Dorrington House

Dorrington House (Watton)

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 28 and 30 October 2014 and was unannounced. This inspection was undertaken by one inspector.

The service provides accommodation for up to 52 older people, some of whom may be living with dementia. At the time of our inspection 48 people were living in the home.

The registered manager has been in post since 2011. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Staff we spoke with were knowledgeable about recognising signs of potential abuse and knew what action to take. We found that staff training was up to date and that staff were regularly appraised and supervised.

We had concerns about the temperatures that some medicines were exposed to. Although excess temperatures had been recorded, the cause had not

Summary of findings

been identified and the issue had not been resolved. We also found that medicines were not safely stored during a medicines administration round. This meant that there was a breach of the relevant regulation for the management of medicines. You can see what action we told the provider to take at the back of the full version of the report.

People were asked for their consent before any care or support was provided. Staff were patient when supporting people and gave them time to make their own decisions. Staff were mindful of people's dignity. Where some people preferred privacy, this was respected.

People's care was organised in a way which ensured that when their needs changed, their care was reviewed and amended promptly to maintain their welfare. We found that people had good access to health care professionals and the provider acted promptly to ensure that their guidance was incorporated into people's care planning.

The manager was well thought of by staff and people living at the home, all of whom expressed their confidence in them.

The provider regularly sought the views of people living at Dorrington House, their relatives and staff. People told us about an open culture where people weren't afraid to speak up and make suggestions or raise concerns.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe in relation to the management of medicines as they were not always stored within recommended temperature levels or secured when in communal areas.

Staff were knowledgeable in recognising signs of potential abuse and knew what action to take if they had any concerns.

The provider had taken action to identify any risks to people and the service. Management plans were in place to reduce the likelihood of incidents occurring.

Requires Improvement

Is the service effective?

Staff training was up to date. Staff told us how their training helped them ensure people's needs were met.

The service had a dementia care coach who had begun to implement positive changes in the way people living with dementia were supported.

People had access to health care professionals as necessary and regular health check ups were organised which was important in supporting their welfare.

Good

Is the service caring?

People and their relatives told us that staff members were caring.

Staff were patient when explaining things to people and gave them time to make their own decisions about their care and support.

People told us how their privacy and dignity was upheld by the way that staff supported them.

Good

Is the service responsive?

The service was responsive to people's needs. People and/or their relatives were able to participate in reviews of their care plans on a regular pre-planned basis.

People's care was organised with their individual preferences and views in mind.

The complaints procedure was readily available to people. They were encouraged to convey any concerns, comments or observations to staff routinely in order that changes or improvements could be made to the care people received.

Good

Summary of findings

Is the service well-led?

Good

The service was well led. Improvements in the way medicines were being monitored were being implemented. The provider regularly reviewed quality assurance checks to ensure they identified areas for improvement.

The views of people and staff were routinely sought and people were encouraged to ask questions or make suggestions to help improve the service.

People and staff told us the manager was available to them and supportive. Everyone we spoke with told us they had confidence in the manager.

Dorrington House (Watton)

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 checked 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 28 and 30 October 2014 and was unannounced. This meant that the provider and staff did not know we were coming. This inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service and the provider. The provider is obligated by law to notify us if people have sustained serious injuries or allegations of abuse have been raised.

During this inspection we observed interactions between staff members and people who used the service. 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. We also spoke with eight people who lived in Dorrington House, the relatives of three people, four care staff, the visiting hairdresser and the registered manager.

During this inspection we looked at three people's care records to see if their records were up to date and accurate. We also looked at medication records and practices, staff recruitment files and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they received medicines prescribed for them regularly and had good access to other medicines when required, for example pain relief if they had a headache. One person told us, "Sometimes I get a bit of a headache. It's no trouble to get something for it here." Medicines were stored in trolleys in a separate locked cupboard in the treatment room. From recording sheets we found that the temperature in this room had exceeded the recommended maximum on 24 occasions in the last 47 days. Whilst the excess temperatures were only two degrees above the recommended maximum, it was likely that the temperature would have been significantly higher during the summer months. This presented a risk to people because medicines stored at high temperatures can result in reduced effectiveness of the medicine upon administration. We found that the medicines fridge temperature was not being recorded, although on the day of our inspection, it was found to be within the recommended range.

