

Arms Associates Limited







Docking House

Inspection report

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Docking
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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	

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection on 08 July 2014. This meant that the provider did not know when we were inspecting the service. At the last inspection on 05 July 2013 we found that there were no breaches in the legal requirements in the areas we looked at.

Docking House provides accommodation for up to 39 older people mostly for those living with dementia. The service is not registered to provide nursing care. On the day of the inspection there were 38 people living at the home. There was a registered manager in post at the time

Summary of findings

of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

As not everyone in the home was able to fully communicate with us we used staff and people's care plans to help us understand their care and support needs.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw information that best interest meetings had taken place where people lacked capacity to make decisions for themselves.

From the three care plans we looked at we saw that people had their health needs met. We discussed with the registered manager that it would be useful to provide more detail in the care plans to ensure a complete picture of people's needs. Staff we spoke with and our observations throughout the day, showed that staff were knowledgeable of how to meet people's needs and how they preferred to be supported.

Staff were seen to treat people with respect and preserve their dignity at all times. We saw staff knocking on people's doors and waiting for an answer before they entered, or saying who they were as they entered the room.

There was a complaints procedure in place, although no formal complaints had been received since our last inspection in July 2013. They had a folder containing a number of compliments about the care provided at Docking House.

Records showed that appropriate pre-employment checks had been carried out to ensure that only suitable staff were employed to work with vulnerable adults.

We saw that a variety of audits were in place to assess the quality of the service that was provided. This was also done by involving people who used the service, their relatives, and health care professionals. We also saw that health and safety checks were carried out to ensure the safety of the environment for people who lived in the home.

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 safe.

Care plans demonstrated that people were involved as much as possible in the decisions about their daily lives. Staff were knowledgeable about people's needs and responded well when people exhibited behaviours which challenged others.

Staff were clear about the process to follow if they had any concerns in relation to people's safety and welfare.

A thorough recruitment procedure was in place and sufficient staff were available to keep people safe at Docking House.

Good



Is the service effective?

The service was effective.

Regular monitoring of people's healthcare was in place to ensure that any additional support or any required intervention was sought as appropriate.

People's nutritional wellbeing was monitored and any concerns acted upon. People were offered choices to encourage them to eat and drink.

Staff had received the appropriate training and support to carry out their roles to ensure people received all their assessed care and support needs in an appropriate way.

Good



Is the service caring?

The service was caring.

Our observations throughout the day demonstrated that staff showed dignity and respect towards people and that people were listened to.

Relatives we spoke with were complimentary about the care and support and they felt that the registered manager listened and responded to any concerns they have raised.

Staff supported people to be as independent as possible and we saw that people were given time to respond and that staff were attentive and caring throughout our inspection.

Good



Is the service responsive?

The service was responsive.

Staff ensured that detailed daily notes were completed to help with the review process and ensured they were meeting people's needs appropriately. Care plans were regularly updated to show people's changing needs.

People were able to raise complaints about the service. People felt confident that they would be listened to and supported to resolve issues.

The service provided various activities for people to take part in if they wished. This ensured the service was responsive and met individual needs.

Summary of findings

Is the service well-led?

The service was well led.

The service had a good and stable management team in place. People told us the registered manager did a good job and was approachable and provided a well-run home.

There were effective procedures in place to monitor and improve the quality of the service. This ensured that people lived in a home that was safe, monitored and well led.

Good



Docking House

Detailed findings

Background to this inspection

‘This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question ‘Is the service safe?’ to ‘Is the service effective?’

‘The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the ‘Effective’ section. Our written findings in relation to these topics, however, can be read in the ‘Is the service safe’ sections of this report.’

This unannounced inspection was conducted by two care inspectors of the Care Quality Commission.

Prior to this inspection we reviewed data we held about safeguarding, statutory notifications, we contacted Norfolk County Council Quality Monitoring team and the information we asked the provider to send to us.

