

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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dorrington house (Watton) is a residential care home providing personal care for up to 52 older people. At the time of this inspection there were 52 people living at the service, the majority of whom were living with dementia. The accommodation is purpose built over two floors, with a lift. All bedrooms have accessible ensuite toilets, there are several communal spaces and an enclosed secure garden.

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

People were usually 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; however, the policies and systems in the service did not always support this practice. The provider's mental capacity assessment records were insufficient, and we have made a recommendation about this.

Staff were generally well trained, although we found that some staff were not skilled in effectively supporting people living with dementia, particularly when agitated or distressed.

People living in the service told us they felt safe and well cared for. We found risks were assessed and managed appropriately. Staff were aware of how to safeguard people from potential abuse. The provider had robust recruitment procedures and had sufficient staff. People received their medicines when they should and were enabled to access healthcare whenever required. People had enough to eat and drink.

All the people we spoke with were complimentary about the kindness of staff. We observed compassionate care which demonstrated staff had an understanding of people's needs and preferences. People's privacy and independence were promoted. People were asked for feedback on the care and support they received although there was sometimes limited involvement from people and their relatives in reviewing their care plans.

People had assessments and care plans in place, detailing their needs and preferences. There was a range of activities which promoted health and well-being. The provider was usually responsive to any concerns or complaints people may have had about the service.

The feedback from both staff and people using the service regarding the registered manager was positive. We found the registered manager open and responsive. There were comprehensive quality assurance systems in place. Staff knew their roles and were provided with support, supervision and career progression opportunities.

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 9 November 2016).

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 re-inspection 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?

Requires Improvement ●

The service was not always 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.

Dorrington House (Watton)

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

This inspection was completed by an inspector, an assistant inspector 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

Dorrington House (Watton) 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

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the owners, regional manager, registered manager, five care workers and two domestic staff.

We reviewed a range of records. This included four people's care records in detail, spot checks on other people's care records and multiple medication records. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management and quality assurance of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Relevant risk assessments and guidance were in place which took a proportionate approach to risk taking. Appropriate measures were in place to reduce individual risk. For example, where bedrails were in use, appropriate risk assessments were in place to minimise the risk of entrapment.
- The provider had an internal maintenance team. Some routine maintenance and safety checks such as legionella and water temperatures, fire doors and emergency lighting had not been completed for over two months. This was however resolved within 24 hours of the inspection commencing.
- One recently arrived person, living with dementia, was at significant risk of attempting to leave the building and becoming lost. The provider had appropriate measures in place to minimise the risk of the person leaving without their knowledge. However, they had not completed a multi-agency tool known as a 'Herbert' protocol. The Herbert Protocol is a nationally recognised information sharing scheme, used in the event a person with impaired cognitive ability goes missing. The provider agreed to immediately complete the protocol.
- All risk assessments were checked monthly using a 'Resident of the day' system and a full review of care plans and risk assessments were completed every three months or sooner if required.

Staffing and recruitment

- The provider continued to operate a robust and thorough recruitment process to ensure only staff suitable to work in care were employed.
- The provider had a rolling programme of recruitment and had a full complement of staff. The registered manager told us attendance had improved following a recent issue with short notice absences due to sickness.
- Feedback regarding whether there was sufficient staff to ensure people's needs were met was mixed. For example, one person told us, "The staff are kind but are often pushed for time, they don't often make time just to chat." Some people told us they usually do not have to wait long for assistance but sometimes they can wait for half an hour for staff to come back to assist them. Other people reported no concerns about waiting for care, one person commenting, "They help me whenever I need it." Staff echoed these comments saying staff sickness in particular had impacted on their ability to spend quality time with residents. During our inspection we observed call bells were answered and staff were responding to people's needs in a timely way although staff did not often spend much time conversing with people.

Using medicines safely

- Medicines administration systems were well organised, and people were receiving their medicines when they should.

- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the provider.
- The provider audited the medicines administration recording and medicine stocks regularly to monitor and respond to any errors found. When errors were found these were investigated and staff involved supervised or retrained where appropriate. We found the system for returning unrequired controlled drugs had not been completed correctly, but this had not affected the administration of medicines to people using the service.
- The provider had a policy for the administration of 'as required' (PRN) medicines, and there were separate protocols for each PRN medicine prescribed. PRN protocols are needed to ensure staff have clear guidance on when to support people with medicines that were prescribed to be administered as required.
- The provider had in place appropriate individual protocols in place to guide the administration of medicines covertly or crushed when required.

Preventing and controlling infection

- Systems were in place to help ensure the service was clean and the risk of cross infection was reduced. New laundry facilities were in place and regular infection control audits were completed. However, we found hoist slings were shared which could present an increased risk of cross-infection. The provider agreed to review the risk posed by sharing slings and amend their practice accordingly.
- Cleanliness was observed throughout the home with no significant malodours.
- Staff were observed to use appropriate personal protective equipment when completing tasks. Staff were trained in infection control, so knew how to reduce hazards.

Systems and processes to safeguard people from the risk of abuse

- People who used the service all reported they felt safe. One person told us, "The staff are lovely, I always feel safe – at night and in the daytime."
- Policies were in place in relation to safeguarding and whistleblowing and staff had all received safeguarding training. The staff we spoke with had good understanding of how to spot potential signs of abuse and how to report harm to help protect people.
- Safeguarding records showed appropriate actions had been taken when concerns came to light and demonstrated that lessons had been learnt where appropriate.

Learning lessons when things go wrong

- Policies helped to determine actions to take if an accident, incident or near miss occurred. Staff understood the importance of record keeping and knew what should be reported.
- We saw that the provider routinely analysed any incidents, looked for themes and shared the findings and solutions both at management level and with care staff via meetings and digital forums.

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 deteriorated to 'requires improvement'. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider was completing mental capacity assessments when required. However, the records of these assessments were not sufficiently detailed and did not always identify the specific decisions required. They did not evidence that the required stages of the mental capacity assessment and associated best interest decisions were being made.
- Records noted where someone reported legal authority to act on behalf of a person, such as lasting power of attorney, but evidence of this authority was not routinely sought or recorded.

We recommend the provider consider current guidance on assessing and recording mental capacity assessments and best interest decisions and take action to update their practice accordingly.

- People told us they were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Peoples' consent was recorded in their care plans and staff gave people choices, such as what to wear or eat, communicated in a way which was appropriate to their needs. One relative commented that they were pleased staff, "allowed [the person] to be as confused as they are without interruption."
- People were only deprived of their liberty when it was in their best interest and was done so lawfully. Where appropriate we saw that DoLS applications had been made to ensure safe and appropriate care for someone requiring continuous supervision.
- Staff received training and had policies to follow to help them understand the principles of the MCA. However, we found that some staff were not able to translate this understanding into how to support people

living with dementia. For example, when people were attempting to complete activities which may have placed them at risk of harm.

Staff support: induction, training, skills and experience

- Staff received the necessary support and training for their role. Staff were mostly knowledgeable and well trained. Training records showed reasonable compliance although some areas required updating, such as dementia training.
- Some staff commented they would benefit from more experiential training and understanding regarding how to support and occupy people living with dementia. We observed that staff did not always appear confident or effective when responding to people living with dementia who were distressed or agitated. For example, we observed a person was agitated and attempting to leave to complete a task they believed needed doing. This continued for a lengthy period, but staff were not successful in reassuring or diverted the person to an alternative. At a mealtime several people became agitated and confrontational and staff struggled to manage the situation effectively.
- New staff had a comprehensive induction including training, shadowing experienced staff and regular meetings to review progress. New staff told us they did not work unsupervised until they felt confident and demonstrated the necessary understanding of people's needs and their job role.
- The provider offered both apprenticeships and support to complete National Vocational Qualifications in social care.

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

- People received care and treatment in accordance with their assessed needs. People told us their assessments and care plans were devised with their input and they reflected their desired outcomes and preferences. The provider used digitalised care records which enabled relatives with appropriate consent to access care records securely online.
- We found a recently admitted person had been assessed but their care plans had not been uploaded to the system within a reasonable timescale. This would enable staff to be fully aware of the details of their background and needs.
- The provider considered assessments completed by other health and social care professionals when carrying out their own assessments.
- Care and support was provided in a lawful way, taking into account the principles of human rights, equality and diversity.

