Dorrington House

Dorrington House (Wells)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Dorrington House is in Wells-next-the Sea and is a residential care home providing personal and nursing care to people aged 65 and over at the time of the inspection. The service can support up to 38 people predominately living with a diagnosis of dementia. The service accommodates people in one building which has ground floor and first floor rooms and two lifts; one 21-person and one 8-person lift, in-between.

People's experience of using this service and what we found.
People were generally not able to tell us about their experiences as some people were living with cognitive impairment and we only spent a limited amount of time on site. We did observe the care and support people received across the day. We spoke with some people's families who were happy overall with the standards of care. They said the level of communication between themselves and the service was good although one family member stated that there had not been clear communication in regard to the pandemic in terms of visiting arrangements. Most relatives had not had face to face contact with their family member for some time but received regular updates. A covid visitors policy was in place which was viewed at the time of the inspection.

During this inspection we identified repeated breaches of regulation.

Although the service had some regular, longstanding staff who knew people well there was also some staff who were not as familiar with people's needs. This was of particular concern for those people unable to make staff aware of their needs. Training records showed that several staff currently showing on the rota and working unsupervised did not have current training in manual handling. Other training gaps were also identfied by the training record. The provider stated some of these gaps were for bank staff or staff off sick. However there were also gaps for staff currently working without the required training.

Staffing levels were determined on people's assessed needs. Although the service demonstrated that it usually had the agreed number of staff there were times when staff were redeployed into other roles, and this was observed on the day of our visit. Staffing vacancies, staff sickness and shielding staff meant that the service did not always have all roles covered. This had a direct impact on the safety, cleanliness and level of social activity within the service.

Recruitment of new staff was not sufficiently robust for all staff and the provider had not ensured all staff had the necessary skills and abilities for their role. They did complete checks prior to employment such as work history and references and disclosure and barring checks.

The premises were not conducive to people's wellbeing and we identified a number of risks to people's safety which had not been identified by the provider. Equipment was checked but not in line with the requirements, and we found some items to be unsafe.

Care plans, risk assessments and an analysis of accidents and incidents did not provide sufficient evidence of how risks were pre-empted and where possible mitigated.

Medicines were managed and administered by trained, competent staff and generally managed safely although we did identify a number of issues. A number of medicines concerns had been identified since the last inspection meant medicines had not always been safely managed.

The provider had not ensured there was effective oversight. The governance and quality systems had not identified shortfalls in the service or ensured improvements were sustained over a period of time.

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 Requires Improvement (published 16 October 2019) and there were three breaches of regulation. The provider completed an improvement plan after the last inspection to show what they would do and by when. At this inspection we found sufficient improvements had not been made and the provider continued to be in breach of the regulations.

Why we inspected.
The inspection was carried out based on the previous rating and breaches of regulation. There had been a change of manager and a number of safeguarding concerns and whistleblowing concerns received, however from investigation by the local authority, these were not substantiated. A decision was made for us to inspect the service and examine any potential or actual risks to people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We found evidence during this inspection that people were not fully protected from infection, prevention and control risks. Please see the safe and well-led sections of this full report.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified ongoing breaches in relation to staffing, fit and proper person checks for staff newly employed, cleanliness and condition of the premises and equipment, and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

We always ask the following five questions of services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe-led.

Risks to people's safety had not been clearly identified putting people at risk on inappropriate or unsafe care.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was insufficient oversight and governance which meant we were not ensured the service was well led.

Details are in our well-Led findings below.

Dorrington House (Wells)

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.

This was a focused inspection to check whether the provider had met the requirements of the previous inspection and to review concerns raised since the last inspection.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors who were on site for one day.

Service and service type
Dorrington House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 but at the time of inspection they were awaiting their CQC registration decision after completing their CQC interview and were registered shortly afterwards.

Notice of inspection
This inspection was unannounced .

What we did before the inspection
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 reviewed information we had received about the service since the last inspection. We spoke to the local authority for their view.

During the inspection
We carried out observations across the day which included lunch time observations and medication administration. We reviewed electronic care plans for three people and sampled a number of care plans in relation to medicines. We did an infection control audit and looked at the environment. We looked at staff recruitment records and a number of records relating to the management of the service. We spoke with the manager, the regional manager and a number of staff including the team leader and domestic.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two healthcare professionals who regularly visit the service. We spoke with four staff and two relatives. We gave immediate feedback following the inspection to the regional manager and manager and arranged verbal feedback to the providers on 4 December 2020 and followed this up with written feedback.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management: Using medicines safely.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation.

