Community Integrated Care

Dormy Way

Inspection report

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Date of inspection visit:
30 May 2019

Date of publication:
18 June 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Dormy Way 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. Dormy Way is registered to provide accommodation and personal care for up to four people and predominantly supports people living with a learning disability.

At the time of the inspection there were four people living at the service. Best practice guidelines recommend supporting people living with a learning disability in settings that accommodate less than six people. The service model at Dormy Way was aligned to the principles set out in Registering the Right Support. Outcomes for people using the service, reflected the principles and values of Registering the Right Support including; choice, promotion of independence and inclusion. People's support was focused on them having as many opportunities as possible, to have new experiences and to maintain their skills and independence.

People's experience of using this service:
Some people living at Dormy Way had limited ability to have verbal conversations with us. However, when asked if they liked living at the home, people responded with a smile or said, "Yes."

There were enough staff to meet people's needs and they had been recruited safely. Staff received appropriate training and support to enable them to carry out their role effectively.

Individual and environmental risks to people had been assessed and were monitored regularly to keep people safe. The service was clean, well maintained and procedures were in place to protect people from the risk of infection.

Staff treated people with kindness and compassion. Staff had developed positive relationships with people and their relatives and knew what was important to them.

People had access to health and social care professionals where required and staff worked together co-operatively and efficiently.

People had clear, detailed and person-centred care plans, which guided staff on the most appropriate way to support them.

People were involved in making decisions about their care and support. Information was available in a format they could understand.

The registered manager sought feedback about the service from people, their relatives and staff, and this information was used to improve the service.

The registered manager and provider carried out regular checks on the quality and safety of the service.

The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection:
The service was rated as Good at the last full comprehensive inspection, the report for which was published on 24 January 2017.

Why we inspected:
This was a planned inspection based on the previous inspection rating.

Follow up:
There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

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

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 remained safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service remained well-led.

Details are in our Well-Led findings below.

Dormy Way

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was conducted by one inspector.

Service and service type:
Dormy Way is a care home registered to accommodate up to four people who need support with personal care. 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:
We did not give notice of our inspection.

What we did:
Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we gathered information from:
Observations of care staff and all people using the service.
Speaking with two people who used the service.
Speaking with two people's relatives.
Three people's care records.
The registered manager, the service leader and three members of care staff.
Records of accidents, incidents and complaints.
Records of recruitment, training and supervision.

Audits and quality assurance reports.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:
• Risks to people had been assessed and staff had clear guidance to follow. Risk assessments in place included areas such as, epilepsy, medicines management, and behaviours.
• Environmental risks had been assessed to keep people safe. A maintenance log was used for staff to record any maintenance issues within the service, which we saw were followed up in a timely way.
• Fire safety risks had been assessed. Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.
• Technology was used to help keep people safe such as the use of monitors, which alerted staff when a person was having a seizure.
• Health and safety audits identified when action was required, and the provider ensured that work was completed in a timely way.

Preventing and controlling infection:
• The home was clean, hygienic and well maintained. Staff were trained in infection control and understood the importance of maintaining a good standard of cleanliness.
• Policies and procedures were in place to protect people from the risk of infection. Infection control audits were completed regularly by a member of the management team and we saw that actions had been taken where required.
• Staff told us they used Personal Protective Equipment (PPE), including disposable gloves and aprons, to reduce the risk of the spread of infection and we saw this being used appropriately.
• The laundry room was clean, organised and measures had been taken to ensure the risk of infection was minimised.

Using medicines safely:
• People were supported to take their medicines safely and as prescribed.
• There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely, in accordance with best practice guidance.
• Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed.
• Staff had been trained to administer medicines to people appropriately and their competency was checked regularly to ensure they remained safe to do so.
• People had medicines profiles in place, which contained clear information for staff about how people preferred to receive their medicines.
• Controlled drugs were stored in accordance with legal requirements.
• Stock checks of medicines were completed regularly. Medicines audits were completed monthly to help ensure they were always available to people and medicines were being provided as prescribed.

Systems and processes to safeguard people from the risk of abuse:
• People were protected from the risk of abuse. Staff knew each person well and could recognise how they expressed if they were distressed or unhappy about something. They closely monitored changes in people's behaviour.
• All staff had received training in safeguarding, understood their responsibilities and told us they would report safeguarding concerns in line with the provider's safeguarding and whistleblowing procedures
• There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team.

Staffing and recruitment:
• There were enough staff to meet people's needs and keep them safe. Throughout the inspection we observed that people were given the time they required and were not rushed by staff.
• Staffing levels were flexible and based on people's needs. Some people required additional staff support when accessing activities in the community, and we saw staffing levels reflected these needs.
• Short term absences were covered by existing staff members working additional hours or agency staff. The registered manager told us they used regular agency staff who knew people and had been to the service before.
• Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service.
• People living at the home were able to give their feedback where possible, when a potential new staff member was interviewed and shown around the service.

