

Dorrington House

Dorrington House (Dereham)

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 

Overall summary

This inspection took place on 14 and 21 October 2015 and was unannounced. Dorrington House (Dereham) provides accommodation and care for up to 45 people, some of whom may be living with dementia. There were 34 people living in the home.

The service had been without a registered manager for four months. 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.

Our inspection of April/May 2015 identified several serious issues about the care and support provided for people with swallowing difficulties which had placed them at a significant risk of harm. Consequently the provider had been in breach of five regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014. These regulations related to meeting

Summary of findings

people's nutritional needs, obtaining consent in accordance with the Mental Capacity Act 2015, the planning and delivery of person-centred care, good governance and providing safe care and treatment.

Following that inspection the overall rating had been determined as 'Inadequate'. This meant that the service was placed into special measures. The purpose of special measures is to ensure that providers significantly improve with the assistance of other organisations if necessary. They are expected to make satisfactory progress within a six months period. Failure to do so could result in further action, which could include the cancellation of their registration to provide services.

Due to the serious nature of our concerns identified during our April/May 2015 inspection we issued a warning notice on 29 May 2015 in relation to the failure to provide safe care and treatment. On 14 July 2015 we inspected the service to see whether the service had improved sufficiently to meet the requirements of the warning notice. We found that significant progress had been made and judged that the provider had met the requirements of the warning notice and was providing people with safe care and treatment in relation to their nutritional needs.

This October inspection was carried out to determine whether significant progress had been made overall and to provide an updated rating for the service. We found that significant progress had been made across all areas of concern and we were satisfied that people with special nutritional requirements were safely supported by the staff at Dorrington House (Dereham) and that their needs were met. The service was no longer in breach of any regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014. Consequently, the service is no longer in special measures.

People felt safe living in the service and were supported by staff who knew how to keep them safe. Risks to their welfare, which included the risk of choking, were identified and mitigated as far as was possible by the actions taken by staff. There were enough trained and experienced staff to ensure people's needs were met in a timely manner. People received their medicines when they needed them. People's medicine arrangements were well organised and managed in a safe manner.

Staff received enough training to be able to support people effectively. All staff had received training from professionals about how to support people with eating and drinking. The provider had a comprehensive training programme in place, which included training on mental capacity.

Staff had developed good relationships with the people they supported. They understood them and knew how best to encourage them when necessary to support their wellbeing. Staff were patient, friendly and always willing to assist people when they asked for help.

People received care that was planned specially for them and designed to meet their needs, whilst taking into account their preferences. Staff sought people's input when assessing and planning their care and involved relatives when appropriate.

The provider had commenced recruitment for a new manager. In the meantime, the supporting arrangements in place were working well. The providers had the confidence of their staff who felt well supported during this interim period. Communication was good and meetings held monthly with staff and residents and relatives ensured everyone was kept up to date and had a chance to make their views known.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were supported by enough staff to meet their needs and help ensure their safety.

Risks were assessed and acted on to help protect people from harm.

Medicines were stored safely and administered to people when they needed them.

Good



Is the service effective?

The service was effective.

Staff obtained people's agreement before they provided care and support.

Staff understood how their training helped benefit the people they supported.

People had access to healthcare professionals outside of the home when they needed them.

Good



Is the service caring?

The service was caring.

Staff were friendly and respectful to people and knew the people they cared for well.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

There was a system in place for resolving complaints.

Good



Is the service well-led?

The service was well led.

The provider had ensured that staff were adequately supported by the management team in the absence of a registered manager.

The views of people, their relatives and staff were encouraged to help the service provide a good standard of care to people.

Systems were in place to monitor the standard of care provided for people.

Good



Dorrington House (Dereham)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 21 October 2015 and was unannounced. It was carried out by two inspectors and expert by experience with knowledge of dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people

receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had received from the local authority safeguarding and quality assurance teams and the South Norfolk Clinical Commissioning Group.

During the inspection, we spoke with eight people living in the home, two visiting relatives, six care staff, two kitchen staff and two ancillary staff members. We spoke with the two directors and a manager from another of the provider's services who visited on a weekly basis, referred to in this report as the supporting manager. Some people were not able to communicate their views to us, so we observed how support was provided to these people.

