Roger Armoogum

Dormie House Residential Care Home

Inspection report

Dormie House
16 Cliff Road
Sheringham
Norfolk
NR26 8BJ

Tel: 01263823353

Date of inspection visit:
28 June 2016

Date of publication:
09 August 2016

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

Dormie House is a residential home that provides care, support and accommodation for up to eight older people. At the time of our inspection there were eight people living in the home.

As the provider is an individual, the service is not required to have a separate registered manager. The provider is the 'registered person' and manages the day to day running of the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were safe and lived in a safe environment because staff knew how to recognise signs of possible abuse and knew the correct procedures for reporting concerns. In addition, there were enough well trained staff to support people and appropriate recruitment checks were carried out before staff began working in the home. The premises were well maintained and any safety issues were rectified promptly.

Identified risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively.

Medicines were managed and administered safely in the home and people received their medicines as prescribed.

People were supported effectively by staff who were skilled and knowledgeable in their work and all new members of staff completed an induction. Staff were supported well by the provider.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The provider understood the requirements of the MCA, although everybody living in Dormie House was deemed to have capacity and nobody was subject to DoLS.

People had enough to eat and drink and enjoyed their meals. If needed, people's intake of food and drinks would be monitored and recorded. Prompt action and timely referrals were made to relevant healthcare professionals when any needs or concerns were identified.

Staff in the home were caring and attentive. People were treated with respect and staff preserved people's dignity. Relatives were welcome to visit as and when they wished and people were encouraged and supported to be as independent as possible. People were also able to follow pastimes or hobbies of their choice.

Assessments were completed prior to admission, to ensure people's needs could be met. People were involved in planning their care and received care and support that was individual to their needs. Risk assessments detailed what action was required or had been carried out to remove or minimise any

identified risks.

People and their families were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

The service was well run and people's needs were being met appropriately. Communication between the provider, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored and regular audits were carried out by the provider in order to identify any areas that needed improvement.

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.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

The premises were well maintained and any safety issues were rectified promptly.

Risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively.

Staffing levels were sufficient to meet people's needs and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People were supported to safely take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home.

Is the service caring?

Good

The service was caring.

Staff were caring and attentive. People were treated with respect and staff preserved people's dignity.

Relatives were welcome to visit as and when they wished and people were encouraged and supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were able to choose what they wanted to do and where they wanted to spend their time.

People and their families were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Is the service well-led?

Good

The service was well led.

The service was well run and people's needs were being met appropriately. Communication between the provider, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored and regular audits were carried out to identify any areas that needed improving.

Dormie House Residential Care Home

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 was carried out by one inspector on 28 June 2016 and was unannounced.

Before our 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, what the service does well and improvements they plan to make.

Other information we looked at about the service included any statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During this inspection we met and spoke with six of the eight people who were living in the home, the provider and two members of care staff. We looked at the care records for six people and a selection of medical and health related records for all eight people.

We also looked at the records for two members of staff in respect of training, supervision, appraisals and recruitment and a selection of records that related to the management and day to day running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in Dormie House. One person said, "I haven't been here very long but I feel perfectly safe thank you." Another person said, "Oh most definitely, that's why I'm here; they do look after us very well here you know."

The provider demonstrated that they understood what constituted abuse and explained how they would follow the correct reporting procedure if and when necessary. They also told us that all the staff were equally as confident and would report anything they were concerned about straight away. The staff records we looked at showed that staff had received training in protecting vulnerable adults, which helped ensure they knew how to keep people safe.

People living in the home had individual risk assessments, regarding various aspects of their everyday lives. For example, we saw these covered areas such as nutrition, protection from pressure ulcers, mobility and falls. Where risks to people's safety had been identified, we saw that these were recorded clearly, with guidance for staff that showed how to support people safely and effectively. Staff had easy access to these documents and we saw that they were reviewed and updated on a regular basis. For example, one person was identified as being at risk from weight loss and we saw that they were being weighed twice weekly. The records we looked at showed that appropriate action was being followed by staff to keep this risk to a minimum and the person's weight was currently stable, although still needed monitoring.

Maintenance and health and safety checks were carried out regularly by the provider, including fire alarm tests and fire drills. We also noted that the provider used an accredited company to ensure the safe management of water systems and Legionella at Dormie House. All these measures helped ensure that people were kept safe and able to live in a safe environment.

We saw that there were consistently enough staff on duty to support people and safely meet their needs. As a small, independently run home, the provider was on duty virtually every day and was available 'on-call' at all other times.