During the lunchtime period we sat in the dining room and carried out a SOFI to enable us to understand people's experience of their meal time. During this period the lunchtime drugs round was carried out. We noted that the staff member did not close and lock the cabinet when administering medicines to people. On several occasions the open side of the trolley was not in view of the staff member for a period of minutes because they had their back to it or were behind it administering medicines to people. People and staff were constantly walking alongside the open cabinet. This meant that there was a possibility that people's medicines could be removed from the cabinet and therefore not be available for them and/or taken by someone accidentally which could be detrimental to that person's health.

These findings relating to deficiencies in the storage of medicines meant that there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Seven of the eight people we spoke with who lived in the home told us they felt safe. One person told us they had been unsettled by a person who was living with dementia coming in to their room uninvited on one occasion. They told us that they had spoken with staff about their concerns and now locked their door at night. They were aware that staff could get in to their room if they needed to, in the event of an emergency for example, and were comforted by this. Staff had helped to alleviate their concerns about the incident. We later established that an alarmed pressure mat was now in place so that if the person living with dementia got up in the night, staff would know and be able to support them appropriately so that they were safe and other people were not disturbed and felt safe too.

Staff we spoke with were knowledgeable about the types of abuse that could occur and what action they needed to take if they suspected that abuse was occurring or observed something they were uncomfortable about. They told us they would have no hesitation in speaking up if they were concerned. The provider had systems in place that ensured staff were able to raise any concerns within the organisation. We noted that staff had completed training in adult abuse and protection. Staff told us they had confidence in the organisation's arrangements and felt that any concerns they raised would be thoroughly looked into. The provider had a good record of reporting concerns raised by staff or others to the local authority and to CQC, as well as taking appropriate action.

Risks to individuals were managed effectively. People's care records contained risk assessments that were detailed and specific to them. Hazards in relation to people's rooms were reviewed on a six monthly basis or when a new person moved in to the room. For example, checks were made to ensure radiators worked efficiently, people could control the temperature in their room, window restrictors were intact and floor coverings were in good condition.

The manager monitored accidents, incidents and falls on a monthly basis, mapping the people involved, locations, times of day and staff on duty to identify patterns and establish whether action could be taken to minimise the risk. We saw that on occasions, where changes to people's care had been identified as being necessary, that they had been made appropriately. We saw that information from these monthly checks was utilised at staff meetings so staff were informed of where and when risks of falls presented. It was noted that lounges were to be staffed throughout shifts to help reduce falls and ensure people's safety.

We asked people living in the home whether there were enough staff to support them. "Oh yes, there's plenty of people about" one person told us. Another person, who was cared for in bed said, "They respond to my bell quickly here. I don't have to wait too long. But I don't need to use it

Requires Improvement

Is the service safe?

too much as there's always staff passing by my room so I can fetch them in." Staff we spoke with told us they felt the service was adequately staffed. We noted during our two days spent at the home that there was always a member of staff in each lounge to ensure that people were supported. If that member of staff needed to leave, to assist someone to the bathroom for example, they ensured another staff member took their place in the lounge.

The manager told us staff were often willing to do extra shifts. On the first day of our inspection a staff member had volunteered to do a double shift as someone had telephoned in sick. The manager was satisfied with the current staffing level at the home and told us that recruitment was on-going to ensure staffing levels were maintained. One staff member told us that shifts were organised to ensure that experienced staff were always on duty to help support less experienced staff when necessary.

We reviewed recruitment records for three staff members and were satisfied that safe and effective processes were in place. The records we viewed showed that staff members had suitable and verifiable employment histories and/or backgrounds. Appropriate checks had been carried out to ensure staff employed were suitable to work with vulnerable people.