The records we looked at included four people's care records and medicine records, three staff recruitment files and staff training records. We also looked at documentation showing how the provider assessed the quality of the service they provided.

Is the service safe?

Our findings

We spoke with people living in the home during this inspection. All of them told us that they felt safe living in the home and felt safe when being assisted by staff. However, one person told us, "I'd feel even safer if I had a key to my door." We raised this with the supporting manager who told us they would look in to this request. We observed people being supported to move with the aid of hoisting equipment. On each occasion this was carried out by two care staff in a competent and calm manner.

Staff were knowledgeable about the potential for abuse and gave us examples of where they might have concerns and what actions they would need to take. They told us that they received safeguarding training annually. We saw from the training records that staff safeguarding training was up to date. The senior care staff member on duty knew how to report a concern or seek advice from the local authority's safeguarding team as necessary. They also told us they could seek support and advice directly from the provider or the managers of two other services the provider had.

Our records showed that the provider had also reported safeguarding incidents to the local authority's safeguarding team and to us, the Care Quality Commission, as is required. We were confident that the service recognised and reported safeguarding issues when they occurred.

Some people living in the home exhibited behaviour that challenged on occasions. Staff understood that in order to keep people safe they needed to understand what was causing the behaviour. This behaviour had the potential to cause harm or compromise people's safety. Staff members were knowledgeable about the people they supported and they knew what situations could cause people to become distressed and tried to avoid these situations occurring where possible. Where this was not possible they understood how best to respond to these situations so the person concerned was supported and they and other people in the home were kept safe. One staff member gave us an example of what methods worked best for one individual. The information they gave us matched what was recorded in the person's care plan.

Risks to people's welfare had been identified, assessed and plans were in place to reduce any risks as far as was possible. These assessments were specific to individuals

and covered areas such as nutrition, moving and handling and evacuation from the building in the event of an emergency. Each assessment had clear guidance for staff to follow. We read that one person was inclined to forget to use their walking stick. We saw that staff kept a watch for this and when the person had misplaced their walking stick staff looked for it and retrieved it to help ensure the person mobilised safely.

Risks in relation to people's rooms were reviewed on a periodic basis. These included checks to ensure that the surface temperature of radiators and hot water in people's bathrooms were not too high. Electrical equipment was tested for safety and call bells were checked to ensure they were within reach of people and were in good working order. These environmental checks helped to ensure that people were safe in their rooms and were additional to extensive safety checks to ensure the wider premises posed no hazards to people's welfare.

Recently recruited staff told us they went through a recruitment process whereby they had to provide references and proof of identity. We also saw from recruitment records that the service made enquiries of the Disclosure and Barring Service (DBS). The DBS is a national agency

that keeps records of criminal convictions and details of people unsuitable to work in the care sector. The robust recruitment procedures and checks made by the provider ensured that risks to people living in the home from the staff employed were minimised as far as was possible.

Staff we spoke with told us that there was enough staff to meet people's needs which we also observed during our inspection. The service had calculated how many hours of care people needed per week to help determine staffing numbers. Staff also told us that they were encouraged to tell managers or the providers if they thought more staff were needed. At the time of this inspection 34 people were living in the home. They were supported by seven or eight care staff during the day and three staff at night. There was a staff presence in all communal areas of the home which helped ensure that people were well supported. In addition to care staff there were two administrative staff on the premises during the week, with a cook and kitchen assistants, laundry, cleaning and maintenance staff on the premises on a daily basis.

Is the service safe?

We found that the arrangements in place for the management of medicines were safe. Medicines were stored securely in locked trolleys and storage cupboards in a locked room. Clear processes were being followed to record the receipt of medicines, when they were administered to people and if any were returned to the pharmacy. Records showed that people had received their medicines in a timely manner and as intended by the prescriber.

