Community Integrated Care

Dormy Way

Inspection report

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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

Summary of findings

Overall summary

Dormy Way is a residential care home which is registered to provide accommodation for up to four people living with a learning disability, a physical disability and associated complex needs. Nursing care is not provided. On the day of our visit there were four people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received all essential training and there were opportunities for them to study for additional qualifications. All staff training was up-to-date. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Three people living at the home who were currently subject to DoLS. We found the manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. People were generally able to make day to day decisions for themselves. The manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways – verbally, through physical gestures or body language. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's personal histories had been recorded and their preferences, likes and dislikes were documented so that staff knew how people wished to be supported. There was a variety of activities and outings on offer which people could choose to

do. Complaints were dealt with in line with the provider's complaints procedure.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular staff meetings and feedback was sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

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 was safe.

People were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of menu and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed information so that staff could support people in a person-centred way.

Activities were available according to people's preferences and staff supported people to access the local community.

Complaints were acted upon in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

The service had an open and positive culture. Staff told us that the registered manager and staff team were supportive and approachable.

People, relatives and staff were supported to question practice and asked for their views about the service provided through a survey organised by the provider.

Regular audits took place to measure the quality and safety of the service provided.

Dormy Way

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

This inspection took place on 10 January 2017. One inspector undertook this inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and checked the information that we held about the service and the service provider. This included the last inspection report and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that people at the home were living with a learning disability not all people were able to give us in depth knowledge of life at Dormy Way. We did however talk with people and obtain their views as much as possible. During our inspection we observed how staff interacted with people. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for one person. We looked at training and recruitment records for two members of staff. We also looked at staffing rotas, minutes of meetings with people and staff, records of activities, staff training and recruitment records, and records relating to the management of the service such as audits and policies and procedures.

We spoke with all of the people who used the service and one relative to ask them their views of the service provided. We also spoke with a visitor who provided entertainment, a healthcare support worker who provided one to one support for one person, the registered manager and three members of staff.

The service was last inspected in February 2014 and there were no concerns identified.

Good

Is the service safe?

Our findings

People were supported by staff to be safe and people told us they felt safe at Dormy Way. One person said, "Yes I feel very safe here". A Relative told us they were confident their family member was kept safe.

People were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. Staff had received training in safeguarding and knew who they could contact if they had any concerns. Staff were able to name different types of abuse that might occur such as physical, mental and financial abuse. This meant that people's safety was promoted because staff understood how to identify and report abuse.

Risks to people and the service were managed so that people were protected. Risk assessments were kept in people's plans of care and were associated with each care plan. These were regularly reviewed and gave staff the guidance they needed to help keep people safe. Risk assessments had information about the identified risk and also contained control measures to reduce any risks. The home also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. There was a minimum of two staff on duty at all times. A third member of staff worked either 9am to 4.30pm or 12pm to 7.30pm. This was flexible depending on any planned activities, any appointments and house routines. Between 10pm to 7am there was one member of staff awake throughout the night with another member of staff who slept at the home and who was available for any additional support if required. We looked at the staffing rota for the previous two weeks and this confirmed these staffing levels were maintained. The registered manager told us and staff confirmed there were enough staff on duty to meet people's needs. Relatives told us they felt there was always enough staff on duty.

There were effective staff recruitment and selection processes in place. We looked at recruitment records for two members of staff and these contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Medicines were managed so that people received them safely. All staff who were authorised to administer medicines had completed training which included a competency assessment. Records showed and staff confirmed they had been trained and that their training was regularly updated. Medication Administration Records (MAR) sheets showed when people had received their medicines and staff had signed the MAR to confirm this. Records seen were up to date with no omissions. There was a clear protocol for administering any PRN (when required) medicines. A local pharmacy provided medicines to the home in a monitored dosage

system and medicines were ordered, received, administered and disposed of safely.

Good

Is the service effective?

Our findings

People told us they got on well with staff and said staff knew them well. Comments from people included "I am very happy here" and "I like all the staff they are very good". People said the food at the home was good. A relative said they were happy with the support provided by staff.

The registered manager told us about the training provided for staff. Training was organised by the provider through a training organisation.. Training records were kept on the computer system and a training matrix was on display in the office so staff could see what training was coming up and when they needed refresher training for any subject. Training undertaken by staff included; Health and safety, infection control, food hygiene, moving and handling, mental capacity act (2005), deprivation of liberty safeguards, first aid, epilepsy and managing action of potential aggression. Staff said the training provided was good and they confirmed they received the training they needed to carry out their work effectively. Staff also confirmed that the training provided enabled them to understand what was expected of them and they how should provide the care and support people required. The registered manager told us that additional training would be provided if necessary to meet the needs of the people they were caring for.