Good

Is the service effective?

Our findings

Most of the people living in the home were living with dementia. Many of these people had the mental capacity to make their own decisions on a day to day basis, but sometimes this fluctuated. Some people did not have mental capacity to make their own decisions. CQC is required by law to monitor the operation of the MCA and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are used if extra restrictions or restraints are needed to ensure a person's safety.

We reviewed three people's care plans and found that mental capacity assessments had not been carried out in respect of people who were unable to make their own decisions. This needed addressing to ensure that people's capacity to consent to their care was considered appropriately.

From our records we noted that the manager had, in the past, applied to the local authority to deprive a person of their liberty and notified CQC as required. However, the provider had not taken steps to review the criteria for DoLS applications following recent changes to case law in this area.

On a day to day level we found that people were asked for their consent prior to care being delivered and we observed several examples of this over our two day inspection. We saw people being asked whether they wished to take their medication, whether it was a convenient time for their room to be cleaned and whether they required assistance with mobilising. We were speaking with one person in their room when a staff member knocked the door and waited for the person to say it was okay for them to come in. We noted in care records that some people had declined the offer of a flu vaccination and some had given their permission. We also saw on a daily basis where people had declined or consented to receiving personal care. Where people declined support we saw that the staff made efforts to repeat the offer a while later or made alternative arrangements.

Staff we spoke with considered they had received adequate training in order to carry out their role effectively. Training was provided by a combination of workbooks, DVDs and classroom based methods. Staff told us that the training provided covered a good range of topics. They were able to speak with us about specific topics and how they incorporated the training they received into day to day practice.

We spoke with one staff member who had undertaken an in depth course on supporting people living with dementia and was now the service's dementia care coach. They carried out sessions of 'bite size learning' with staff on an individual basis in addition to the DVD dementia training staff had undertaken. The staff member told us how they were beginning to get people involved with day to day tasks, if people wished to participate. This helped people to remain active, be involved and have purpose in their day. We were told how some people were helping to lay tables and fold laundry. This change in focus in how to support people living with dementia had been discussed at a recent staff meeting and was now being implemented.

Staff told us they felt well supported by their colleagues and the manager and that they received regular supervisions and an annual appraisal. The manager was about to introduce a competency based assessment for staff administering medicines to ensure individual staff performance in this area was robust.

People we spoke with told us that they were offered a choice of meals and drinks and that the food was good. However, two people told us that sometimes their food wasn't hot enough. We found that where people's nutritional and fluid intake was being monitored, this was done effectively. Recording charts were complete and detailed. During our inspection we noted that people always had drinks within reach whether they were in a communal area or their room. This helped to ensure people remained hydrated.

Where people required access to health professionals to assess their nutritional requirements this was obtained. Following input from a speech and language therapist (SALT) one person needed a pureed diet as they were experiencing difficulties swallowing. The person's relatives were advised of this and suggestions were given as to what would now constitute an acceptable treat. We saw a notice in another person's room clearly stating what snacks visitors could bring them, given the person's dietary requirements. We asked the person if they had given permission for the notice. They told us, "Oh yes, it's a good idea. I'm not always sure what I can and can't have." These

Good

Is the service effective?

examples demonstrated that the service sought to involve people's families and visitors in making sure that the person was fully supported with their nutritional requirements.

The manager advised us that the GP visited the home to 'do a round' once a week. However, they would also visit if necessary outside of this arrangement. We also found good examples to demonstrate that people had access to other health professionals if their needs changed. We saw from people's care records that access to routine health checks, for example the chiropodist or optician, was part of the regular care planning process which was reviewed monthly to ensure that people's routine health checks were not missed

Good

Is the service caring?

Our findings

Staff had a caring approach when interacting with people. We observed one person who was nervous about being hoisted. Staff members re-assured them in a calm, steady voice, talking them through each step of the process. Throughout our two day inspection we saw staff took the time to chat generally with people, play board games with them or just sit with them. People did not receive attention solely when tasks needed carrying out. This helped ensure that people felt valued.