The provider explained that people's dependency was continually assessed, to ensure that the staffing levels remained sufficient and appropriate. We acknowledged that the current staffing levels of two per shift were currently sufficient to meet people's needs in a timely fashion. It was evident from our observations, that people were able to safely carry out their daily routines, activities, attend appointments or receive staff support, as and when they required.

The provider told us that staff sickness levels were very low and, when staff were away from work on planned leave, these shifts were covered by other members of the regular team. This meant that people using the service were continually supported by staff whom they were familiar with and had a good knowledge of each person's individual needs.

The staff files we looked at and a discussion with the provider, confirmed that appropriate recruitment

procedures were followed to make sure that new staff were safe to work with people who lived in the home. All staff were checked for suitability with the Disclosure and Barring Service (DBS) and appropriate references were obtained before they started working in the home.

Medicines were managed and administered safely in the home and people received their medicines as prescribed. The provider told us that either they or a specifically designated and appropriately trained member of staff administered people's medicines. We looked at the medicines storage and recording systems and saw that people's medicines were appropriately stored in a cupboard that was kept locked when not in use. People's records, including the medicines administration records (MAR), were clear, up to date and completed appropriately.

Good

Is the service effective?

Our findings

People were supported effectively by staff who were skilled and knowledgeable in their work. One person told us, "I can't fault them [staff] here, they are all very well trained and know us very well." Another person said, "Yes, they [staff] are very competent." They laughingly added, "I think [provider] makes sure they keep up with everything."

The provider explained how all new members of staff completed a 'home specific' induction process, which included completing essential training courses that would be relevant to their roles. In addition, new staff would complete the 'Care Certificate'. Some of the training we noted that staff had undertaken included fire safety, medicines administration, safeguarding, moving and handling, diabetes management, pressure care and dementia awareness.

We only spoke briefly with one member of staff, who said they were happy in their work and felt supported by the provider. The provider explained that formal staff meetings were not held very often, because the team was so small and everybody was in daily contact with each other. We noted that communication between the staff team was frequent and effective and information was handed over appropriately at the end of each shift.

Formal supervisions were held regularly and we saw that records of these were maintained appropriately. For example, we noted that one person had received one-to-one supervisions from the provider approximately every 12 weeks. These included discussions and observations for specific areas such as catheter care, laundry and general work practice.

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 the 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 the liberty were being met.

The provider told us that nobody living in the home was subject to a DoLS authorisation, as everybody currently had capacity. However, they explained that they understood the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance. They also assured us they would follow the principles of the MCA if they needed to make decisions on behalf of people lacking capacity.

We observed the lunch time meal and noted that the dining room had a comfortable and homely feel to it.

People told us they had enough to eat and drink and said that they enjoyed their meals. One person said, "I have to say, it is very good; very good indeed." During our inspection we noted that four people chose to eat together at a table in the dining room and two people chose to have lunch in their rooms. Two further people were out for the day. We observed good humoured interactions and discussions between the people at the table, as well as with staff and the provider. One person, on finishing their meal stated, "That was lovely – compliments to the chef!" To which, the other three people all voiced their agreement.

The provider told us they ensured people were offered good quality, wholesome and nutritious meals that were cooked on the premises each day. They also demonstrated their knowledge and understanding of people's individual dietary needs and preferences, as well as any allergens. The provider confirmed that if people were not eating or drinking sufficient amounts, their intake of food and drink would be monitored and recorded. This would enable prompt action to be taken, to help ensure people stayed healthy and well.

People's general health and wellbeing was reviewed on a daily basis and their care records were kept up to date regarding their healthcare needs. We noted that people were able to access relevant healthcare professionals as needed, such as the GP, district nurse, dentist, optician, and chiropodist. The provider also told us that they regularly sought and followed guidance from external professionals, to ensure people continued to be supported and cared for effectively.

Good

Is the service caring?

Our findings

People told us that the staff in the service were caring. One person said, "Oh yes, most definitely. They [staff] treat us all very well; we often have a good laugh together too."

We saw that staff interacted well with people in a warm and friendly manner and observed mutual joviality and light hearted 'banter' throughout our inspection. People were comfortable in the presence of the staff and we noted that people were listened to properly. We saw that staff gave their full attention when people spoke to them.

A discussion with the provider and observations of staff demonstrated that they had a good knowledge and understanding of each person. It was evident from the information we looked at in people's care records that people living in the home and, where appropriate, their families had been fully involved in planning their own care. All the care records we looked at reflected people's personal histories and preferences, which meant that staff could support them with their preferred lifestyles.

Visitors were welcome without restrictions and, where possible, people had regular contact with family members or friends. If people did not have any family, we noted that they would be supported to access an independent advocate if they wished.