The registered manager said that all new staff members completed an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. The registered manager told us that new staff would be expected to complete the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of nine staff plus two relief staff members who worked flexibly to provide support to cover sickness and leave. Six members of staff had completed additional qualifications up to National Vocational Qualifications (NVQ) level three or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. 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 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).

The registered manager and staff understood their responsibilities in this area and understood the requirements of the legislation. The registered manager told us that people at Dormy Way were living with

different levels of learning disability, but all had capacity to make day to day decisions. The registered manager understood that if a person needed to make specific decisions their capacity to make decisions would need to be assessed. It was also understood by the registered manager and staff that if the person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest. We saw capacity assessments had been carried out for three people who were deemed to lack capacity to make decisions and this had been clearly recorded. The registered manager had made applications for these three people under Deprivation of Liberty Safeguards (DoLS). These were for people who could not leave the home independently and who needed to be accompanied by staff when they went out. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Records showed that DoLS applications had been completed but these had not yet been authorised by the local authority. This meant that the registered manager and staff were acting in line with the requirements of the MCA.

Staff attended regular supervision meetings with their line managers and were able to discuss issues relating to their role, training requirements and the people they supported. Supervision for staff and relief staff was conducted by the senior carer who was in turn supervised by the registered manager. Topics covered in supervision included, training and development needs, staff performance and issues around the individual people they supported. Staff confirmed they received individual supervision. One staff member said that their supervision provided them with the support and guidance they needed to carry out the work that was required of them.

We spoke to people and staff about the meals provided at the home. Staff encouraged people to be involved as much as possible in preparing meals and drinks. Breakfast was normally cereals and toast and people could choose what to eat. Lunch was normally a snack type meal such as sandwiches, fish fingers or beans on toast and this was also down to individual choice. The main meal of the day was in the evening. The registered manager told us that there was not a set menu and each person could choose what they wanted to eat. Staff said they knew what people liked and disliked so they supported them to make a choice and staff encouraged and supported people to maintain a healthy diet. Two people required a soft diet and they had been assessed by a Speech and Language Therapist (SALT) to ensure that the food provided was suitable for the person. Staff told us that people also went out for meals in the local community which they enjoyed. Staff said there was always a range of food in the fridge so that they could make people a snack or sandwich at any time if they wanted this. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People's healthcare needs were met and everyone was registered with a local GP. Each person had a health section in their care plan and this contained information about the person's learning disability and any other medical conditions. There were contact details of the person's GP, dentist and optician. Appointments with any other health care professionals were through GP referrals. There was information such as: 'Things you must know about me'. 'Things that are important to me' and 'My likes and dislikes'. This would help to ensure people received consistent effective support should they need to go to hospital.

During the inspection, we undertook a tour of the home. The registered manager told us that people were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were warm and cosy which gave a nice homely feel.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. One person said "The staff are very good and they look after me". A relative said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member.

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always call them by name and engaged with them. They checked if they needed any support and gave people options so they could make their own decisions. One member of staff told us, "It's a nice atmosphere everyone gets on well".

Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. We observed positive interactions between staff and they engaged with people throughout our time at the home, showing people patience and understanding. People were confident and comfortable with the staff who supported them.

Everyone was dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to their questions. There was a good rapport between people and staff with lots of good interactions taking place.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people.

Members of staff were able to explain what they were expected to do to ensure people's privacy and dignity had been maintained. This included shutting the bedroom or bathroom door when helping someone to undress. From our observations we found all staff were polite and respectful when speaking to people. One staff member told us "I always make sure any personal care is given in private and make sure doors are kept shut when personal care is given".

People had regular one to one meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered.

Good

Is the service responsive?

Our findings

People were well looked after and told us they liked living at Dormy Way. A relative confirmed they were kept updated on any issues they needed to be aware of.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file.

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans identified people's support needs and informed staff on how this should be given. There was information such as 'Things people like and admire about me'. 'What's important to me' and 'How to support me well'. There was also a description of the person's history and 'My life so far'. We saw care plans were in place for personal care and support, communication, decision making, cooking, housework, room care, laundry, shopping and outdoor activities. We saw a communication plan for one person who was non-verbal. There was information about how to interpret different signs and body language. For example the care plan said If I look at you, laugh and rub my hands together, This means I am happy and pleased. It also went on to explain 'If I walk away or shout out and be noisy'. This means I do not want any help or support at the moment. Please give me some space and try again in a little while. These clear guidelines ensured people got the support they needed and were responded to appropriately.

