

Dorrington House

Dorrington House (Dereham)

Inspection report

28 Quebec Road
Dereham
Norfolk
NR19 2DR

Tel: 01362693070
Website: www.dorrington-house.co.uk

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

What life is like for people using this service:

Improvements had been made to the service following our previous inspection in November 2017 to address concerns and breaches of Regulation. The risks to the quality and safety of the service were identified and acted on. People's records clearly identified their preferences but daily records were not always completed and needed more detail. Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received. People, their relatives and staff told us the provider and managers were approachable, they felt listened to when they had any concerns or ideas.

There was enough staff on duty to enable people to remain safe and receive care in a timely way. The environment was safe and people had access to appropriate equipment where needed. Staff had received appropriate training and support to enable them to carry out their role safely. People were supported to take their medicines in a safe way, their health was well managed and staff had positive links with professionals which promoted wellbeing for them. Staff provided effective care for people which met their needs through person-centred care planning. This enabled people to achieve positive outcomes and promoted a good quality of life. People enjoyed the activities that were provided, but some felt more should be provided and felt bored at times.

Staff were kind and caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensure they did this. People were observed to have good relationships with the staff team. Staff actively ensured people maintained links with their friends and family.

Staff were motivated and enjoyed strong team work. The provider had implemented a programme of improvements, including the appointment of a regional manager.

More information is in Detailed Findings below:

Rating at last inspection: Requires improvement (Published 24 November 2017), at this inspection we have changed our overall rating to Good.

About the service: Dorrington House (Dereham) is a residential care home that is registered to provide accommodation and personal or nursing care to a maximum of 45 people. At the time of our inspection, 43 people were living there.

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

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.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.
Details are in our Well-Led findings below.

Good ●

Dorrington House (Dereham)

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors and an expert by experience carried out this focused inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Dorrington House (Dereham) is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is required to have 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. The registered manager had recently left, and a new manager was in post. They had applied to become registered with the Care Quality Commission.

Notice of inspection: This inspection was unannounced. Inspection site visit activity took place on Monday 3 December 2018.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service and three relatives to ask about their

experience of the care provided. We also spoke with the manager, regional manager, both members of the provider's partnership and five other staff who worked at the service. We conducted observations of how people received their care in communal areas of the service. We looked at records in relation to people who used the service. We also looked at staff files as well as records relating to the management of the service, recruitment, policies and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Assessing risk, safety monitoring and management

- At the last inspection in November 2017 the provider had failed to ensure that risks to people's safety had been assessed or appropriate actions taken to mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 12.
- Risks to people's safety had been assessed. Actions to mitigate these were clearly detailed in care records, staff understood and knew how to implement them. Managers reviewed and monitored assessments to ensure they remained effective.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of an emergency such as a fire.
- People told us they felt safe. One person said, "I feel perfectly safe here, there is always someone popping in to make sure I am alright."

Safeguarding systems and processes

- The provider had effective safeguarding systems in place and all staff interviewed had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training.
- The provider had reported, as required, any safeguarding concerns to the local authority and the Care Quality Commission without delay.

Staffing levels

- The provider had ensured enough staff were on shift so people received support in a timely way. People we spoke with and our observations confirmed this. A tool was used to monitor the number of staff required, based on people's needs.
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed, for example, where people refused to take them or they were no longer required. Records of administration were accurate, regular checks to ensure these were completed were carried out, alongside checks of stock levels.
- People told us they received their medicines as they expected. One person said, "Staff give me my medication and wait with me while I take it. I don't have to worry about it."

Preventing and controlling infection

- The service managed the control and prevention of infection well. A programme of refurbishment was ongoing.
- Staff followed good infection control practices and used personal protective equipment, such as disposable gloves, to help prevent the spread of healthcare related infections.
- People and their relatives told us the home was kept in good order. One relative told us, "I came to look round and noticed the home was very clean and no smells. It felt very homely and put me at ease."

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong, the manager responded appropriately and used any incidents as a learning opportunity.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- At the last inspection in November 2017 the provider had failed to ensure consent from people was sought in line with relevant legislation. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 11.
- Where people were deprived of their liberty, the manager worked with the local authority to seek authorisation for this to ensure this was lawful.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- 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; the policies and systems in the service supported this practice.

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

- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled. Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal. Staff told us they felt supported and the quality and style of training delivered had improved which gave them confidence.
- People told us that staff were skilled and competent. One relative told us, "I don't have any complaints

about the staff, they all seem really nice and seem to know what they are doing."