●There was insufficient oversight of risks which could impact on people's health and safety. We identified concerns with the levels of cleanliness and the safety of the service for people. This was a particular concern as most people were living predominately with dementia. We found creams and cleaning products which were not locked away and if ingested could cause harm.
● We identified bathrooms being used to store items such as walking frames, mattresses and wheelchairs. The bathrooms were not locked, and items could injure a person if they were to enter to access the bathroom facilities. The condition of the bathrooms were not conducive to creating a caring and safe environment.
● We identified some generic maintenance issues. We found hot pipework not boxed in and some wardrobes not secured to the wall. The risk of these had not been considered by the provider.
● There was an analysis of falls, accidents and incidents but the handwritten forms contained very little detail and showed little evidence of how data was used to improve the safety of the service. For example, there was an increased number of falls at night, but this had not been reviewed in relation to variable staffing levels at night and whether the numbers were appropriate to meet people's needs.
●Falls data did not include a review of the care environment, including lighting to consider whether this was a contributing factor. We also identified a higher percentage of falls occurring at night and this had not been reviewed in line with the reduced staffing levels at night.
●We reviewed incidents within the service including an incident in which a person left the service when it was unsafe for them to do so, a further two incidents of the same nature one involving a different person had also occurred within a month. If actions taken after the first incident had been sufficiently robust the likelihood of further incidents would have reduced. The provider stated a person had managed to leave by a secure door, this was obviously not secure as staff had not been alerted to the fact. They were able to leave and staff were unaware the person had left for 55 minutes. This put the person at increased risk of harm and emotional distress.
● Any unplanned weight loss was discussed with GP, but we noted even when people were at high risk in

terms of weight loss most continued to be weighed monthly.
● We looked at manual handling plans which did not show they had been reviewed in light of changes in people's height and weight. We therefore could not be assured that the right size sling was being used.
●Manual handling plans stated staff should explain clearly what they were doing while supporting people, but we identified that not all staff had good spoken English which would make clear communication more difficult. Other factors which might impact on a person's ability to safely transfer had not been fully considered. For example, where people got distressed when being moved, suffered pain and had a physical disease which could impact on their movement.
● People were administered medicines by staff who were sufficiently trained and assessed as competent to give medicines. During our observations we witnessed one person being left with medicines to take and staff signing for the medicines without observing them as having taken them. The person had a self-administration risk assessment in place but the risks to them and others had not been considered. This has subsequently been reviewed.
● Medicines were audited monthly, we noted quite a number of entries where people had not received their medicines either because they had refused, or they were asleep.The GP informed us that staff did contact the surgery to alert them when people had not taken their medicines. The medication audit did not document actions the service had taken to ensure people received their medicines as intended or if there was any ill effect from people not taking their prescribed medicines. The provider told us this would be recorded in individually held service user notes. It would be helpful if medication audits made it clearer actions taken and any outcome to show if the actions taken were effective.
● Medication errors had been subject to safeguarding investigations and had prompted the provider to change from administering medicines from the original boxes to blister packs. The provider assured us this had helped to reduce the number of errors. Monthly audits were conducted which we questioned whether this was frequent enough given the previous level of concern.

Preventing and controlling infection
● We were not assured that the provider was promoting safety and maintaining effective hygiene practices across the premises. Areas of the service were not appropriately clean and a decline in hygiene standard could be in part attributed to domestic staffing vacancies. The cleaning schedules in place did not show frequent cleaning particularly of frequently touched surfaces such as door handles. Although an additional cleaning list had been implemented this was not always completed for all areas of the service and where completed showed the service was being cleaned throughout twice a day which is not regular.
●Two bedrooms had a malodorous odour which was present across the day.
● We were not assured that the provider was meeting shielding and social distancing rules to ensure the safety of staff and people using the service. We observed people moving freely around the service and the risks of this had not been fully considered and in particular people going into other people's room particularly at night when there were less staff around.
● We were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed because although they had not had any positive cases and were testing regularly they were not ensuring the cleanliness of the service and mitigating all risks.

The provider had continued to fail to robustly assess the risks relating to the health safety and welfare of people.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●Staff were wearing the personal protective equipment effectively and safely. We observed staff wearing the

correct PPE throughout the shift.
●We were assured that the provider was preventing visitors from catching and spreading infections. There had been a stringent no visitors' policy which was effectively communicated. Where visitors were permitted there were appropriate controls.
● We were assured that the provider was admitting people safely to the service and had an admissions and discharge policy which was updated.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment
At the last inspection the provider had failed to ensure that systems were in place to ensure adequate staffing levels. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made, and the provider remains in breach of Regulation 18.

