

ARMSCARE Limited

# Docking House

## 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

### About the service

Docking House is a residential care home providing personal care and accommodation to 36 people at the time of the inspection, most of whom were living with dementia. The service can support up to 39 people in one adapted building.

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

There was enough staff on duty to enable people to remain safe and receive care in a timely way. The environment was safe, and people had access to appropriate equipment where needed. Peoples were supported to take their medicines safely.

Staff had received appropriate training and support to enable them to carry out their role safely. Support was provided to people so that their health was well managed, and staff had positive links with healthcare professionals which promoted wellbeing for them. 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.

Staff sought peoples consent before providing them with care and worked within the guidelines of the Mental Capacity Act 2005.

Staff were kind and caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this.

People's records clearly identified support needs and preferences. Staff provided effective care for people which met their needs through person-centred care planning. Records accurately reflected the care that people had received. People actively participated in a range of enrichment activities. Complaints were managed in line with the providers stated procedure. People at the end of their lives were cared for to ensure they remained comfortable and supported in line with their own planned wishes.

Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received. Staff were motivated and enjoyed strong team work, they felt well supported by the registered manager. People and their relatives told us that the registered manager and providers senior managers were visible, open and approachable.

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 requires improvement (published 30 August 2018) where we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in

breach of this regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Docking House

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Docking House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

#### What we did before the inspection

We used information we held about the service which included notifications they sent us to plan this inspection. We also received information from professionals involved with monitoring the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with nine people who used the service, four relatives and a visiting community healthcare professional. We also spoke with six members of staff including the registered manager, care staff and nominated individual. The nominated individual is responsible for supervising the management of the

service on behalf of the provider.

We conducted observations of how people received their care in communal areas of the service. We used the Short Observational Framework for Inspection (SOFI) during our visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records in relation to people who used the service including care plans, daily records and medicines administration charts. We also looked records relating to the management of the service, policies and systems for monitoring quality.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager had implemented an improved system of assessing and recording potential risks to people's safety and well-being. Plans were put in place to mitigate these risks and staff were familiar with them. This included risks associated with health conditions, mobility and nutrition.
- Staff recorded any incidents and accidents in detail and the registered manager regularly reviewed and analysed this information. This helped to identify any trends or themes and changes were implemented if required.
- Evidence was available to show that when something had gone wrong, the registered manager responded appropriately and used any incidents as a learning opportunity.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in the event of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding policies in place which reflected best practice guidance. People were supported by staff who understood safeguarding, what to look for and how to report concerns. The registered manager had arranged for staff to attend additional comprehensive training in safeguarding, staff told us this improved their understanding and competency.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies. Safeguarding professionals from the local authority we spoke with prior to our inspection told us that the registered manager and senior staff were open and transparent when information was requested from them.
- People we spoke with told us they felt safe and relatives confirmed this. One relative told us, "I've seen nothing to worry me, I think [family member] is safe here."

Staffing and recruitment

- Since our last inspection the provider had increased the number of staff on duty. They also reviewed the way in which staff were deployed to monitor communal areas. Our observations found this improved the

monitoring of people's safety and timely responses to requests for support.

- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

#### Using medicines safely

- Staff giving people their medicines had received training and had their competence assessed to ensure they handled their medicines safely.
- Medicines were safely received, stored, administered and destroyed, for example, where people refused to take them, or they were no longer required. Records of administration were accurate, regular checks to ensure these were completed were carried out, alongside checks of stock levels.
- When people were prescribed medicines on a when-required basis, there was written information available to show staff how and when to give them to people to ensure they were given consistently and appropriately.

#### Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.
- We observed, and people told us staff practiced good infection control measures.
- The service was kept clean. Carpets and flooring that received heavy soiling were replaced to prevent malodour. Surfaces in communal areas such as lounges, bathrooms and dining rooms were cleaned regularly. A relative told us, "They are constantly cleaning here, they never seem to stop, I think it's pretty clean."



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Improvements had been made to the identification and recording of people's needs and choices. Peoples needs were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the staff learnt more about the person.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- The registered manager had made improvements since our last inspection to ensure people were supported by staff who had received training relevant to their roles. This included dementia training for all staff delivered by a qualified dementia coach. Staff told us they received training in all areas of their role, which gave them the confidence to do their job well.
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own. Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care as well as higher level national vocational qualifications.
- Staff told us they felt well-supported. They received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.
- People and their relatives told us they felt staff were well trained, experienced and competent. One relative told us, "They seem to know what they are doing."

Supporting people to eat and drink enough to maintain a balanced diet

- People had choice and access to enough food and drink throughout the day. For people living with dementia, staff used photographs and reference objects such as different cups to help people make choices.
- Where people were at risk of poor nutrition and dehydration, this was monitored by senior staff who had completed additional qualifications in nutrition management. Professionals were involved where required to support people and staff.
- Where people needed support to eat their meal, this was facilitated by staff who were sensitive, discreet and attentive.
- People told us they enjoyed the food provided, and we observed mealtimes that were social able, with people laughing and enjoying the experience. A relative told us, "The food looks good and [family member]

seems to enjoy it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. A community healthcare professional we spoke with told us, "People are well looked after by staff who are attentive and knowledgeable."
- Information was shared with other agencies if people needed to access other services, such as hospitals.
- People and their relatives told us that healthcare support was arranged without delay, and that visits by community healthcare professionals were organised and facilitated.