During the inspection at the home, we spoke with four people who used the service, five relatives, two visiting professionals, seven staff, and the registered manager. We looked at three people’s care plans and other documentation about how the home was managed. We observed the care and support provided to people throughout the day in various communal areas.

Is the service safe?

Our findings

A relative we spoke with told us that they felt people were kept safe and said, “We don’t have to worry as my [family member] is in safe hands”. A visiting professional said “Staff responded well when a resident became aggressive towards another resident”. We spoke with seven staff who were all able to tell us how they would respond to allegations or incidents of abuse, and also knew the procedures regarding reporting any allegations or incidents of abuse in the home. The safeguarding training records we looked at confirmed that all staff had completed safeguarding training.

Staff training records seen showed that staff had received training in the protection of vulnerable adults. The service had policies and procedures in place, and information was on display on the notice board in the main corridor providing guidance and practice. Staff we spoke with were clear about how to recognise and report any suspicions of abuse. They were also aware of the whistleblowing policy which meant they could take any concerns to appropriate agencies outside of the service and organisation. This showed that staff were aware of the systems in place.

Staff recruitment records we looked at showed that all the required checks had been completed prior to staff commencing their employment including a Disclosure and Barring Service (DBS) criminal records check, previous employment references and a health check. This ensured only appropriate care workers were employed to work with people at the home and were clear about their roles and responsibilities. We received information from Norfolk County Council Quality Review Team who told us they had no current concerns with the care provider at Docking House.

We had a discussion with the registered manager about the Mental capacity Act 2005, (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that the service had up to date and appropriate policies and guidance available to guide practice. The registered manager told us that a best interest meeting had been held under the Mental Capacity Act (MCA) 2005. We looked at the information for this person. It detailed the decision that had been made for the person to remain in the home and that a further a further

review had been arranged to take place. This showed us that the service knew about protecting people’s rights and freedoms and appropriate referrals were made to keep people safe.

Staff we spoke with told us that everyone they provided care and support to had capacity to make everyday decisions. They told us that if they had difficulty understanding they used pictures to aid their understanding. For example, when offering choice at meal times. This meant that people’s capacity was considered under the MCA.

In the care records we saw one person had a named advocate that helped them make decisions about their life and the care and support they received. The registered manager had the contact details if people needed the help and advice of a local advocate.

From the information we received from the provider we were told that 20 people living at the home had given another person valid and active lasting powers of attorney with authority to take decisions regarding the service provided. We spoke with the registered manager and she told us that not all relevant documentation had been received from the families confirming they had the authority to make decisions on behalf of the people living in the home.

We looked at the staffing levels in the service. From looking at staffing rotas and talking to the registered manager and staff we found that appropriate staffing levels were being maintained. The registered manager confirmed that additional staff would be provided when necessary. For example, we saw that two people required one to one supervision at certain times of the day and the additional staffing had been provided to support these people’s assessed needs. People we spoke with felt that staff were available to provide them with support. One person said, “Staff are good they come when I call and always help when I need it”. Another person said, “Sometimes you have to wait when staff are busy but they come as quickly as they can”. Our findings indicated that sufficient staffing levels were being provided to meet people’s needs and care for them safely.

We saw that the registered manager had effectively managed incidents and accidents. One person had suffered a number of falls. After analysing the information a referral had been made to the continuing health team to

Is the service safe?

seek additional support to manage the person's needs and ensure they kept their independence safely. In the meantime staff were carrying out additional observations. This meant that action was taken in ensuring that when a risk to a person's welfare had been identified it was dealt with appropriately and the person was being kept safe.

During our observations throughout the day, we saw that people who expressed behaviours that were challenging to

others were being dealt with effectively. For example, at lunchtime when one person whose voice became very loud and was heard shouting and swearing, was reassured by a member of staff which immediately calmed them and they began to smile and continue to eat their meal. This meant people were being supported whilst keeping other people safe.

Is the service effective?

Our findings

People received effective care and support which took account of their wishes and preferences.