●Dependency assessments were completed and used to determine the hours needed to meet people's needs. We requested a breakdown of staffing on each shift and found in conjunction with staffing rotas that the desired hours were not always provided.
●Staff confirmed there were usually enough staff, but this had been harder in the pandemic as some staff had to shield at short notice. Staffing levels had increased since the last inspection but fluctuations on the rota were seen particularly in relation to domestic support, night care, activity hours and maintenance. We recognised the service had an ongoing recruitment process and tried hard to attract staff. We found however staffing vacancies, staff sickness and staff shielding meant there were not always enough staff on shift, and this impacted standards of care provided.
●People's experiences varied day to day and staffing levels had an effect on people's opportunity for social activity both spontaneous and planned. Whilst we were some what assured that the provider met service people's social needs and provided opportunities for people to engage we observed missed opportunities and at times poor staff engagement.
● The levels of cleanliness and maintenance were not of a sufficiently high standard which we attributed to not always enough staff. Staff were sometimes redeployed to different roles, but this was not always evident on the rota or the impact of this considered for the service.
● We identified staff who had not completed the prerequisite training and staff whose English was poor. The regional manager said these staff would work alongside other staff and not in isolation. We felt this could be compromised when the staffing levels fell below the hours identified as necessary. For example, some nights there were three rather than four staff and the impact of this had not been identified. The provider had not ensured staff were deployed effectively.
●We found some staff had not had manual handling training because they were still in their induction, but also some staff whose training had fallen outside the desired timescale. We therefore were not confident that all staff were adequately trained.

The provider had failed to ensure that systems were in place to ensure adequate staffing levels. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the provider had failed to ensure that adequate staff recruitment processes were in place. These concerns constituted a breach to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw some improvement but still had concerns

that recruitment was not sufficiently robust to help ensure people were supported by suitable staff. This was a continued breach of regulation 19.

●Poor judgements had been made in terms of employing staff where there were concerns about their character and inadequate action taken where staffs behaviour outside of their employment was a cause for concern. Risk assessments were not sufficiently robust to show how people would continue to receive safe care.
● Staff records for recently employed staff contained minimal information, some records were not dated and signed. Pre employment interviews contained limited information and candidates' answers had not been more thoroughly explored to test the candidate's suitability for employment.
● Some staff had English as a second language and the provider had not demonstrated how they had the prerequisite skills required for their role and to carry out safely the regulated activity.
● Training and induction was not sufficiently robust to demonstrate staff had understood their training and could put it into action. Staff told us they had ten online courses to complete within their probationary period and were buddied up with other staff. These were not reviewed in line with staff's previous experience and amount of support they might require.

The provider had not ensured there was a robust recruitment process in place which protected people as fully as possible. This constituted a breach to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Lessons learnt
● Staff spoken with were aware of how and what to report and who they should report to if they suspected people were at risk of abuse. Staff received online training and were supervised to help ensure they understood their responsibilities. Staff were given support and opportunity to raise concerns.
● Safeguarding concerns were raised with the local authority and investigated as appropriate; none had been upheld. We asked team leaders how they ensured staff would be able to raise concerns and were told this would be discussed in supervision and if necessary, conveyed in staffs first language.

Requires Improvement

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 Requires improvement.

At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. When considering the rating we took into account actions taken since the previous inspection to improve the service and actions taken immediately after our inspection to rectify any concerns we raised including the removal of slings and reinstating contracters.

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

●At the last inspection we identified three breaches of regulation and were given assurances that these would be addressed by the provider. Since the last inspection the registered manager left and the service was without a registered manager from 20th March 2020 to 27th July 2020 when the current manager was appointed, however the regional manager was the acting manager during this period and has also been supporting the new manager since. The providers were in weekly contact with the service to support and monitor the care provided. We found however gaps in provision which could directly impact the safety of the service.

●Gaps in the level of staffing which was having a direct impact on the safety and upkeep of the service. Staff were supported to develop themselves professionally but we noted there was a very low uptake of advanced qualifications in care. Apart from manual handling trainers and a dementia lead, staff champions had not been identified and developed within the service. Staff champions have a specific interest and, or knowledge in particular areas of health and social care and could take a lead role and support staff in this area of practice.

●Not all staff had completed infection control training in 2020 and we were not assured that all staff understood their responsibilities in relation to the pandemic and infection control procedures.

● There were gaps in how the service assessed and monitored the quality of care it provided. The quality assurance processes were ineffective at identifying areas for improvement and had not identified the concerns found during the inspection.

