

## Norwich Consolidated Charities

# Doughty's

### 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

Doughty's is a historic charitable service which offers the registered activity Personal Care to older people living within its Alms House complex. The complex is a mixture of converted old Alms house flats and purpose built modern flats, which is situated within easy reach of central Norwich. The service is only available to people living on the site and as such is more comparable to a supported living scheme than a main stream domiciliary care agency. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of this inspection, of the 50 residents in the complex, 15 people were in receipt of personal care.

At our last inspection in May 2016 we rated the service good. At this inspection, on the 22 November 2018, we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. The service continues to meet all relevant fundamental standards. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

We received a high level of praise for the service. People using the service were very positive and complimentary about the service and told us they would recommend the service to family and friends whole-heartedly. Staff said they were proud of the service they provided and enjoyed working here, one commenting that their relative had lived in Doughty's very happily for 20 years. An external professional also provided very positive feedback advising us that they use Doughty's as an example of good practice.

The service had continued to build on its established good service, working both internally and in partnership with numerous outside agencies to provide the most appropriate and up-to-date methods of care and support. The service continued to seek improvements whenever possible. Improvements made since the last inspection included establishing electronic databases, establishing a separate training budget, developing a trainee carer pilot scheme with the local job centre, introducing external HR support and introducing a sophisticated electronic medicines administration system.

People who used the service all reported they felt safe and that staff were always available when they needed them. Staff all received training in adult safeguarding and knew how to recognise and act to help protect people against the risk of harm. Risk assessments were in place and staff were knowledgeable about the management of risks to people. A new electronic medicines administering system had been introduced which was effective and minimised the risk of errors. All the people we spoke to felt the care provided was effective in meeting their preferred outcomes and that staff were suitably skilled and very well trained. Several noted that they have had new carers come in but that the trainees are taught how to do things well and that the staff can always look at peoples' care plans which detail what is required clearly. The service continued to show a strong commitment to staff development, both in terms of a comprehensive induction and an ongoing training programme; with the competency of staff checked regularly by management. The

service worked closely in partnership with other professionals and voluntary agencies to improve the quality of life and encourage healthier, active lives for the people using the service. People 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.

All the people we spoke to were complimentary about the staff attitudes and their approach to care-giving. We observed staff being respectful of people's privacy and attentive to their wishes. Staff reported that they were actively encouraged by management to spend time talking to people, to enable them to know and respect people as individuals and support their preferences. People using this service told us staff responded quickly to their call bells and that care provision was timely and effective. People had their daily care plan checked and revised monthly by their keyworker alongside a weekly visit from one of the managers to check all is well. Doughty's has maintained its accreditation for providing end of life care and endeavours to support a person's preferred wish, if it is to remain at Doughty's.

People using the service reported that management ran a 'tight ship'. All the people we spoke to reported they had a good relationship with management and their opinion of the service was sought both informally and via annual surveys. Records showed the support plans were reviewed in detail by management twice yearly. Staff meetings were held regularly and staff reported feeling valued and well supported. Doughty's have participated in various schemes to bring in additional expertise such as occupational therapy student placements and a cognitive stimulation therapy initiative which added value to people's lives alongside upskilling staff. The service operates a development plan which shows they continue to seek ways to innovate and improve.

Further information is in the detailed findings below.

## 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 and remains Good.

### Is the service effective?

Good ●

This service is effective and remains Good

### Is the service caring?

Good ●

This service is caring and remains Good.

### Is the service responsive?

Good ●

This service is responsive and remains Good.

### Is the service well-led?

Good ●

The service is well-led and remains Good

# Doughty's

## 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 a comprehensive inspection which took place on the 22 November 2018. The service was given 48 hours' notice because the service provides people with care in their own homes and we needed to be sure that people would be willing and available to speak with us. We were also aware that the registered manager had retired in the preceding week, so we needed to be sure that there would be staff available to support the inspection team in providing the information and evidence required. This inspection was carried out by two inspectors.

Before the inspection we reviewed the Provider Information Return (PIR). This is 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 also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We gained feedback from Norfolk County Council quality assurance team and an external professional.

During our inspection we spoke with four people using the service. We also spoke with the nominated individual for the provider (the chief executive officer), the acting manager, the acting deputy and training manager, the administrator, one member of senior care staff and three care staff members. We observed how staff interacted with people receiving the service.

We looked at three people's care records in detail including medicines records, two staff recruitment records and staff induction, training and supervision records. We looked at other documentation such as annual residents' survey, quality monitoring documents as well as accident and incident records. We saw compliments and complaints records plus records from staff, residents and committee meetings.