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

- People told us the food and drinks provided were of good quality and plentiful. One person told us, "The dinners are very good, excellent. Always get a choice of two [main dishes] and if I don't like either of them they'll make beans on toast or something."
- Drinks and snacks were available and being offered regularly throughout the day. At mealtimes, people were usually shown choices available, including what and where to eat; and were discreetly assisted as required to ensure adequate intake.
- Food and fluid charts with desired outcomes were in place when regular assessments indicated increased risk of malnutrition or dehydration.
- The provider had a clear awareness of good nutrition, people's individual dietary needs and preferences. The stores showed ample supplies, including fresh foods and home baking.

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

- People were supported effectively to meet their health needs and had been referred to appropriate allied

health professionals when required. For example, falls' risk assessments were completed, assistive technology and equipment used, and people referred to the falls' clinic when appropriate.

- The provider had developed a good relationship with the local acute hospital to support timely, safe discharges.
- Regular healthcare services were provided including the local medical practitioners and community nurses visiting weekly and others such as chiropodists at regular intervals. Other health professionals involved in people's care included dieticians and specialist support for people living with dementia.

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

- The building was purpose built with each room having accessible ensuite toilet facilities.
- Dementia friendly signage and objects of interest were easily available. The service also used televisions and digital technology to support activities such as singing and reminiscence.
- The garden had recently been refurbished to make it more accessible.
- The facilities were overall in good order; some aspects of the interior were worn but the provider had a service development plan which included refurbishments such as plans to replace some flooring.
- The home had limited storage facilities which meant that some larger bathrooms had become storage for equipment.

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 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

- Feedback from people about the staff was generally complimentary. One person said, "The staff are very good, kind and respectful." A relative commented, "The staff seem helpful, saying 'can I help?' They always speak nicely to my [relative]."
- We observed staff were being respectful with people whilst assisting with tasks.
- We observed staff mostly interacted well, made time to talk and be alongside people whilst doing activities; for example, assisting a person living with dementia to complete a puzzle.
- However, some staff were more task orientated and were not always engaging people in meaningful conversation, for example whilst assisting people to eat at mealtimes.
- The provider had ensured the environment was dementia friendly and accessible to people with mobility difficulties.

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

- People were consulted monthly as part of the 'resident of the day' system to check their well-being.
- Their care plans have full reviews quarterly and full audit completed every six months. Whilst the provider acknowledged that families did not often attend reviews, the care records were securely accessible online for appropriate relatives to review and comment on. Take up of this opportunity was low, so the provider agreed it would encourage more participation from people and their relatives in planning and reviewing their care.
- We observed people being offered individualised choices and people told us they were usually able to make choices about their daily routines and preferences such as when to get up or go to bed.
- The provider held regular residents' and relatives' meetings alongside annual surveys to ensure people had the opportunity to give their feedback and opinions.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported to maintain as much independence as possible. One person said, "I get a bath a couple of times a week, get a good wash other days, they let me do what I can and help reach parts I can't reach!"
- We observed staff were discreet and maintained people's dignity. One person noted that their privacy was maintained during personal care, "They let me do what I can for myself but are always on hand."
- People told us that the provider encouraged family and friends to visit, enjoy meals or special occasions together.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- We observed people appeared well cared for and supported.
- The provider had recorded each person's personal history, their interests, preferences and dislikes. This lay the foundation for personalised care plans and risk assessments.
- People told us their preferences, such as frequency and style of washing, or time to get up and go to bed, were usually accommodated.
- We observed one person living with dementia who found comfort in holding an item of particular importance to them all the time. Staff explained the item was laundered each night once they were asleep and carefully replaced each morning to avoid distress. This demonstrated a considerate personalised approach.

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.

- The provider ensured that information was provided in appropriate formats, including large print and pictorial signs to aid people with visual impairments and people living with dementia.

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.

