

St Michael's Care Homes Limited

# Dorley House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dorley House provides care and accommodation for up to 33 older people with care needs associated with older age including dementia. There were 31 people living at the service on the day of our inspection. Dorley House is an adapted building in a residential area of Eastbourne with a passenger lift and access to outside areas.

### People's experience of using this service and what we found

A new manager had recently been recruited and was in the process of registering as manager with CQC. The manager had begun to review systems and processes and was working with staff to develop and improve the service.

Care records included details about people's individual needs and associated risks. Documentation was reviewed regularly. Improvements to the detail in daily records and documentation had been identified and staff were being supported to implement these improvements.

Staff and relatives told us that the manager was open and approachable. People living at Dorley House responded positively to staff and we observed staff supporting people with kindness and respect.

There was an ongoing programme for staff training. New staff received an induction and worked towards the Care Certificate. Staff received supervision and staff meetings had taken place.

People received their medicines at the right time and medicine policies were in place to support staff.

Quality assurance systems were in place. This included all aspects of care, environment and services. The provider and manager worked together with staff to develop action plans to facilitate learning and improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 5 May 2021)

### Why we inspected

We received concerns in relation to safeguarding people living at the service. A decision was made to carry out an unannounced inspection to examine these risks. We undertook a focused inspection to review the

key questions of Safe and Well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained as good, based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dorley House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Dorley House Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Dorley House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dorley House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A new manager had been recruited and was in the process of registering as manager with CQC.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

Before the inspection we contacted other agencies including the local authority in relation to ongoing safeguarding investigations. We reviewed statutory notifications sent to us by the home about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

## During the inspection

Not everyone living at Dorley House was able to tell us about their experiences. We spent time observing the interactions between people and staff in communal areas of the home, in order to help us understand people's experiences.

We spoke with three people who used the service and two visitors to the home. We spent time observing care and reviewing care records to help us understand the experience of people who could not talk with us. We spoke with six members of staff including the manager, care staff, maintenance and kitchen staff.

We reviewed a range of records. This included three people's electronic care records in full and another to look at specific areas. We also looked at medication records and two staff files in relation to recruitment. We reviewed accident, incident and safeguarding processes, staff supervision, training records and meetings, and a variety of records relating to the management of the service, including provider improvement plans.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to tell us what they would do if they thought someone was at risk of abuse, the actions they would take and how this would be reported to the local authority.
- The manager had a system in place to inform relevant agencies including CQC should any concerns be identified.
- Accidents and incidents were recorded by staff. For example, following a fall staff completed an incident form and body map to identify any injuries, this was then reported to the manager and follow up checks implemented if required.
- The manager was in the process of reviewing and updating the safeguarding policy to ensure this included clear directions for staff. Staff had also received refresher training from the manager during staff team meetings.

Assessing risk, safety monitoring and management

- Care records were recorded on an electronic system, staff used handheld devices to input their daily notes and to document care needs provided. Information had been included in care plans and associated risk assessments to inform staff of people's care and support needs. Staff knew people well and were able to tell us about individuals' care needs, risks associated with their care and how to support them safely. For example, people who may become distressed or anxious, or those who were at risk of falls.
- A relative told us, "I know they are safe here and being well looked after, staff are all lovely they are all very kind."
- A robust system was in place for environment and service checks. This included a program of monthly, quarterly and annual checks including water temperatures, Personal Appliance Testing (PAT) and fire safety checks. Any maintenance issues noted by staff were recorded in a book for the maintenance person to review and sign once completed. There was an ongoing redecoration and improvement plan for the home.
- People had individual Personal Emergency Evacuation Plans (PEEPS) if an emergency evacuation was required. The manager had carried out several fire alarm drills. This had led to areas of learning and development taken forward to improve.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- Recruitment processes were in place, this included proof of eligibility to work in the United Kingdom, Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We discussed with the manager the importance of recording discussions which took place during interview in relation to gaps in people's employment history. The manager assured us this information would be recorded clearly in future. References had been sought and the manager was aware that these should include clear details of the referee and their relationship with the person.
- There were enough staff working during the inspection to ensure people's needs were met. People told us, "Staff are very nice, I am happy."

#### Using medicines safely

- Medicine systems were in place to ensure people received their medicines safely and in accordance with their prescription.
- Staff received training and the manager carried out observations to ensure staff were following safe medicine practices.
- Protocols were in place for 'as required' (PRN) medicines. These gave staff guidance around how and why medicines should be administered and when a medicine review would be required.
- The manager told us that further checks would be implemented to continually improve medicine records. This would include senior care staff ensuring that any handwritten entries were countersigned.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was following the latest government guidance in relation to visiting.

#### Learning lessons when things go wrong

- The manager and provider used analysis and auditing to identify learning to continually improve the service. For example, a recent safeguarding investigation had identified some areas for improvement in relation to documentation. Work had commenced to implement this improvement.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection there had been a change of manager. The new manager was in the process of reviewing processes within the home. This included reviewing documentation and care provision. Staff told us they felt the new manager was approachable and that everyone was working together as a team to make positive improvements.
- Staff were supported in their roles and felt they had access to the training and support they needed to meet people's individual needs.
- Governance systems were in place and risk was identified and managed. The manager carried out regular walk arounds and observed staff competencies, for example, when giving medicines or providing care. Although these observations were not documented, we were able to evidence that discussions had taken place during staff huddle meetings based on things the manager had identified during reviews and observations.
- Staff received supervision to discuss any issues or areas for development. This included plans for staff to receive further dementia support training.
- Staff were clear about their roles and felt supported by management. One told us. The staff team are all great, I am very happy in my role and get support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and registered provider were aware of their responsibilities and regulatory requirements, including those under duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives spoke positively about the home and told us, "The staff are lovely, kind and caring." And, "Although I would prefer to have [persons name] at home with me, that is not possible. I know they all look after them here and take good care of them."
- The manager was in the process of gaining feedback from people, relatives and staff. Questionnaires had been sent out and those returned had been reviewed. Any comments added had been actioned. For example, a couple included that communication was 'fair'. The manager had explored this and identified that this related to how staff communicated with relatives. Work had commenced to support staff to

increase in confidence and to ensure all information provided to people was clear and detailed.

Continuous learning and improving care; Working in partnership with others

- Analysis of accidents and incidents was completed by the manager and this information was shared with the provider and used to identify any trends or themes. Although follow up information was recorded in people's daily notes, we discussed with the manager to include this information in the analysis, for example, following a fall to ensure all actions required had been completed.
- Fire drills had been introduced and following each drill feedback was given to staff on what went well and what areas could be improved. The manager told us drills would continue regularly to ensure all staff had the knowledge and understanding to evacuate the home safely and efficiently.
- The home worked with outside agencies and other healthcare providers. This included GP's, community nurses and specialist teams involved in people's care.