One person told us, "I couldn't be happier here. The staff are so good." Another person told us, "All staff are perfect, except for a few, and they aren't bad." On the day the hairdresser came to the home people were also able to have hand and foot massages and nail care to make the day a pampering experience. If the hairdresser needed to change their regular day for any reason people were asked if they wanted to reschedule their pampering treatments to the changed day that the hairdresser would be visiting so they didn't miss out on the overall experience. Another person told us they had previously lived in another home, but had wanted to move to Dorrington House. They said that had made frequent enquiries and had no hesitation when a vacancy arose. We asked if they felt they had made the right decision. "Definitely. On the whole it's all good" they told us.

During our two day inspection we noted staff on occasion spending time chatting with people or playing games like draughts or scrabble with them. In the upstairs lounge we observed a staff member sitting and holding the hand of one person who was living with dementia. The person wasn't responding verbally but was clearly content as they were smiling and nodding. We asked several people living at the home whether staff often spent time with people as we had observed. They told us this was a regular occurrence.

We spoke with relatives of three people who were unable to communicate in detail with us. They told us that the staff and the manager were friendly, welcoming and caring.

During this inspection we used the Short Observational Framework for Inspection (SOFI) over a one hour period at lunchtime. We found that staff interaction was good in respect of three of the four people we observed. However, there was less positive interaction with the fourth person. We spoke with the manager about this who told us that some staff were wary of this person because of the way they sometimes responded. They told us they would remind staff to use communication methods known to facilitate a more positive response.

We observed staff supporting people to make decisions about their care and support. Staff were patient and allowed people time to make their minds up. One person was reluctant to drink a calcium supplement they had been prescribed. The staff member explained what the drink was for and how it would be beneficial to them. The person still wasn't keen to drink the supplement, but they did then take sips periodically.

During our inspection we saw that when people required assistance this was given discretely.

People told us they were treated with dignity. One person told us they were conscious of needing the bathroom frequently, but still wanted to eat in main lounge with other people. Staff had ensured that this person was not assisted to the table until the last minute and was supported to leave as soon as they were ready. The person told us they could enjoy their meals without worry because the staff made sure they were comfortable.

We spoke with two people who preferred to spend their time together and usually without the company of others. They told us that staff respected their privacy but made sure they were informed about anything going on in the home that they might want to participate in. One of them said appreciatively, "Staff know us well. They don't bother us about things we have no interest in."

Good

Is the service responsive?

Our findings

Throughout noticeboards in the home there was a schedule of upcoming events. We noted that the recent newsletter, which included this information, was also provided in people's rooms and available to visitors in the lobby.

The home had been extensively decorated in preparation for Halloween when a musical afternoon and buffet tea had been planned. Many people were happy to actively participate in the celebrations and we noted small figurines of pumpkins and ghosts hanging from several people's walking frames. People we spoke with appreciated the efforts staff made to make the home a welcoming place to live. They told us about events that had recently taken place. One person told us, "The nostalgia film show was marvellous, I hope we can do that again."

People's cultural beliefs were supported. One person told us, "They always make sure I get to church in good time," We saw clear guidance in people's records about their spiritual needs and when they might require staff to help facilitate this. Holy Communion was organised in the home each month. Staff we spoke with told us that these arrangements met the spiritual needs of people living in the home.

We spoke with one person's relatives who were visiting them. They told us that they felt welcomed by staff and were always offered drinks. Their family member's care records were kept in their bedroom. They told us that they read these whenever they visited and were happy they knew what was happening in their family member's life, which they were re-assured by. Their family member had been admitted to the home with a health condition, but this was improving. They were satisfied that their family member was well looked after.

One person told us they had requested a hospital bed which would allow them to get in and out of bed easier and this had been arranged promptly. We noted from records where a speech and language therapist had recommended that one person should receive medicines in a liquid form.

Staff had discussed the new requirement with the person's GP the same day and a new prescription had been issued promptly. This indicated that the provider acted promptly to ensure people received the care they needed.