Learning lessons when things go wrong:
• Accidents and incidents were monitored using an 'event tracker' system. This system allowed staff to record incidents which were then alerted to the service leader and registered manager immediately. After each incident the registered manger told us they reviewed what had happened to see if any action was needed and if risk assessments needed updating.
• If a serious incident occurred, a process was in place to flag this to the provider's regional manager, so that action could be taken and effectively monitored. The system included asking managers to report what they had done to reduce the likelihood of the accident or incident happening again.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Comprehensive assessments were completed for each person, which helped to develop a clear and detailed care plan. This included key information about people's needs and how they wished to receive care and support.
• People's care plans and assessments were reviewed regularly to ensure they were up to date. As part of the review process, the registered manager sought feedback from people's relatives, professionals involved with their care and staff. This ensured that all appropriate information was identified and recorded.
• When a new person had started living at the service, staff told us they had received lots of information about the person's needs and abilities before they moved in permanently. This ensured that people were provided with consistent care and support.
• Information about each person's care was available in a format that they understood. For example, some people's care plans contained 'easy read' versions of health and care plans, which included clear pictorial aids.
• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. There was a holistic approach towards ensuring person-centred care was delivered.

Staff support: induction, training, skills and experience:
• People received effective care from staff that were skilled, competent and suitably trained. One person's relative said, "The staff are very good. I do think they are trained well." A visitor commented, "People always appear relaxed, content and well cared for."
• New staff completed a comprehensive and structured induction programme which was relevant to their role. This included completing key training courses and shadowing more experienced care staff.
• Staff had completed a range of training to meet people's needs effectively. Training was delivered in a variety of ways such as practical classroom sessions and online 'e-learning'. The training was refreshed and updated regularly. A staff member said, "It's good to have [training] refreshers and get to know if there are different policies. [The managers] come up to me and let me know if I have any training to do."
• Staff told us they felt supported in their roles by the registered manager and the provider. A staff member said, "[The service leader] is good, very supportive and easy to talk to. [The registered manager] is great, I can talk to her about anything."
• Staff had regular supervision which enabled the registered manager to monitor and support them in their role and to identify any training opportunities.

Supporting people to eat and drink enough to maintain a balanced diet:
• People were supported to maintain a healthy and balanced diet. Where people had specific dietary needs,

these were understood and met by staff.
• Information about people's food and drink preferences and other dietary requirements was clearly recorded in their care plan.
• People had a choice of where they ate their meals. Some people sat at a dining table, and others chose to sit in the communal area or in their rooms.
• Where people required specific adaptions to the way their food or drink was prepared and served, this was clearly identified in their care plans and followed by staff.

Adapting service, design, decoration to meet people's needs:
• The service was calm, homely, and people could move around freely. A relative said, "I really do think it's a happy home" and a staff member said, "It's a very happy, bubbly place to be for everyone."
• The home was set over two floors and there was a communal lounge and dining area for people to spend their time if they wished.
• People's bedrooms were decorated and furnished as they wished, with personal possessions, furniture and photos.
• There was a large garden area for people to use if they wished. For example, we saw a staff member supporting a person to help fill bird feeders and hang them in the garden. The service leader also told us about plans for a garden project, which included creating a sensory environment in line with people's needs and making the area more accessible to people with wheelchairs.

Supporting people to live healthier lives, access healthcare services and support;
Staff working with other agencies to provide consistent, effective, timely care:
• People were supported to access healthcare services when needed and to participate in regular health checks. For example, people were supported to access dentists, chiropodists, doctors and hospital appointments.
• Care records also demonstrated that other specific healthcare needs were being appropriately met. For example, where a person had experienced difficulty in eating, staff had contacted a speech and language therapist to ensure that these needs were addressed.
• The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. For example, information about people's personal and health needs was included within their care plans, which could go with the person to hospital, to help ensure their needs could be consistently met.
• Where people required additional support when attending medical appointments, information was also available as to how the person may react during different procedures and the best way to make them more comfortable.
• Staff understood people's health needs well, which meant they could quickly recognise when support from external healthcare professionals was required. People's relatives told us they were confident their family members would get appropriate medical support if required.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Staff were knowledgeable about how to protect people's rights in line with the MCA and had received training in this area.
• During the inspection, we observed staff seeking people's consent before assisting them with all aspects of their care.
• Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. MCA assessments and best interest decisions were completed and recorded appropriately, where required.
• DoLS applications had been made where appropriate and restrictions were kept under review. The registered manager had a system in place to ensure that all DoLS authorisations did not exceed their expiry date.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:
• People were supported by kind, caring and compassionate staff. One person told us, "They [staff] are very nice." A person's relative said, "They are very friendly and welcoming."
• Staff knew people well and how to support them in line with their wishes. Staff spoke with people respectfully and listened to them in a patient manner.
• Interactions between staff and people were natural and showed positive relationships had been developed. For example, staff took the time to sit and have a conversation with people about what they had planned for the day and what they were looking forward too. A visitor commented, "The staff have a great sense of humour and are so passionate when interacting with the ladies and gentlemen who live there."
• Staff knew what was important to people and promoted their sense of wellbeing and self-worth. For example, we observed a staff member notice a person did not have their favourite comfort item with them. They immediately started looking for it and when it was found, we saw this made the person happy and calmed their mood. Another person, who enjoyed drawing, proudly showed us their artwork, which was on display around the home. They told us, "I love doing lots of drawing here."
• Information about people's life history was recorded, which staff used to build positive relationships. People's cultural and diversity needs had been assessed and were detailed within their care plans. This included people's needs in relation to their culture, religion, sexuality and gender preferences for staff support.
• An equality and diversity policy was in place and staff were committed to ensuring people's equality and diversity needs were met.