# Is the service safe?

## Our findings

At our last inspection carried out in April 2016, we rated the service good in this key question. At this inspection we found that people continued to receive a safe service and have rated the service good.

People who used the service all reported they felt safe. One person told us they felt, "Absolutely safe." People felt staff knew them well, were aware of what support they needed to keep them safe and were always available. One person said, "I have confidence [they will respond] oh yes."

Policies were in place in relation to safeguarding and whistleblowing and staff had all received safeguarding training. The staff we spoke with were aware of how to spot potential signs of abuse and how to report harm to help protect people from the risk of abuse. Safeguarding records showed appropriate actions had been taken when concerns came to light and demonstrated that lessons had been learnt where appropriate.

The service gave an example where they worked creatively to mitigate the potential for reoccurrence of harm and abuse, greatly improving both the independence and quality of life of one person and supporting a safer environment for other people using the service. The service also made use of the Herbert protocol, a national scheme which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing. The Residents Handbook, given to all people who used the service, gave clear details of safeguarding procedures and appropriate contact details.

All four people we spoke with said staff responded quickly to their call bells and provided care whenever they needed it, including for time critical calls such as medicines administration. Risk assessments were in place to support appropriate care for each person. Staff rotas were managed to reflect the support people needed. The service had bank staff who knew the service well and rarely used agency staff. This helped to ensure people received care and support from staff who knew them, and their needs, well. Staff retention was high and safe recruitment practice was evidenced. Staff fed back that the level of work was, "Always manageable" and if agency staff were used, one staff member told us, "We do a more in-depth handover and they [agency staff] are never left to do stuff [alone]." A comprehensive induction handbook was used alongside core training requirements and competency checks before staff could provide care independently.

Medicines were held in each person's home. Where assistance was required, an electronic medicines administration system was used which meant that the risk of medicines errors was mitigated. This system enabled clear auditing of medicines administration which management reviewed at the end of each shift. Body maps were in place for the use of topical creams and patches. We concluded that medicines had been administered as prescribed and that the service managed medicines safely and appropriately. Staff demonstrated clear understanding of infection control and prevention and we observed good practice during care giving and medicines administration.

Staff meetings and incident reports demonstrated good use of reflective practice and implementation of service wide improvements where risks or incidents had been identified. For example, where a medicines

error had occurred the staff involved were retrained and had their competency reviewed frequently until they were deemed competent to return to independent administration.

# Is the service effective?

## Our findings

At our last inspection carried out in April 2016, we rated the service good in this key question. At this inspection we found that people continued to receive an effective service and have rated the service good.

People we spoke with all felt the service they received was effective and supportive. One person said, "I only have to ask... they will do anything for me. They are extremely good." Management evidenced that they completed a comprehensive pre-admission assessment and completed care plans and summary overview to reflect the needs identified and outcomes desired.

People told us that they felt staff were skilled and knowledgeable. One person spoke highly of the level of training provided to the staff, they told us, "They have trainees – it's very good learning...they have regular lectures and they listen to my experiences...they are very good." Another person commented that there were lots of new staff/trainees coming in who needed to get to know them but noted, "There's a book [care plans] in the kitchen they look in...they do very well".

The service had a strong commitment to learning and development, using resources both within the service and outside of it. They had a comprehensive in-house training schedule based initially on completing the 'Care Certificate'. The Care Certificate is a set of standards that health and social care staff must work to. The service also had a rolling programme of more specialist training to expand and develop staff knowledge more specifically targeted to peoples' needs. One staff member commented, "The training is good and we learn all the time."

The management talked of trusting their staff and encouraging accountability whenever possible as part of the teamwork ethic. This was also evidenced in the availability of 'leadership and management' training to staff. One staff member told us that this training coupled with regular supervision and competency checks had helped their confidence grow.

Records showed that the service worked well with other health professionals and encouraged integrated working. The service also provided apprenticeships and placements for professional training programs leading to related qualifications such as physiotherapy and occupational therapy. The apprentices on these placements had added value to the support provided by, for example, offering falls prevention support, exercise classes, massage and cognitive stimulation therapy. We observed good moving and handling staff practice. Staff were able to talk about the importance of awareness of skin integrity and appropriate use of equipment and techniques such as repositioning charts for less mobile people.