Where people were prescribed medicines on an 'as required' basis we found clear guidance for staff to

determine the circumstances in which it was appropriate for these medicines to be administered. We were told that one person received their medicines covertly when necessary. We saw that the issue of the person declining to take medicines they needed to keep them well had been discussed at a multi-disciplinary meeting and records of this were kept, which included the decision to administer medicines covertly. The pharmacist had been consulted to ensure that medicines requiring covert administration were suitable for crushing if necessary.

Is the service effective?

Our findings

Our April/May 2015 inspection had identified that the nutritional needs of people with swallowing difficulties were not being met. The provider had been in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information about people's nutritional requirements in the kitchen were clear and detailed. Individual folders had been set up for people who required a special diet. The records in the kitchen now corresponded with people's care records. The cook told us they were given detailed information and guidance about people who required special diets and this was reviewed and amended when necessary. They told us which people needed their food prepared in a specific texture and how they did this and the steps they took to ensure it looked appetising.

Care staff members told us which people required their food to be prepared in a specific texture and were able to tell us in detail what foods these people could eat safely and what foods or textures would not be suitable for them. Communication between staff members had improved in relation to people's nutritional requirements.

People's nutritional needs were being met. This meant that the provider was no longer in breach of this regulation.

The cook explained to us how upon admission people were asked about what foods they liked and disliked and how they fortified meals for people requiring support with their nutrition. Meal times were calm and choices were offered to people with plated up options being shown to help people decide. One person could not make up their mind so staff gave them a little while longer to make their choice. We observed three people taking their lunch whilst sat up in bed. These people were sat at an angle that would help prevent the risk of them choking. Staff were patient when supporting these people to eat and enabled them to eat and drink at their own speed.

Drinks were available throughout the day. We saw that people had drinks in their rooms or in communal areas where they were seated. They were offered refills as necessary. People assessed as at risk of not eating enough were encouraged to eat smaller, more frequent meals if this was beneficial for them. Their weight was monitored on a weekly basis if necessary and progress discussed with health care professionals.

Our April/May 2015 inspection had identified that the Mental Capacity Act (MCA) 2005 had been poorly understood by the home's management and staff and had not been implemented when required. As a consequence the provider had been in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The majority of staff had undertaken training in the MCA with the remaining few due to have their training in coming weeks. One staff member told us how they were now more aware of their responsibility to help people make their own decisions and told us how they could assist people with this. Throughout our inspection we observed staff obtaining people's consent before providing support. This was done in a friendly, relaxed manner.

Mental capacity assessments were now in place and were completed as necessary. The supporting manager was aware that the assessments in use required refinement and understood what changes needed to be made. For example, alarmed pressure mats were being used to alert staff when people at risk of falls were getting out of bed during the night. Plans were in place to expand the assessments to determine whether people were able to consent to their use, and if they were not, ensure a decision was made in the person's best interests and that the decision was recorded. We found that DoLS applications to the local authority had been made under appropriate circumstances.

When necessary the service had involved the support of health care professionals with best interest decision making. For example, we saw that a GP and a person's relative had been involved to determine whether it was in a

Is the service effective?

person's best interests to receive their medicines covertly. The supporting manager told us that this was a last resort and that staff only administered the person's medicines covertly if they had declined to take them when offered.

Since our previous inspection significant progress had been made and the provider was no longer in breach of this regulation.

Since our previous inspection the provider had implemented a computerised system which as well as being used for care recording was able to identify when staff training became due. As a result staff training was well organised and up to date. Staff told us how the home's administration staff chased them up to ensure that they attended training sessions. Following our previous inspection the provider had ensured that training in special diets had been provided to current staff and included on induction training for new staff. One staff member spoke with us in detail about thickened drinks, soft diets and how

people needed to be supported if they took meals in bed. All staff spoken with told us they had received the training they required and felt confident this enabled them to support people effectively.

Staff told us they were well supported with regular supervisions and annual appraisals of their performance and development needs. They were offered opportunities to undertake care qualifications. Two staff were trained as dementia care coaches. They supported the rest of the staff team with up to date knowledge and practice in dementia care.