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

- Improvements had been made to the environment to better suit the needs of people living with dementia. This included items and decorations for reminiscence therapies, and to aid orientation and navigation between areas of the home. The registered manager had researched and use best practice guidance from expert bodies.
- People were supported to make their own room homely with their own belongings. People had call bells in their rooms to summon help and equipment, such as hoists, were available to meet people's needs.
- The home had been adapted to meet the needs of people with mobility support needs, including the installation of lifts, ramps and easy access bathrooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their relatives told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided.
- People were supported by staff that knew the principles of the MCA. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's family members were involved, where appropriate.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We saw that care plans clearly detailed where Courts had granted powers to others to make decisions on people's behalf.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received consistently positive feedback about the approach of staff and the care and support delivered to people. A relative told us, "The staff are very caring, they are lovely, they do pretty much everything for [family member], they are brilliant."
- People said staff had taken time to get to know them well. The registered manager had implemented improvements to capture people's life history which staff used to get to know people and to build positive, caring relationships with them.
- People told us staff were very kind and treated them with respect. We witnessed many positive interactions between staff and people they supported which were warm and friendly. Staff prioritised people's emotional wellbeing, ensuring that people were given the time they needed to express themselves or communicate what they needed.

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were offered choices and felt in control of the care they received.
- People and their relatives told us that the registered manager and senior staff regularly asked them for their views and were very approachable. One relative told us, "They are very easy to talk to."
- Relatives and those who had been legally appointed to represent the views of people were involved in contributing to planning and reviewing of people's care. Another relative told us, "I think it's positive that we can talk with the carers and discuss on going care, and make sure the notes are accurate and up to date."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was promoted. People gave us examples of how staff helped them to maintain their dignity. People told us that they were offered choices and felt in control of the care they received.
- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- People were supported to maintain their independence. Staff knew what people could do for themselves and were patient and supportive in helping them to this. A relative told us, "[Family member] does need some help but the staff encourage her to try to eat independently and she has improved slightly. When she first came here she had to be fed, but now she's managing better."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Improvements had been made since our last inspection in the information detailed in people's care plans regarding conditions such as dementia. These plans now clearly identified the support staff needed to provide for people, including the triggers that could cause the person distress or confusion.
- People told us they received care and support as they liked it, relatives confirmed this. Staff we spoke with could describe in detail the steps they took to support people, their preferences, life histories and how they liked to receive their care.
- Care plans detailed people's preferences, likes and dislikes. For example, their food likes and dislikes. Staff knew what people liked and offered favourite foods to people at meal times.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Needs assessments captured people's communication needs and levels of communication. For instance, the needs assessments for a person looked at whether the person wore glasses, used hearing aids, or whether they could read and write.
- Where people required support to communicate and understand information given to them, appropriate communication methods were used, and information provided was given in an accessible format, for example using picture cue cards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There was a range of activities provided to people and these included exercises, visits from a pet therapy dog, musical entertainment, card games or quizzes. As well as group activities, people were able to have time spent with them by staff on a one to one basis, and in their room if they wanted.
- The registered manager had made improvements to the range of activities and stimulation provided to meet the needs of people living with dementia. This included conversation cards, and we observed staff sitting with people using these to start conversations. Staff used these alongside their knowledge of the person's life history

Improving care quality in response to complaints or concerns

- People and their families knew how to make complaints. They felt confident that these would be listened

to and acted upon in an open and transparent way, as an opportunity to improve the service.

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. Feedback was gained from people and their relatives through day-to-day conversations.

#### End of life care and support

- People were supported to make decisions and make plans about their preferences for end of life care and relatives were included in this. Staff had completed training in end of life care and could describe how important it was to ensure people were supported as they wished at the end of their lives.
- People were supported to remain at the service, in familiar surroundings, supported by staff who knew them well. We saw several cards and letters of appreciation that had been sent to the registered manager, thanking them and staff for the care that had been provided to a family member at the end of their lives.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; 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 provider's systems ensured people received person-centred care which met their needs and reflected their preferences. People and their relatives were very satisfied with the quality of care provided and found the registered manager open and approachable. One relative told us, "The manager is quite hands on and generally I think the staff are quite happy and all work well together."
- Staff felt the service had improved, they had received enhanced training and support, enabling them to provide better care to people. They felt listened to and told us the registered manager's door was always open if they needed support. One staff member told us, "[Registered manager] is very supportive, she gives us guidance and help. The regional director is also really helpful, and the owner looks after his staff."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager and staff were clear of their requirements to notify the relevant bodies as and when they were required to do so.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider demonstrated an open and positive approach to service development. Improvements had been made following our previous inspection to ensure regulatory requirements were met. They had a service development plan underway that included long term investment and improvements.
- The registered manager had reviewed and made improvements to better define roles for staff working in the home. Staff now had clearer lines of responsibilities of who they supported and where they monitored people around the service.
- The provider had an improved overarching governance system to ensure that good quality care and support was provided, this was regularly assessed by the providers regional director. The nominated individual visited the home very regularly, taking the opportunity to talk to people and staff, asking them for their views.
- The registered manager had taken steps to improve and develop their own and the staff's team best practice knowledge to support improvements in the service, particularly in dementia care.
- Staff told us they felt valued and listened to by the manager and provider. We saw that staff had one to one support appropriate for their job roles.
- Accidents and incidents were used as an opportunity for learning and improving.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful way. People and their relatives told us they were encouraged to comment on the care delivered to them.
- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.
- People told us there were regular meetings at the home that managers as well as staff attended. We saw from minutes of those meetings that representatives of the provider were actively involved in dialogue with people and their relatives.