People and their relatives we spoke with told us they were consulted in what care needs they or family member would like support with. One person said, “They always ask me what I want to do, what I like and what I don’t, I have a choice”. One relative said, “I am kept well informed about the care of [family member]”. Another relative told us, “I am kept informed of what is going on”. This showed that communication between people using the service, family members and the staff was good.

We spoke with seven staff and all of them were knowledgeable about people’s individual needs and preferences. We were told that “we get lots of training and support” and “we work well as a team”. We saw from the records and staff confirmed that they had received an induction when they started their employment. Records we saw showed that staff received regular supervision to support them in their role. Training records showed that people had received updated training to maintain their knowledge and competency. Staff had received recent training in dementia care to support and promote good practice in this. This ensured people receive care and support from an effective team.

As people’s care records are computerised staff informed us that the information available on the computer for people living in the home could be printed off in summary. This ensured the relevant information could be taken with them should they need to go to hospital.

We looked at three care plans; we found that they provided staff with adequate information to enable them to provide people with individualised care. Due to people’s complex

care needs the care plans were updated from the staff observations, daily notes which were detailed and discussions with families. We spoke with staff about the needs and preferences for the people they provided care and support to. What staff told us matched the information we gathered from the care records. This meant staff had the information and knowledge to be able to care for people in their preferred way.

During our inspection we saw that staff communicated and interacted well with people using the service. People living with dementia were well supported and encouraged to engage in conversation and social activity.

People we spoke to told us they were very happy with the food provided at Docking House. One person said, “I enjoy my food and am able to make a choice”. Another person said, “The food is ok and I get plenty”.

We saw that menus were available on a notice board in the dining room. To help people identify the dining room they had put laminated pictures of various food and drinks on the walls. People were provided with a choice of meal at lunchtime and staff asked some people what they would like by giving them two choices. The same happened when drinks were being offered. Staff ensured people were provided with choices. Relatives we spoke with told us, “Food is generally of a good standard with lots of drinks and snacks on offer”.

We observed people during lunch, and we saw staff offering support in a kind and caring way. There was equipment available for those who required it. For example, plate guards to assist people to be as independent as possible. Staff that were supporting people to eat spoke with them and asked what they would like to eat and gave people time to savour each mouthful.

Is the service caring?

Our findings

During our inspection we spoke with four people who use the service and five relatives. All made positive comments about the staff team at Docking House such as, “They [staff] are brilliant”, “Staff are kind and preserve [family member’s] dignity”, “[family member] is much loved and cared for”.

There was a warm and friendly atmosphere in the home. People who lived in the home and staff were seen to be socialising and having fun with laughter and lots of smiles.

Staff we spoke with told us they liked to get to know people, so they could chat about things that were important to them especially those living with dementia. This showed that staff were committed and had a good attitude in their roles.

We saw good interaction between staff and the people who lived at the service. One person had asked to move to another area of the home. We saw and heard staff telling the person what was happening throughout the movement and ensured they were comfortable before leaving them and attending to another person.

People told us that their healthcare needs were well provided. One person told us, “I can see the doctor when I need to”. Another person said, “The staff will always sort out me seeing the nurse”.

Peoples care records showed us that the service involved a range of health professionals such as the community nurse, dentists and GP’s. Health professionals we spoke with said, “The carers provide the best care possible and are always happy to help improve people’s care”.

Throughout our inspection we saw that staff were courteous, caring and patient when supporting people. People were given time to make decisions. For example, staff were seen to use pictures where one person was having difficulty in understanding of what meal was on offer. They repeated the information and showed the pictures, gently encouraging them to make a decision.

We saw that people’s privacy and dignity was protected, for example, staff were seen to knock and wait for an answer before entering people’s bedrooms. One person we spoke with said, “Staff always knocks before they come in”.

Is the service responsive?

Our findings

During our inspection people we spoke with showed that there was a good level of activities on offer. One person told us “I enjoy bingo and you can choose to join in or not”. Another person told us, “I enjoy all the activities it keeps me busy”.