Staff assisted people with their nutritional and hydration needs as required. One person said, "They do check I am eating and drinking enough". Staff were aware of the importance of monitoring vulnerable people's intake, had nutritional tools available to monitor anyone deemed at risk and made referrals when required for advice and support. The annual survey for people using the service and two people we spoke with noted that they had previously enjoyed a daily lunch service from the service's central kitchen and had missed this provision in recent months when it had been suspended due to unavoidable circumstances.



However, the service was providing meal support on an individual basis and there were plans to resume the communal hot meals service shortly. There were oral health assessments in place where appropriate but not all these people had associated oral health care plan reviews. However, we were confident people had received the associated care and support they required.

One person who used the service told us about how good the service was at communicating as a staff team. They said, "I think if one staff member knows, all of them know, I don't know how they do it". We observed that staff handovers were comprehensive and ensured details of health and wellbeing were appropriately relayed alongside management of caring responsibilities. This included ensuring support in relation to accessing appropriate healthcare and referrals to other services as required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Doughty's provides support to people living in their own homes and therefore applications would need to be made to the Court of Protection. None had been made at the time of our inspection.

We checked whether the service was working within the principles of the MCA. We observed staff seeking consent before providing care, with feedback from people and records also reflecting this. However, consent for non-routine interventions (such as occupational therapy provided by on-site occupational therapy students) did not always have signed consent in place. Staff were trained in the MCA and showed good awareness of people's varying ability to make decisions. Peoples' care plan records did not always give clear guidance about a person's mental capacity when there was evidence of mental capacity impairments although management agreed this is something they have the knowledge to implement quickly.

## Is the service caring?

### Our findings

At our last inspection carried out in April 2016, we rated the service good in this key question. At this inspection we found that people continued to receive a caring service and have rated the service good.

People using the service told us they found the staff caring and that they did not feel rushed during care provision. One person described staff as "very patient, very polite, they will do anything for me," another said staff were "very kind". One person described often misplacing things in her flat and that staff were always happy to help her find them. Another person who used the service noted staff, "Treat me with respect...they always ask me what I want to wear. I do as much of the wash as I can but they help dress me."

We observed that staff always knocked before entering a person's home and were kind and considerate in their approach to people. Staff were observed supporting people's dignity, for example one staff member noticed a person had not completed a small but significant aspect of their personal care and supported the person to do so even though the staff member was not visiting to do this task. Staff reported that they were actively encouraged by management to get to know people. One staff member told us, "We don't expect people to conform... we treat them as individuals." Staff gave examples of recognising the individuality of people such as those that liked to rise late and offering choice such as for meals, clothing or activities. All the people using this service we spoke to felt they were fully involved in developing and reviewing their care plans as required.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

The service demonstrated their ability to support people with different communication needs such as additional support with paperwork and availability of large print formatting for people with visual impairments. Staff had sensory impairment training and supported people to wear visual and hearing aids as appropriate.

The service gave evidence of working positively and creatively with different forms of behaviour that may challenge, supporting individuals to consider and address potential causes where appropriate, thereby improving the quality of the peoples' lives and in turn reducing potential areas of abuse or harm.

We observed support provided for people with memory impairments for example using daily orientation message boards. The service operated a keyworker scheme and this included encouraging people to complete life story booklets designed to aid getting to know people, their past lives and who they are now.

The scheme had introduced an "I'm OK" welfare button system, which people could press daily if they were not due to receive care that day, to inform staff that they were safe, did not require a welfare check call and thus promoted privacy and independence.

The service supported a significant activities programme which is designed to encourage active and healthy minds and bodies and prevent social isolation. There was a residents' club committee and the service encouraged people to take ownership of the programme to promote both inclusion and autonomy.

## Is the service responsive?

### Our findings

At our last inspection carried out in April 2016, we rated the service good in this key question. At this inspection we found that people continued to receive a responsive service and have rated the service good.

All four people we spoke to said staff responded quickly to their call bells and provided care whenever they needed it. One person said, "If I need anything I just pull the cord... they always come." Another person said "I was very ill when I came here and they did everything for me, like being in a hospital and I got better as a result. Now I can do it myself, they don't take over, they are extremely good."

Person-centred care plans, based on a pre-admission assessment and ongoing reviews, were in place to support appropriate care for each person. Where appropriate information had been provided in accessible formats such as large print. Care plans were mostly accurate although one moving and handling care plan lacked detailed personalisation following a recent change in need, which the service agreed to rectify immediately. People receiving personal care had their daily care plans reviewed monthly by their keyworkers to check the care provided was meeting the person's needs and wishes. A weekly visit from one of the managers was also in place to ensure people had access to management for comments on the care provided and to provide an additional welfare overview. Management also completed comprehensive reviews of people's care plans with each person every six months or sooner if there was a significant change.