Supporting people to express their views and be involved in making decisions about their care:
• Staff recognised the importance of involving people when making decisions about their care. Where people were not able to communicate verbally, staff recognised people's involvement in decision making through body language, behaviour and facial expressions.
• Care plans contained an individualised 'decision making profile', which identified the support people required when making day to day decisions. For example, information highlighted the best environment and time of day for people to make a decision, and any professionals who should be contacted for their views.
• People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information.
• Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices about what they would like to do and where they would like to spend time.
• Staff spoke respectfully about people's involvement in decisions about their care. For example, a staff member described how a person chose their clothes to wear for the next day, which staff laid out. Another

person used gestures and expressions to tell staff what they would like to eat and drink, which staff understood.
• Relatives said they were involved in care decisions and were always informed when changes had occurred. One relative said, "Oh yes, they let me know what's going on. I often speak to [the service leader] to see what's happening."

Respecting and promoting people's privacy, dignity and independence:
• The service had been developed and was in line with the values that underpin Registering the Right Support. These values include choice, promotion of independence and inclusion.
• People's privacy and dignity was respected. We observed staff knocking on doors before entering and people's rooms were treated as their own private spaces.
People's families and friends were welcomed into the service. A visitor commented, "Every time I visit, I am greeted with a big smile and a warm welcome."
• Staff encouraged people to maintain relationships with people close to them. During the inspection, we saw one person being supported to spend time with a friend.
• People were supported to maintain their independence as much as possible in their daily routines. One staff member described how they encouraged people's independence when providing personal care; they commented, "I always prompt [person] to wash themselves because they are able to do that. I make sure I don't take over."
• Information in people's care plans helped staff to know what people could do for themselves and where they required support.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People received support from staff which was individual to them and met their needs. A relative commented, "[The staff] are so patient with [person]. They help him out where he needs it."
• People's care plans were clear and person centred. Information about people's care and support needs was presented in a manner that was specific to each person and promoted their choice and control. For example, headings such 'what is important to me' and 'how best to support me', guided staff on the best way to achieve individual outcomes for people.
• People's care plans contained detailed and comprehensive information about their daily routines, weekly activities they were involved in, and the way people liked to spend their day. We saw that people were supported in line with this information, which demonstrated that staff had a strong understanding of people's day to day preferences.
• Staff and management of the service had considered how to best support people to achieve the things they wanted to do and plan for future event. For example, people had 'aspirational outcomes' recorded in their care plans. In this section of one person's care plan, it described how they enjoyed walking in the local community, however they had lost their confidence after a change in their health. In order to support the person, staff completed short walks with them, to rebuild their confidence.
• People had the opportunity to participate in activities and event, both within the service and in the community. For example, some people were supported to attend weekly day centres in the local area, and others enjoyed going out for lunch, shopping and meeting friends. An entertainer also visited the service regularly, which people enjoyed.
• During the inspection, we saw people were able to pursue their own interests freely, such as watching television, listening to music, arts and crafts and spending time in their rooms.

Improving care quality in response to complaints or concerns:
• The provider had a clear policy and procedure in place to deal with complaints appropriately, which included contact information for local authority complaints team and the CQC.
• The registered manager told us there had only been one formal complaint since the last inspection, which had been resolved immediately.
• Staff used their knowledge and observations of people to monitor if they were unsettled or unhappy about anything. This was recorded in their care plans and monitored for any themes so that any issues could be addressed promptly.
• People's relatives were confident that any concerns they raised with staff or management would be addressed appropriately.

