

Caring Homes Healthcare Group Limited

Dormy House

Inspection report

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Date of inspection visit:
14 November 2019

Date of publication:
20 January 2020

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

About the service

Dormy House is a residential care home providing personal and nursing care to 65 older people at the time of the inspection. The service can support up to 88 people.

People's experience of using this service and what we found

People living at Dormy House told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs and staff recruitment was on-going. Medicines were managed safely, and people received their medicines as prescribed.

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. People were supported to maintain good health and to meet their nutritional needs.

People told us staff were caring. This ethos consistency enabled people to receive good care from staff who knew them well. Staff did all they could to promote independency and we saw examples of such practices.

People had access to a wide range of activities and were supported to avoid social isolation. The registered manager successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector. One assistant inspector, a specialist advisor nurse and two Experts 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.

Dormy House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection we observed how staff interacted with people. We spoke with 22 people and three

relatives to gather their views. We looked at records, which included 12 people's care and medicines records. We checked recruitment records for seven staff. We looked at a range of records about how the service was managed. We also spoke with the provider, the registered manager seven staff and three nurses.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at the service. One person told us, "I am safer here than I was when I was living at home." A relative said, "I think [person] is very safe here and they certainly seem a lot more relaxed than they were when they lived in their own home".
- People were protected from the risk of abuse and avoidable harm because staff knew how to identify and respond to allegations of abuse.
- The provider had safeguarding policies in place and the registered manager and staff reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, pressure care and specific health conditions. Staff were familiar with and followed people's risk management plans which showed appropriate action had been taken where necessary.
- People's safety was maintained through the maintenance and monitoring of systems and equipment.

Learning lessons when things go wrong

- The registered manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience for people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings and on an individual basis.
- We saw an example where a person had experienced a number of falls. The registered manager used this information to identify patterns and trends. They then used this information to make a referral to the person's G.P, as a result the person's quality of life improved and they did not have any further falls.

Staffing and recruitment

- We observed, and staffing rotas showed that planned staffing levels were being achieved. The registered manager used a dependency tool to calculate staffing levels.
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- Staff were recruited in a way that ensured they were suitable to work in a care setting.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.

The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.

Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were clean.

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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected and people were in control of their support. Where decisions were made on people's behalf's, they were made by those who had the legal authority to do so.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We have to assume capacity until proven otherwise. We use the (MCA) so we don't make decisions and take away people's rights and independence"
- Where people did not have capacity to make specific decisions, the appropriate assessments were in place and staff acted in people's best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them using the service to ensure needs could be met. Assessments took account of current guidance.
- Care interventions were carried out consistently and in line with nationally recognised best practice, for example people who had been assessed as requiring a modified diet received their food in the correct consistency.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. We observed information on best practice guidance was available for staff in the clinical rooms and staff bases.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A relative we spoke with told us "I think the staff well trained, very capable and approachable which is good, and I do not worry about leaving [person] when I go home."
- Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff told us they felt supported and had regular supervisions and yearly appraisals. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance. One staff member said, "I get regular supervision".

Supporting people to eat and drink enough to maintain a balanced diet

- There were enough staff to support and meet people's nutritional needs. We saw people were supported with meals in a dignified way.
- People told us they enjoyed the food and said, "I like this cottage pie". Alternative menus were available, if and when people changed their minds.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The home had clear systems and processes for referring people to external services. These were applied consistently to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.
- People were supported to live healthier lives through regular access to health care professionals such as their GP's or dentists.
- Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments. Guidance was followed by staff.

Adapting service, design, decoration to meet people's needs

- The home signage was dementia friendly and assisted people to orientate themselves around the home and maintain independence.
- The home allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building and the gardens.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the care they received and told us staff were caring. One person said, "The staff are really lovely and always very smiley. They just want everyone to be happy and do their best to care for us all". A relative told us, "I would give the staff 11 out of 10, it's a great place to be and the staff are genuinely caring. They not only care for [person] but they show an interest in me and my wellbeing too".
- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. We saw staff offered sensitive and respectful support and care. For example, we saw that a person was becoming anxious, a member of staff noticed this and spent some time with them chatting, as a result the person became settled.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to choose how and where they spent their day.
- We saw staff checked with people before providing support and encouraged them to express their views and wishes. For example, we observed a member of staff offered a person a choice of drinks. They spoke calmly and gave them time to decide. Staff then asked where they would like to sit to have their drink and the person's preference was respected.
- Some people we spoke with were familiar with a care plan and all the family members we spoke with told us that they felt involved in the care of their relative and were kept informed. One relative told us "We are involved in [persons] care, and they keep us updated".

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. We observed staff talking with them in a respectful way and showing genuine warmth toward people.
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's initial assessments captured people's communication and sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. People's care plans were regularly updated to reflect people's changing needs.
- People's care records held information on their current health and support needs in all areas of daily living, such as eating and drinking. This included information and guidance for staff on how best to support people and meet their needs.
- The leadership team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to join in with activities that were flexible and tailored to what people wanted on the day. There was a wide range of activities offered, for example homely baking and creating Christmas crafts. One person told us "I love knitting and I just like to sit here and knit and watch what is going on around me. The girls let me do my own thing but help me if I get stuck".
- The provider had produced a publication called 'The Weekly Sparkle'. We saw how people were engaged in a conversation on an article called 'The Way We Were' and 'On This Day'. People were discussing the Royal Family and how pound notes having been replaced with pound coins. It was clear from our observations that this was stimulating and meaningful to those discussing it.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.
- People told us they knew how to make a complaint. Relatives said that any concerns were dealt with immediately. One relative commented, "The management team are really good and approachable".

End of life care and support

- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.
- At the time of our inspection no one was receiving end of life care (EOLC). However, records confirmed that staff had received appropriate training in EOLC. Staff told us when needed, they would involve professionals to ensure people had a dignified and a pain free death.
- Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were complimentary of the support they received from the registered manager. Staff said, "The manager is really supportive" and "I've been here five years because it's a good place to work".
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.
- From our observations and speaking with staff, the registered manager and provider it was clear there was a positive culture at Dormy House.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

- There was a registered manager. The registered manager was supported by an area manager and a deputy manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place and had further plans to improve them. These included, audits of care plans, medicine records and analysis of accidents and incidents. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had good links with the local community. They had established links across various sectors within the community to share information, provide support and training. For example, we saw evidence of how the service had engaged with a local supermarket to help understand the barriers and needs of older people when out shopping.

- People and their relatives had opportunities to provide feedback through surveys, people and their relatives had opportunities to attend meetings and raise any comments via an open door policy at any time.
- From our observations and speaking with staff, the registered manager and provider demonstrated a commitment to providing consideration to peoples protected characteristics.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.