People were invited to take part in a sing along session that was being held on the afternoon of our inspection. Where people chose not to join in they were assisted to move to a quieter area of the home and staff sat and chatted with them. Staff were seen to join in and there was lots of laughter and singing taking place. This showed that staff encouraged people to make choices.

We spoke with the activities person who visited the home once or twice a week. They told us they provided a variety of activities from sing-alongs, reminiscence, quizzes, trips out in the local community. There was a board in the home full of photographs of the activities that had taken place and people were smiling and looked like they were enjoying themselves. Staff told us that every shift was different and that at times they were able to spend more time with people.

Looking at the care records for two people, we saw that following a review they now received one to one support at various times during the day and required social occupation. Staff were seen to engage with them, either by chatting or taking part in games. This showed that people were provided with personalised care to meet their needs.

In the care plans we looked at, we saw that one person had an advocate available to help them in making decisions about their care and support. Relatives we spoke to felt

very involved in the care and support of their loved one. They told us, “I am very involved and am able to discuss any concerns I have and feel that I will be listened to”. Another person’s care plan we looked at, we saw that their mobility was becoming difficult and the registered manager had raised a referral for an occupational therapist assessment to support them. This showed us they had been responsive to support the person needs.

Throughout our inspection we heard staff asking people what they would like to do or where they would like to sit, what they would like to drink. One person wanted to go to their room and staff promptly supported them to retire to their room.

A complaints procedure was provided and available for people, so they would know how to raise any concerns. One relative said, “Where I had a concern the manager and I worked through it to resolve it”. Another relative said, “The manager is very welcoming and professional”, another said, “I feel confident that I would be listened to and action would be taken”. This showed us that concerns could be raised and that the registered manager is open to resolving the issues.

We saw that call bells were responded to promptly. Staff responded and understood people and were able to meet their needs. Staff were able to tell us how they communicated with people and that there were different methods available including pictorial information. Health professionals we spoke with told us that they had seen staff use pictures to help some people make a choice, especially around food and drink. This meant people were offered and given individual choices to meet to meet their preference.

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by other senior staff. We found the registered manager and senior staff demonstrated an excellent knowledge of all aspects of the service, the people using the service and the staff team.

We received positive comments about the service and how it was managed and led. Health professionals we spoke with said, "It is a very well-run home, staff always communicate with us and telephone us for advice" and "Staff manage people with behaviours which challenge others brilliantly and they should be very proud of how they care for the residents and how they run the home".

We saw the registered manager worked well with staff and was available to support them when needed. The rota detailed the availability of the registered manager. All the staff we spoke with told us that she was very supportive and they were clear about their responsibilities. One member of staff said, "The manager is very good and treats me with respect and is good with confidentiality". Another said, "I feel very involved in what goes on and get the information I need to do my job". "She [the registered manager] is very supportive and I can talk to her about any issues, I am listened to and action is taken".

Care staff we spoke with were very happy in their roles and ensuring people received the care they needed. Our observations throughout the day demonstrated that staff

provided the people who used the service with kind and compassionate care. We saw that staff received one to one supervisions every eight weeks and that they were in the process of receiving their annual appraisals.

We were told that staff meetings did not take place as they used the daily handover to keep staff updated in what was happening in the home. We were told by the staff that the owner visited the home weekly and told us, "We get on well with him". Another member of staff said, "I love my job, we are a good team and work well together".

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. We saw that audits had been completed on things such as: medication, fire, health and safety. We saw that when action had been identified this was followed up to ensure that action had been taken.

All of the staff we spoke with were clear about the process to follow if they had any concerns and knew about the whistleblowing policy and would have no hesitation to use it if the need arose. We were told by staff and relatives that the registered manager had an open door policy and they were able to speak with her at any time.

We were told by the registered manager that they had recently conducted the annual survey and a report was yet to be written, she told us that an improvement plan would then be developed and ways would be looked at of improving the service in the coming year.