End of life care and support:
• At the time of the inspection, nobody living at the service was receiving end of life care. However, people's

care plans identified any end of life wishes they had. This gave details of people's preferences, including considerations to cultural and religious preferences.

- The service had an end of life policy and the registered manager told us that they would continue to work closely with external healthcare professionals to provide people with the care they required at the end of their life.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• People told us they liked living at Dormy Way. One person said, "I'm happy here, I like it" and another said, "It's a good place, I can't complain."
• People's relatives were complimentary of the management and felt the service was well-led. A relative commented, "[The service leader] has a lovely way with [my relative] and the other residents too. He has a nice way about him, he is very caring and understanding." Another relative said, "I find [the registered manager] very good and helpful."
• There was an open and transparent culture within the home. The registered manager was aware of their responsibilities to notify the CQC of significant events, and the previous performance rating was prominently displayed in the main communal area of the service.
• Staff felt well supported by the management team, which enabled them to deliver effective care and support. A staff member told us, "[The service leader] listens to me and if staff need him, he tries to help out the best he can."
• Staff communication in the service was good and supported each other to ensure people received a good standard of care. One staff member said, "It's the best team I've ever worked with. We are all on the same wavelength, we know how each other works" and another commented, "I love it, the staff team are great. If there are any concerns, we work together to get things done."
• The registered manager told us they were committed to their values of promoting a person-centred culture, having a caring staff team and putting people first. We saw that staff had a clear understanding of this by delivering high-quality care which met people's needs and reflected their preferences.
• The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• There was a clear management structure in place, consisting of the provider's representative, the registered manager and the service leader; each of whom had clear roles and responsibilities. The registered manager was supported by a service leader who was assisting in the management of the service on a daily basis.
• Staff understood their roles and communicated well between themselves to help ensure people's needs were met. For example, they used daily communication books for each person to ensure that any changes or updates to people health and needs were handed over appropriately between shifts.
• Policies and procedures were in place to aid the smooth running of the service. For example, there were

policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control.
• The home had comprehensive quality assurance processes in place. A range of audits were undertaken by the service leader and registered manager on a regular basis to ensure that a high-quality service was being provided. Areas audited included health and safety, medication, infection control, care planning and accidents and incidents.
• The registered manager was supported by the provider who visited the service regularly. The provider's representative completed quarterly pre-compliance audits of the service and kept the registered manager up to date with any changes in the care sector.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The registered manager sought feedback from people about the service in a range of ways, which included daily interactions, care plan reviews and annual satisfaction surveys. We saw that the results of the surveys had been analysed and an action plan was in place to follow up on issues identified.
• In addition, the provider sought feedback from people's families and representatives, external professionals and staff.
• People were encouraged to speak up and share their opinions about the service they received and plan for future events. For example, one person living at the service attended 'people's voice' meetings with other people living at different services run by the provider. We spoke to the person, who proudly told us how he enjoyed the opportunity to speak up for people who were not able to and make a difference to the care and support services people received. The person had also developed close friendships with other people who attended the meetings, which enhanced their self-worth and wellbeing.
• The provider had developed good links with organisations in the local community, which promoted people's independence, wellbeing and social inclusion. For example, there was a partnership with a local football club, where people with a disability were invited to play sports and take part in training sessions.
• Dormy Way engaged with other care services in the local area which were run by the provider, for the benefit of the people living there. For example, the service held special events such as summer BBQs and Christmas gatherings. A staff member said, "It's really nice to get homes together and people have struck up friendships."
• The provider had recognition schemes in place, which identified where staff and people living at the service had achieved personal outcomes. A forum was also run by the provider, which allowed staff to contact representatives with any issues or to share good practice.
• Staff worked well together, and staff meetings were held monthly to discuss any issues, updates within the service and changes to people's needs.

Continuous learning and improving care; working in partnership with others:
• The service leader and registered manager used a range of electronic systems to ensure that quality assurance checks were monitored effectively, and improvements could be identified promptly. For example, clear systems were in place to monitor, staff supervisions, accidents and incidents, DoLS applications and care plan reviews.
• The provider used an internal website which allowed staff to access updates within the provider organisation, key policies and procedures, training courses and care documentation templates.
• The registered manager attended regular meetings and forums run by the provider, which gave them an opportunity to share and discuss ideas with other managers. In addition, the registered manager attended regular forums with the local authority to improve people's care experiences.
• The service worked in partnership with other organisations to make sure they followed current best practice and provided an effective service to people. These included health and social care professionals such as doctors, community nurses, dentists and social workers. This ensured a multidisciplinary approach had been taken to support people in the provision of their care.

• Staff worked collaboratively with other agencies to improve care outcomes. The service had well established links with the local community and key organisations, reflecting the needs and preferences of people in its care.