk of reoccurrence. The registered manager acted to investigate and confirmed with us they had reviewed the procedure to ensure all ABC incidents were reported to management for their review.

Inspected but not rated

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about the assessment and monitoring of people's needs.

We will assess all of the key question at the next comprehensive inspection of the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Initial and ongoing assessments of people's needs and preferences were generally comprehensive. We found staff did not record the outcome of 'expressing sexuality' as part of people's initial assessment. This is a 'protected characteristic' in law and is important for staff to understand in order to prevent discrimination. The registered manager told us they would act to ensure staff fully completed assessed outcomes. For instance, where people did not wish to discuss or disclose this information the registered manager told us they would remind staff to record this and check completion as part of their regular audits.
• Nationally recognised assessment tools were completed in relation to the prevention and management of pressure ulcers, falls and nutrition and outcomes were documented in care plans.
• Staff we spoke with demonstrated knowledge about people's needs and their individual experiences of dementia. We observed staff anticipated people's needs and supported people with sensitivity and kindness. Staff told us, "We need to be patient and understanding, kind, and know their needs because they can't express themselves. We look for body language and facial expression. Dementia training includes looking for people's triggers" and "On admission we would assess to know their personalised [dementia] needs. [Person's name] might get confused if she is walking around as she struggles with depth perception so needs support with hard lines on the floor."
• A person we spoke with told us staff were caring and kind and helped with what they needed. We observed people appeared relaxed and responded positively to the staff supporting them.

Supporting people to eat and drink enough to maintain a balanced diet
• Systems were in place to prevent poor nutrition and hydration. People had access to plenty of food and drink choices throughout the day and we observed staff were attentive and encouraged intake.
• Staff documented people's food and fluid intake and escalated any concerns to the clinical lead and through staff handovers to encourage fluids. If concerns persisted this was shared with the GP. A staff member told us, "We try to make sure they reach their [fluid] goal, if not then we keep trying every day. I would report to nurse and they would contact the GP or dietitian from there."
• The dining room environments were pleasant with consideration of the level of noise to minimise potential distractions where possible. People we spoke with were positive about the meal choices and we saw staff showed people different meal options in case they had changed their minds.

• We observed staff provided people with dignified support at mealtimes to encourage intake and to reduce the risk of choking. Staff told us there were enough staff to support people eat their meals at their own pace. Staff were aware of and accommodated people's preferences to maximise their appetites. Where people were identified as being at risk of malnutrition the service ensured meals and snacks were fortified.
• Relatives we spoke with were positive about the support provided by staff; "There is always plenty of food and drinks. The food is good, and the staff are very good, they will make him something else if he doesn't want something", "[Person's name] did have problems before with her eating but she's now eating really well, and she looks the healthiest she has done for a long time. Its good nutritious food she is having. She's diabetic which is diet controlled. There are always plenty of drinks and they encourage her with them" and "Mum likes her food, but she gained weight, and they modified her diet and they now monitor what she eats carefully."

Supporting people to live healthier lives, access healthcare services and support
• Records showed the service supported people to access a range of healthcare services. For example, referrals and appointment outcomes were documented for dietitians, speech and language therapy, tissue viability nurse, community psychiatric nurse and opticians. People were supported to receive COVID-19 and flu vaccines.
• Staff completed oral health assessments with people and this information was captured in people's care plans. The service used a universal malnutrition screening tool to assess people's needs which was reviewed monthly.
• We received positive feedback from the GP that the staff team were knowledgeable about people's changing health needs and made appropriate health referrals. Staff we spoke with were knowledgeable about people's physical and emotional health needs and were clear about reporting any concerns without delay to nurses and clinical leads.
• The service did not follow national tools available for early warning signs of health deterioration, however, systems were in place to check and record people's vital signs such as their blood pressure to monitor their health and records showed concerns were reported to the GP. The registered manager told us they would review national guidance to consider implementation.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

• Care review records showed people and their relatives were involved in decisions about their care. People's consent or MCA assessments and best interest decisions were documented in relation to people's care and treatment and specific decisions, such as COVID-19 vaccinations.
• People were deprived of their liberty lawfully where this was deemed necessary to keep people safe. DoLS authorisations were in place or applied for, pending assessment. The registered manager kept a log and

followed-up DoLS application outcomes with the local authority.
• Staff we spoke with understood the working principles of DoLS and MCA requirements. We observed staff sought people's permission and provided choices around daily living. Staff told us, "People are free to do whatever they want whenever they want. We make this feel like home." Another staff member said "[Person's name] is not able to use call bell and has a sensor mat in place which is included in their DoLS authorisation."