We saw that people were treated with respect and that staff preserved people's dignity. For example, bedroom doors were knocked upon before staff entered. People were also discreetly prompted or assisted, if they required any support with their personal care needs.

People were encouraged and supported to be as independent as possible. For example, by being provided with assistive equipment for mobilising, such as the stair lift. We noted that each person was able to mobilise independently with the use of either a walking stick or a frame. We also saw that people were able to choose how and where they wished to spend their time and joined in any activities they wanted to.

Good

Is the service responsive?

Our findings

We saw that people had been fully involved in planning their care and received care and support that was individual to their needs. We heard staff engaging in natural conversations with people, as well as checking whether any assistance was required. We also saw that when anybody did request assistance, staff were quick to respond.

One person we spoke with in their room told us, "If I need anything, they [staff] are very good and I don't usually have to wait very long." They also added with a smile, "My [relative] does keep reminding me that I'm not in hospital anymore, so I am trying to keep doing as much for myself as possible."

A discussion with the provider and information in people's care records showed that each person completed an assessment with the provider, prior to their admission to the home. The provider told us that they were very thorough with their assessments and would not just admit people for the sake of filling a vacancy. They explained that, as a small home, it was equally important to have compatibility between the people living in the home, as well being sure that their needs could be met.

We saw that the pre-admission assessments were used to form the basis of people's care plans and risk assessments. The contents of people's care plans were personalised and gave a full description of need, relevant for each person. For example, it was noted for one person that they liked their bedroom door left open at night. Another person required a soft, moist diet and a third person was noted as being sociable but sometimes liked their own company.

We saw that people living in the home made decisions for themselves in respect of what they wanted to do and how they wished to spend their time. At the time of this inspection, two people had gone out to a day service. Some people had been watching tennis in the morning, which we noted they chatted together about over lunch. In the afternoon, one person who lived in the home entertained others, who were knitting or making wool pom-poms with staff, by playing the piano and singing in the lounge.

We saw that regular activities in the home included songs of praise, exercises, bingo, colouring, knitting and sing-alongs. The activities record for May 2016 showed that one person living in the home had hosted some activities such as 'sing along with [Name] and 'down memory lane' with [Name]. There were lots of photographs of birthday celebrations and past events, in which people looked very happy. This included joining in with the local carnival. We noted that many occasions were also very 'family' orientated.

Each person's records gave an outline of their life history, plus details of their individual hobbies and pastimes they enjoyed. For example, one person had been a passionate chef and enjoyed cookery programmes and another person loved music and playing the piano. Other people were noted to enjoy sewing, knitting, quizzes, reading, films and watching the television. Our observations and discussions with people confirmed that what we had read in their care records was an accurate reflection of each person as an individual.

People told us that they could make a complaint if they needed to. One person said, "I would just say something but I haven't got any reason to complain about anything."

The provider explained that, being a small family style home, formal 'residents' and relatives meetings were not usually held but group discussions and one-to-one 'chats' were constant. This meant that any issues could be identified quickly and, if action was needed this would be taken without delay. We observed this situation, exactly as the provider had described, during the course of our inspection.

Good

Is the service well-led?

Our findings

People told us that Dormie House felt very much like 'home from home' and one person said, "We're all like a family here."

We observed that people living in the home, their family and friends, visitors and staff were considered to be an important factor in the way the home ran. The provider told us that any suggestions for improvements were listened to and action taken, where appropriate or necessary.

The provider said they constantly sought feedback from people regarding the quality of the service provided, by way of daily discussions and quality assurance surveys. Where action for improvement was identified, this was taken appropriately and with the involvement and inclusion of all the relevant people. We noted that the quality assurance survey from July 2015 contained some very positive comments. One person's relative had commented about certain food items for their family member. The provider told us they had discussed and clarified the comments with the person living in the home and their relative and everyone had been happy with this.

Communication between the provider and the staff was noted to be frequent and effective, although formal staff meetings were infrequent due to the staff team being so small. However, regular discussions covered aspects such as training, housekeeping and other service specific topics. In addition, staff held handover meetings at the end of each shift, during which each person's health and wellbeing was discussed. Any concerns, issues or requirements were highlighted at this point, to ensure people had continuity of care.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. For example, care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly. We also noted that the staff team as a whole regularly took note of people's comments, thoughts and feelings.

The provider also carried out regular audits covering areas such as health and safety, medicines, falls, accidents and incidents, in order to identify and reduce any negative trends by taking relevant action where necessary.

This confirmed to us that the service was being well run and that people's needs were being met appropriately.