Supporting people to eat and drink enough with choice in a balanced diet

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it. One person told us, "The food is good here, we get a choice and there is always something I like."
- Where people were at risk of poor nutrition and dehydration plans were in place to monitor their needs and professionals were involved where required to support people and staff. We saw that on a small number of occasions staff did not always accurately record the amount people had to drink where this was required to be monitored. The provider agreed to review the daily checks by managers to ensure action would be taken in a timely way if it occurred again.
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.

Staff providing consistent, effective, timely care

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals or opticians. The service had a close working relationship with the local GP surgery and the Practice Nurse.
- People and their relatives told us that healthcare support was arranged without delay. One relative said, "They [staff] are brilliant at getting the doctor out. I think they must have a hot line to the surgery. There is never a delay in calling for help."

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

- People were involved in decisions about the premises and environment: for example, being supported to make their bedroom homely with their own belongings. Residents meetings included discussion about the ongoing refurbishment and future plans for the service's environment.
- The provider was in the process of rolling out new digital technology which would bring improvements in the usefulness of signage around the service for people living with dementia. For people with a visual impairment, specific signage in line with best practice guidance had been installed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and were caring. People told us that staff were kind and viewed them as individuals. One person said, "I like the staff, they look after me very well and nothing is too much trouble." A relative told us, "Staff are very patient with my [family member], they take their time."
- Interactions between people and staff were friendly, respectful and inclusive.
- Staff had the skills to facilitate other people in conversations to make these wider and enjoyable between groups of people. Staff took time to explain what was being said to other people in the group who had difficulties in hearing.
- Staff demonstrated that they knew about people's past lives and histories, and encouraged them to talk about this.
- People told us that staff knew their preferences about how they wished to receive their care and support. A relative told us, "The staff do take time to get to know the residents."
- People's right to privacy and dignity was promoted. People told us that they were offered choices and felt in control of the care they received.
- People were supported to maintain their independence. Staff knew what people were able to do for themselves, and were patient and supportive in helping them to this.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Requires improvement

How people's needs are met

Personalised care

- People told us that they enjoyed the activities that were on offer. One person told us, "I join in the activities when they have them. I like the singing. I am having my hair done today which will be nice." The service employed a member of staff to co-ordinate activities both in the home and community for five days of the week. People could participate in groups, or individually and staff were enthusiastic and creative in finding opportunities that people would enjoy participating in.
- People's care records contained assessments of their needs and preferences. This included where they liked to spend their time, what they liked to do and their preferences for personal care. They showed whether people had specific wishes to receive support with their care from a member of staff of the same gender.
- However, daily records were not always fully completed, therefore did not show that care provided was in line with people's individual preferences and was responsive to their wishes. For example, one person wished to have their bath or shower during the evening, but on occasions was offered this in the morning and refused. There was insufficient detail in records to show if they had the opportunity to have a bath or shower at the time they preferred offered, and how often they received this.
- The quality of recording by some staff had been identified by the provider, who recognised this needed to improve and was addressing this with training and quality assurance audits.
- People's needs were identified, including those relating to protected equality characteristics. People's choices and preferences were consistently reviewed. Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met people's information and communication needs, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they needed to. The provider had made sure people and their relatives were presented information about how to do this when they moved into the service.
- People told us they were confident that their concerns would be taken seriously and acted upon without delay. A relative told us, "If I did need to complain I would speak to the manager or team leader. I would also speak with the owners, they are very approachable."

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

At the last inspection in November 2017 the provider had failed to implement systems and arrangements to ensure people received a safe and good quality service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 17.

Leadership and management

- Staff told us they felt listened to and the manager and provider was approachable. Staff were motivated and worked as a team to deliver high standards. Team meetings were held and the minutes showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks, including a policy of the month for staff to focus on.
- The provider demonstrated an open and positive approach to service development. Improvements had been made following our previous inspection to ensure regulatory requirements were met. They had a service development plan underway that included long term investment and improvements.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-run. Staff at all levels understood their roles and responsibilities and managers and leaders understood the importance of their roles.
- The provider and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with people using the service and stakeholders.
- The quality assurance system included lots of checks carried out by staff, the manager, and the provider's regional manager. Areas for development we had noted such as record keeping and activities provision were not picked up by the provider's audit process. We discussed this with the regional manager and provider, who stated they would attend to this following our inspection. The day after our inspection visit, the provider sent us an action plan, detailing how and when they would be completed.
- Leaders and managers positively encouraged feedback and acted on it to continuously improve the service. The provider held monthly meetings for their registered managers to share and develop good practice in their services.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful

way.

- People and their relatives had completed a survey of their views and the feedback had been used to continuously improve the service.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.