- The provider had an activities coordinator providing both group and one to one sessions. An activities newsletter was being introduced. People were encouraged to participate in regular activities available most days. These included sessions such as visiting musicians or group singing, arts and crafts, exercise, pet therapy and religious services.
- The provider had made links with a local primary school and a local charity to enable regular intergenerational gatherings. These were well received, encouraged social interaction and reduced social isolation.
- One person said the provider had recently helped them celebrate their birthday with a cake and party. All the residents we spoke with said family and friends were actively encouraged to visit, could make refreshments and join meals and activities with the residents.
- Particular attention had been paid to support people living with dementia through pictures and the use of dementia friendly objects and activities. This included for example using digital displays of past events to aid reminiscing or to encourage participation in singing vintage songs.

Improving care quality in response to complaints or concerns

- 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.
- All complaints had been dealt with appropriately within reasonable timescales. Management systems ensured any themes of complaints would be explored and lesson learnt disseminated when required.

End of life care and support

- Nobody was receiving end of life care at the time of the inspection.
- Staff induction included end of life care training based on the nationally recognised 'Gold Standards Framework'.
- The provider had in place 'advanced care plans' documentation but this had not always been completed. Advanced care plans provide both the dying, their families and the staff reassurance that the person's wishes would be respected. The provider agreed they needed to encourage more people to complete these to support personalised end of life care when required.
- Where appropriate, copies of medical orders, 'Do not to attempt resuscitation' were in place.

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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a comprehensive system of audits and quality assurance. These included medicines audits, care plan reviews and general cleanliness of the environment. These systems were generally robust however, we found the medicines audits had failed to detect a recording issue relating to the return to the pharmacy of controlled drugs when no longer required. This error was not found to have affected the care of residents and the management put in place immediate processes to avoid recurrence.
- The registered manager understood their responsibilities of registration with the CQC. They usually ensured CQC received notifications about important events so that we could check they had taken appropriate action. However, we found a safeguarding incident where a resident living with dementia escaped and been at significant risk but was not harmed. This had not been notified to CQC as required although the local authority had been informed. Such notifications are important to enable CQC to monitor the effectiveness of the service and the well-being of the people using the service.
- There was a clear organisational structure and staff were clear what their individual and team responsibilities were. The provider took a comprehensive approach to support and oversee the management of the home.
- There were monthly staff meetings to discuss the day to day events and address any concerns that may have arisen. A service policy, such as infection control, was discussed each month to promote best practice.

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

- The registered manager had been in post for many years, was knowledgeable and open during the inspection.
- People told us they knew who the registered manager was and that they found them to be approachable and available. One person said, "[The registered manager] was seen around and often stopped for a chat."
- Residents and relatives' meetings were held regularly but these were not always well attended. The provider advised us they emailed the minutes of the meetings to appropriate next of kin. We saw people had been consulted on proposed developments. For example, planning the new reminiscence room and suggesting plants for the newly refurbished garden.
- The provider acknowledged that relatives often did not attend care reviews. This is particularly important when most people were living with dementia and struggled to fully participate in reviewing their own care needs. The provider noted they provided authorised relatives access to the digitalised care records, but that

take-up of this facility was low. The provider agreed promoting greater participation in personalising care planning and participation in the home would be beneficial.

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

- The provider and registered manager were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong. However, feedback from people we spoke to was mixed. One person told us they had reported an issue and it was quickly dealt with and that they had, "Not had any other problems in years." However, another person told us, "I'm not sure they really listen, they go away and I'm not sure if they take things in....it doesn't seem to get any better." Two relatives also felt that communication about care plans or incidents had not always been sufficient or timely.
- Staff all told us the registered manager was approachable and supportive and that they enjoyed their work. Staff felt listened to and valued with regular staff meetings, supervision and appraisals. Staff were actively encouraged with career progression where appropriate for example national vocational qualifications or training to become a nurse.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to developing the service and participated in local care provider forums to share good practice. They had recently attended a workshop on promoting social engagement and activities and planned to incorporate some of the ideas learnt into the home. The provider was keen to develop both simple practical and technological ways of encouraging those people living with dementia to be active.
- The provider worked in close partnership with its stakeholders such as health and social care professionals to support timely and joined-up provision of care.