People told us they would feel comfortable in making a complaint to the manager or senior staff. "[Manager's name] would soon sort it out, she's one of the best" one person stated. Another person told us how they had raised an issue with a staff member the previous evening and the manager had already been down to them and resolved the issue.

We saw posters up on noticeboards encouraging people to raise concerns or make complaints and explaining how they could go about this. In the previous 12 months the service had received one complaint. We saw that this had been investigated thoroughly and promptly and appropriate action had been taken to ensure the situation was rectified.

Most people's records were kept in their rooms. People we spoke with were not very interested in reading them. However, they told us that their care and support was discussed with them regularly and always when something needed changing. We saw that where people were unable to participate in discussions requiring their day to day care that relatives had been involved.

We reviewed the care records for three people in detail. People's needs were assessed prior to admission with detailed plans being drawn up upon admission. People's personal histories were documented which helped staff relate to them. This was particularly important for those people living with dementia. Care plans took into account people's preferences and their likes and dislikes in the way they wanted to be supported. Where people were living with dementia, considerable detail had gone into their care plans to ensure that staff knew how best to support and encourage them. Care plans and risk assessments were reviewed monthly, or as people's health changed, which helped ensure that people received effective and appropriate care that met their needs.

Good

Is the service well-led?

Our findings

The registered manager had been in post for several years. They had been employed by the provider for 14 years which helped maintain stability and assurance for people living at the home, their relatives, visitors and staff. The manager had a clear understanding of the ethos of the home and knew the people living there well. Their office was centrally located within the home and they were able to see who was coming and going through the main doors and the central lobby area.

Staff we spoke with felt that there was a good staff culture at the home and that they were well supported by the manager and provider. We were told that the manager was firm but fair and that staff concerns were dealt with and not ignored. One staff member told us that they had recently moved nearer to Norwich and, although it would be easier for them to get a job there, they intended to stay at Dorrington House because they enjoyed working there.

People told us that the manager was quick to address any concerns they had and was receptive to suggestions they made. One person said, "I no sooner said it, then it was done." Another person told us, "She's usually around to talk to if you want her. Her office in right in middle, so she's not hiding."

Staff meetings were held monthly and staff unable to attend were required to sign the minutes to acknowledge they had read them and were aware of the content. This was because some changes in the way care was to be delivered may have been decided at the meeting. We saw from the minutes that there was a mix of information and requests from the manager and queries and requests from staff. The provider reviewed the minutes and added their thanks and comments as appropriate. This indicated that they were involved in what happened within the home and appreciated people's suggestions and comments to help drive improvement.

A senior staff member carried monthly checks on a random selection of people's medicines. The manager also carried out their own medicines administration checks on individuals and were about to implement staff competency testing for medicines. We noted that there was no overall audit to check the service's medicines arrangements covering, for example, reviewing of policies and procedures, training, storage or medicines disposal. Such an audit would have identified the issues regarding storage temperatures that we found.

The provider had recently implemented a schedule of audits, meetings and supervisions so the manager was aware of what systems needed to be in place and how often the checks, meetings and staff supervisions were to be carried out. We reviewed recent audits and found them to be comprehensive with clear records of what action was needed and when they needed to be completed by where issues had been identified. Checks the provider carried out were frequently reviewed to make sure that areas for improvement were identified and opportunities to make changes to ensure high quality care was provided to people were taken.

The provider sought feedback from staff and people living at the home through questionnaires from a survey sent out in April 2014. Responses were positive, although participation had been relatively low. Participation was also low at the last resident and relatives forum with seven people attending, although notes showed that everybody had been asked. People we spoke with confirmed they had been consulted about the quality of service provision. However a few people commented that as there were no problems they didn't see the need to attend any meetings. One person told us, "If I have anything to say I'll go straight to the manager, meeting or no meeting."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who used the service were not protected against the risks associated with the unsafe use and management of medicines because medicines were not stored appropriately or kept secure at all times. Regulation 13