People all commented that they had had no cause to complain but that they knew they could and that they could do so either informally to a senior or matron or via the complaints process detailed in the residents' handbook. When asked if they would recommend the service to a family member or friend one said "absolutely... I find no fault here" and another said "I am very pleased to be here. I have already recommended to my friends...the care in here is 100%". Where incidents or concerns had occurred, management records showed detailed investigations, with fair and proportionate responses.

Several people commented that they valued the support offered to escort them to appointments such as doctor or dentist to help them manage either physically or cognitively, with outcomes supported and integrated into their care as appropriate.

Staff were all trained in both first aid and also end of life care. One person commented "I want to stay here until the end. They are very kind." Doughty's had maintained its accreditation for providing end of life care and had endeavoured to work with health care services and NHS Continuing Health Care whenever possible to support a person's preferred wishes. Staff were clearly aware of peoples' preferred priorities for end of life care, supporting individuals as they wished, including supporting 'Do not attempt resuscitation orders' where in place, thus promoting choice and dignity in end of life care. Management explained that where people were receiving end of life care they prioritised using familiar staff to care for this person and back-filled the additional hours needed by bank, or if necessary, agency staff to continue the routine care for other people using the service.

## Is the service well-led?

### Our findings

At our last inspection carried out in April 2016, we rated the service good in this key question. At this inspection we found that service continued to be well-led and have rated the service good.

Doughty's mission statement is "To enable residents to enjoy a high quality of life, living independently in their own home for as long as possible". Doughty's senior representative described a clear vision for building on the good quality service provision, updating the service to reflect changes in best practice and the expectations of the people using the service.

Doughty's had a manager registered with the CQC. However, this long-standing manager had retired the week prior to this inspection. 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.

Considering the recent retirement of the registered manager, Doughty's and the management team had worked together to devise a clear plan for interim management, successorship and modernisation of the registered manager's role to better reflect the balance of caring and business elements of the role. The service planned to creatively involve both staff and people using the service in the recruitment process for the new manager using live case scenarios. Meanwhile the acting manager and deputy continued to provide a visible management presence, meeting people using the service individually every week, whilst maintaining staff support and oversight. Management were able to evidence appropriate use of quality assurance tools such as regular staff competency checks and daily medicines administration audits.

The provider's representative also described fostering a culture of empowering staff through encouraging accountability. One way they achieved this was through 'leadership' training open to all employees, many of whom had completed this and worked their way through the ranks. This culture was also reflected in the renaming of 'senior carers' as 'team leaders'. Staff retention was high and management demonstrated good support for staff. Doughty's utilised an external company for HR support and recruitment records were appropriately thorough. The provider's value of staff's well-being was evidenced by staff having access to an external confidential well-being support service alongside regular one-to-one supervision with all staff.

The service worked with an ongoing service improvement plan. Audits had previously picked up some concerns around medicines administration. As a result, an electronic medicines administering system had been introduced which had been effective with errors rare. We saw where medicines errors had been noted, clear remedial and supportive disciplinary actions had been taken. The service advised us this current administration system was being withdrawn from the market but they had clear contingency planning in place to manage a transfer to an alternative similar system. This new system would also have the facility to develop a range of electronic care plans which the service was planning on utilising once the medicines system had been successfully implemented.

Another audit of complaints identified a theme of communication within the provider's services so regular leadership meetings had been instigated to ensure better inter-departmental communication. Reflective practice was encouraged, including individually during training and supervision and through themes for every staff meeting based on the CQC domains.

People all told us they felt able to voice any concerns. One person who used the service told us, "Any problem I'd just talk to a senior" and another said they knew they could "talk to the matron". Management ensured an open-door policy making themselves available to people who use the service via weekly one-to-one visits, regular residents' meeting and annual surveys.

Management ensure good working practice by the provision of regular supervision alongside competency checks of skills. Doughty's demonstrated an ongoing commitment to learning and development both within the service and for the wider caring industry. For example, the service is currently negotiating to have newly qualified Occupational Therapists placed regularly on rotation within the service which will add value to the service provided to people. An external training resource provided feedback to say they use Doughty's as an example to other providers of good practice. Doughty's have been involved in promoting the care industry and helping to facilitate people new to care into jobs via a successful 'Introduction to the Care' pilot scheme. An external training resource said, "Doughty's are always keen to incorporate a new workforce.... They give people opportunities. Doughty's always come to the meetings where speakers come to increase their knowledge and skills."