One person's relative told us, "This is the third home [their family member] has been in and their health is improving since they've been here." People's healthcare needs were well managed. Care records we reviewed demonstrated that staff sought advice and support for people from a wide range of healthcare professionals when the need arose. Outcomes from health professional visits were recorded in care plans with clear information for staff on how to meet people's changing health care needs.

Is the service caring?

Our findings

One person told us, “The staff are lovely.” Another person said, “They are nice people who work here. When you go into a room they say hello to you by name and make you feel welcome.” A third person said, “We are happy people. All the girls are lovely.”

We reviewed recent comments received from people’s family members. One relative stated, “The staff are very helpful and I have not found one yet with an attitude unacceptable in the position they hold. I could name many who have introduced themselves to us and have been nothing but polite, kind, caring and helpful and most times doing more than I would expect of them with a happy note in their voice.” We saw that photographs of a recent event had been sent to one person’s relatives who were unable to visit.

Staff knew how people preferred to be addressed. Some people preferred to be known as ‘Mr’ or ‘Mrs’ rather than by their first name, and this was respected universally by all staff working in the home. We observed people were comfortable approaching any staff member irrespective of their role because they knew that they would assist them or find someone who was able to do so. We observed a kitchen assistant kindly guiding one person to the bathroom when they were interrupted by another person looking for their bedroom. The staff member gently explained she would take the first person to the bathroom door and return straight away to escort the second person to their room. We saw numerous examples of all staff cheerfully stopping what they were doing to assist people.

People, or their family members when appropriate, were involved in making decisions about their care. On one day

of our inspection one of the partners had a meeting with one person and their family member to discuss the person living in the home on a permanent basis. The person later told us, “I am happy to stay here until I die.”

Communication books were used by staff to communicate with visiting family members. Relatives were told in advance when people’s care arrangements would be reviewed, so that relatives had the opportunity to attend if they wished. We noted other communications with family members which were recorded on the computer system, for example, whether the family would consider the use of alarmed pressure mats to help keep their family member safe.

Throughout our inspection we observed and listened to staff interacting with people. Staff patiently explained the options available to people to give them the opportunity to make informed choices. They took time to listen when people had something to say or observed their body language to interpret the person’s opinion. They understood the concerns, behaviours and preferences of the people they were supporting which helped staff to deliver people’s care in a way that was well received.

People’s confidentiality was respected. Information about them and their care was kept on a computer system, to which only staff had access. Communication books were kept in people’s rooms. Staff were careful not to disclose confidential information in these books.

We found that people’s dignity was supported with their physical appearance. People wore clean clothes and were well groomed. If people’s clothes became soiled during the day, for example by food, they were assisted to change promptly. People’s preferences in how they wished to be presented were taken into account. For example, one gentleman was dressed in a suit, shirt and tie. We noted several ladies wearing jewellery and well applied make-up.

Is the service responsive?

Our findings

Our April/May 2015 inspection had identified that the nutritional needs of people were not being adequately planned for. The provider had been in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection found that people's nutritional needs were being planned for. It was immediately clear in the records which people were living with diabetes or were at risk of having swallowing difficulties. Detailed care plans showed how these risks were to be managed and their needs were to be met. Details and guidance for staff related to people's nutritional needs were kept in the kitchen. These corresponded with information in the care plans. All information held was up to date and accurate. We saw that the service routinely sought professional advice in relation to what type of foods were suitable for people and shared this knowledge with people's relatives who sometimes brought food in for their family members.

Substantial improvements had been made and the provider was no longer in breach of this regulation.

People's needs were assessed before they moved in to the home. One person's relative told us that one of the partners had visited their family member to carry out an assessment to determine whether the service would be able to meet the person's needs. They said that the partner had explored their family member's needs in considerable detail and had been clear on what the service would be able to provide. They added, "They have delivered what they said they would, and more."

The supporting manager told us how if someone was considering moving in to the home and were of a faith new to the service, that they would make enquiries locally to see how they could support the person with their beliefs. They would also ask the person how they could best assist them with this. They would then discuss this with the person prior to offering them a placement. This showed that the service understood how important people's beliefs were to their daily lives.