People were encouraged to express their views and these were communicated to staff verbally, by sign language or by body language and gestures. Three of the four people had non-verbal communication and staff understood their communication methods and were able to communicate with them effectively. We observed people talking to staff using Makaton (Makaton is a form of sign language used by people who have difficulty communicating verbally) and each person was able to converse with staff effectively. Staff said that people could express their wishes and preferences and these would always be respected. Staff said each person needed different levels of support and staff gave individual support to people whenever it was needed. A staff member said "We all work together and know what support people need. We always talk with people and explain as much as possible and give them the information so they can make their own decisions as much as possible.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in

communal areas and they were knowledgeable and understood people's needs.

The provider was responsive to people's changing needs. For example two people had expressed a wish to go away on holiday in 2017. The registered manager and staff had started looking into this and were exploring possibilities. Staff had explained to them that the holiday would take place but they were waiting for the warmer weather to arrive before this could take place, although they would still look at booking a suitable date for the holiday to take place. This meant that staff listened to people's views and responded to them appropriately.

Each person had a daily report which was compiled by staff. This detailed the support people had received throughout the day and night and these followed the plan of care. Records showed the home had liaised with healthcare and social care professionals to ensure people's needs were met.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated on each person and were given any information they needed to be aware of. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone, according to their preferences and there was a range of activities provided for people. Two people regularly attended a local day service and they were supported to take part in a range of activities. One person had chosen to purchase one to one support from an independent health care worker. On the day of our visit this person had gone out with his healthcare worker for breakfast and a trip to the shops. Other activities organised included trips to local shops, meals out in the community, walks, day trips and mini bus outings. The provider had a mini bus available for use by people and trips out were dependant on the staff on duty being able to drive the vehicle. The registered manager said this facility was used regularly. On the day of our inspection a visiting entertainer was running a karaoke session for people which they enjoyed. We spoke to the person who organised the karaoke who told us they visited regularly and that the staff knew everyone very well and said staff at Dormy Way were always responsive to people's needs and in their view provided excellent support.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or with any member of staff who was providing support. Any complaints or concerns could then be dealt with promptly and appropriately in line with the provider's complaints policy. The registered manager said that they had not received any complaints since the last inspection. The registered manager said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

Good

Is the service well-led?

Our findings

People told us the registered manager and staff were good and they were always around to listen to them. A relative confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run and were invited to reviews".

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The registered manager said she would not hesitate to make changes if necessary to benefit people. Staff said there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager had good communication skills and that they worked well with them.

Staff said the registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The staff informed us they felt well led and well supported in their work. They were able to describe their role and explain to us what was expected of them. When we asked about the culture of the service, one member of staff told us, "It's very simple we put the people we support first".

The registered manager showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date. She said she attended training courses organised by the provider and the she had regular management meetings with managers for the providers other homes. These meetings enabled her to discuss any new legislation and also to learn from other managers who may have encountered difficult situations. She told us she was currently enrolled on a management development course organised by the provider. She said she also regularly monitored professional websites to keep herself up to date with best practice. If appropriate she would pass on information to staff so that they could increase their knowledge.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly checks were carried out to monitor the quality of service provision. A result of these checks were passed to the area manager each week. We saw records that showed the checks and audits that took place included; financial audits, health and safety, care plan monitoring, audits of medicines, infection control audits, annual leave management, absence monitoring and audits of accidents or incidents and concerns or complaints.

The provider had a quality monitoring system where an area manager from a different area from where the

home was located, visited Dormy Way to check the quality of the service provided. They met with the registered manager to discuss any issues at the home; they also spoke with people and staff and looked at records. Following the visit they produced a report and if any concerns or issues were identified the manager would produce an action plan to state how and when these would be addressed. If any actions were identified a follow up visit was carried out to check that actions had been completed. The quality assurance procedures carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

People, relatives, staff and stake holders were supported to question practice and asked for their views about Dormy Way through a quality questionnaire organised by the provider. These were sent out by the provider who then received and collated any responses. Results of the surveys were then passed to the registered manager who produced an action plan to address any shortfalls identified. The registered manager said the questionnaires enabled her to tailor the service to meet the needs of the people being supported at Dormy Way.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. We looked at the minutes of the previous staff meetings and the minutes contained information about who had attended and gave information about the topics discussed, and details if any action was required and who would be responsible. This meant that staff were involved and supported to be involved in how the home was run.

Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose. All care records for people were held in individual files which were stored in the office at the home and records were stored securely.