● Accidents and incidents did not show how trends were monitored and used to review the safety and suitability of the service and whether appropriate staff action was taken.

●During our inspection we also identified issues with the ongoing maintenance and servicing of equipment used.

●The provider told us that the servicing of equipment had been suspended due to their no visitor's policy during the current pandemic. The local authority had been providing advice and we would have expected the provider to safely assess and manage the risk and ensure all equipment was safe to use.

●Inadequate checks were carried out to help reduce the risk of legionnaires disease. For example we observed a build-up of timescale on shower heads.

●Maintenance records were overdue such as the 5-year electrical check, and checks on the gas boilers and

tumble dryers where deficiencies had been identified by approved contractors there was no corresponding paperwork to show what actions had been taken to make equipment safe. ●We noted a lot of remedial actions identified in terms of smoke detectors and the age of batteries which needed to be replaced. There was no clear action plan.
● The last Lifting Operations and Lifting Equipment Regulations certificate, (LOLER) was recorded 15 March 2019. All but one hoist had been tested as one was out of order and all the others had remedial actions required. Whilst not deemed unsafe to use we were unable to see actions taken by the service to address these deficits. Six month checks are required, and we were not provided with any additional evidence that this had been done.
● Following our last inspection the provider told us a number of moving and handling slings were removed as we identified these were frayed and we were unable to read the manufacturers labels. At this inspection we again identified a number of slings in poor condition. There was no evidence of visual checks taking place and we were concerned that slings were communally shared and stored together which also posed an infection control risk.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care
● In the last inspection report we stated we observed differential care practices which did not always enhance people's choice and we suggested direct observations of practice and specific audits were necessary to identify additional areas for improvement. We said this was particularly relevant where people could not complete surveys to report on their experiences.
●Since the last inspection some improvements had been made particularly around improved staffing levels, improvements to the environment: flooring had been replaced throughout and some equipment replaced. Some staff were praised by other professionals for their high standards of care and interaction. There was also some good evidence of communication with family and interactions between staff and people using the service which was evidenced in regular newsletters. Despite these improvements we found some inconsistencies in the care provided to people using the service:
●For example we found one member of staff who had a poor comprehension of English and another staff member who had identified their English as poor. Our concerns were that they were being asked to support people with cognitive impairment where clear communication was a key component to their care. We could not see how staff were supported to improve their communication and interpersonal skills.
● The manager told us they walked round the service three times a day and identified areas of good practice and things that required improvement. Despite this we found some immediate risks to people's health and safety but also some issues which had not been addressed over a longer period of time.
● The providers quality assurance systems did not adequately take into account how people experienced the service. For example, we observed people's lunch time experience and felt this could be greatly enhanced and a real focus for people's day. The provider confirmed they had not completed a dining room audit and were unaware of the issues we highlighted.
●No recent night audits had been conducted so it was not possible for us or the provider to judge whether night staff were carrying out their duties diligently and observing good infection control and using the correct PPE.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.
●The care we observed on the day of inspection was not sufficiently person centred.
● We noted staff were not sufficiently attentive to people and interactions were limited. One person was

shouting out for help and staff told them to wait without enquiring what they wanted. The lack of meaningful activity across the day meant people were not sufficiently engaged.
● A family member told us staff shared the care plan as part of the review process and used social media to contact them. They said their relative could not be contacted directly so they relied on care staff; but told us they had no concerns.
●As we found at the last inspection the service prided itself on providing a small, local family service which was inclusive and helped ensure family members were as involved as they wanted to be. Family members we spoke with felt they were kept informed and had confidence in core members of staff. They appreciated photographic updates which showed what their relatives had been doing.
● We received positive feedback from health care professionals who worked closely with the service and who felt the service made timely and appropriate referrals. Regular visits were taking place which helped ensure people's unmet and changing needs could be addressed.

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
● Family members and other health and care professionals were kept informed of actions taken following an incident or identified change of need.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People's care plans did give an insight into people's lives and what was important to them. They were written in a way which would assist staff in terms of understanding what people could do for themselves and what they needed assistance with. However, from our observations, we were not assured that all staff could relate to people's experiences or provide care in a way which was appropriate to their needs.
●From records reviewed, activities did not take into account people's hobbies but were rather generic. They were not evaluated to consider their appropriateness and if people's participation in them had been successful.
●We noted a low uptake of training for staff when supporting people living with dementia and how it might impact on their behaviours. It was not clear from service users care plans how staff were expected to minimise people's distress behaviours particularly when receiving personal care.