Staff knew how to support people and described their individual needs and preferences. Staff said that they had sufficient information in the care plans to enable them to meet people's needs. One staff member said, "If people's needs change it goes into their care plans, the changes are

discussed at handover and flagged to us on the computer system so that we are all aware." Care plans had been devised from the initial assessment and had been reviewed and updated every two months or when necessary to ensure that the service continued to meet people's changing needs.

We heard a carer advise a kitchen staff member that one person hadn't eaten their breakfast. The kitchen staff member went and spoke with the person. The staff member later told us that the person often had a poor appetite and hadn't fancied what they had originally asked for, but were at risk of not eating enough. The person was offered a range of alternatives, one of which they happily agreed to and subsequently enjoyed. "We keep a good eye on [person]; they really need to be tempted by food to eat properly."

We saw people doing activities with staff support throughout the day. Some people told us about recent events that had taken place in the home which they had really enjoyed. These included the celebrations to mark the Queen being the longest reigning monarch and a person's family member playing the ukulele. Some people helped out with tasks within the home. A weekly coffee morning was held in the home. However, two people told us they were a bit bored on occasion. One person said, "When I'm not busy I keep going round and round." Another person told us they were a bit of a loner and felt lonely sometimes. They told us about their love of ballroom dancing and brightened up when they told us, "Sometimes we dance here, we do that sometimes." The provider had recently employed a full time activities staff member. The intention was that they would review activities in all three of the provider's homes with a view to making them more relevant to people's individual needs. They would also seek to forge improved links with local community groups and charities to obtain their assistance to help retain people's involvement in their communities.

People told us that they knew how to complain and there was a good complaints process in place which fully described how any complaints or concerns would be dealt with. One person stated, "I would have no hesitation in speaking up if things weren't right. The provider had a system to record complaints and compliments. Records showed that complaints were investigated promptly, responded to in writing and appropriate steps taken to remedy the concern."

Is the service well-led?

Our findings

Our April/May 2015 inspection had identified poor management oversight because it had not been identified that people with specific nutritional needs were not being supported appropriately. The provider had been in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our previous inspection action had been taken to ensure that food was prepared in the kitchen in the correct textures that people need to ensure they received food safety. All staff had received training in specific diets and knew people's individual dietary requirements. Systems were in place to ensure that senior staff monitored people's nutritional needs and how staff were ensuring these needs were met on a daily basis.

As a result of these improvements the service was no longer in breach of this regulation.

The location has a condition of registration that it must have a registered manager, but it did not have one. The provider was in the process of recruiting a new manager to run the service. In the meantime the service was being supported by the organisation's two partners, their consultant who had worked with them for several years and a manager from another of the provider's services who came in weekly to carry out audits. The organisation's head office was in a building adjacent to the home, so it was easy for the providers to support the service on a frequent basis.

We saw from monthly staff meetings chaired by one of the partners that they had sought staff views on how the service was running without a manager. Staff had raised no concerns about this. One staff member told us, "It's not so

nice without a manager, but [the providers] are very supportive, always approachable and deal with anything." Another staff member told us, "We're very well supported here. [The providers] are good people to work for."

Staff told us there was an open culture at the home, questions were always encouraged and staff felt able to challenge if they didn't agree with something. Whilst there wasn't a manager, there were a lot of experienced staff in the home who had worked there for several years. This meant that there was plenty of support available within the home as well as from the management team overseeing the service.

A monthly relatives and residents forum was held. The minutes from this were subsequently made available to those unable to attend. We noted that people's relatives were thanked for their support of the home. Several gave their time to help provide entertainment and events within the home. The service had initiated three monthly surveys with residents and relatives to obtain their views. Communication with people and their representatives was embedded into the culture of the service. Staff understood the standard of care that the service sought to provide. They acknowledged that the service had gone through a difficult six months, but were clear that the service was in a better place now.

We looked at the quality checking systems in place to see how regular checks and audits led to improvements for people who lived at the home. We saw evidence that regular checks were completed which included care plans, staff training and medicines management. These checks were used to identify areas for improvement and to support staff in their roles for the benefit of people who lived at the home. Our observations of the service and details provided by staff demonstrated that the audits were effective.