

Dorrington House

# Dorrington House (Watton)

## Inspection report

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Date of inspection visit:  
18 May 2021  
04 June 2021

Date of publication:  
13 July 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Dorrington House (Watton) is residential care home providing personal care to 51 older people, some of whom are living with dementia. The service can support up to 52 people. One person was in hospital at the time of the inspection. The care home accommodates people on two floors in one purpose built building.

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

People who used the service and relatives told us they felt the service was safe. Risks were mostly well managed but some information in care plans was not completely clear which could lead to confusion. The provider had already identified this as an area for improvement and taken action to reduce this potential risk. Some environmental risks would benefit from further review. Risks relating to infection prevention and control, including Covid-19 were mostly well managed, although some areas required further review to ensure best practice was maintained.

Staff understood their responsibilities to safeguard people from abuse but a more robust approach to property going missing would ensure people's rights were fully protected.

There were enough staff, although the provider plans to further enhance staffing numbers. They plan to make mealtimes protected so that people's needs can be met promptly. Staff were safely recruited and had appropriate training.

Medicines were managed well, and the provider had promptly taken on board learning from a recent local authority quality inspection.

There were systems in place to monitor the service's quality and safety. Some monitoring needed to be more robust and the provider gave us assurances that changes were already in hand. The provider was open and transparent and willing to act on feedback immediately. A key relationship with the local surgery was challenging at times and the provider was working with the surgery to try and improve this.

Relatives were happy with the service provided and very supportive of the way the staff had provided care and support during the coronavirus pandemic. They praised the way the service provided person-centred care for their family members.

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

The last rating for this service was good (published 9 October 2019).

### Why we inspected

We received concerns in relation to the management of pressure care and people's care needs relating to food and fluids. As a result, we undertook a focused inspection to review the key questions of safe and well-

led only.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

We have found evidence that the provider needs to make some improvements. Please see the safe and well-led sections of this report.

The provider had already begun the work to address some of the concerns which prompted this inspection and had a clear plan to complete it.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dorrington House (Watton) 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Dorrington House (Watton)

## 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.

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

Two inspectors and an Expert by Experience carried out this inspection. 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

Dorrington House (Watton) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality monitoring team and one healthcare professional who works with the service. 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, regional manager, administrator, one senior care worker, three care workers, one activities co-ordinator, one domestic worker and the chef. We received written feedback from one healthcare professional who works with the service to assess and discharge people from the local hospital to the service.

We reviewed a range of records. This included four people's care records and seven medication records. We looked at one staff file in relation to recruitment, induction and staff supervision. We also reviewed a variety of records relating to the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- One person who used the service and two relatives shared concerns about property going missing. One person stated some jewellery had gone missing and others told us some personal items were missing.
- The registered manager assured us they were investigating the possible missing jewellery and already had a meeting arranged with the person and their family. Following this meeting the registered manager updated us. They told us the family were happy with the actions being taken. The registered manager commented that families understood that, "Things can go missing. . .there's always a black hole somewhere".
- Whilst we fully understand that things can go missing in a large service like this, we have asked the provider to have a more proactive approach to this issue given that a high percentage of people we spoke to raised a concern. They have given us assurances that they will do this and plan to provide people who use the service with their own personal safe.
- Staff received training in safeguarding people from abuse or the risk of abuse. Staff knew how to spot the signs which might indicate a person was at risk of abuse and knew how to raise a concern both within the service and externally.
- The provider notified CQC of any safeguarding incidents and investigations.

Assessing risk, safety monitoring and management

- Risks were assessed and documented in people's care plans. These risks related to a variety of issues including falls, choking, eating and drinking enough and certain health conditions.
- Our inspection was prompted in part by concerns raised by a local healthcare professional about the management of people's eating and drinking. We found that people's preferences relating to food were documented but kitchen staff were not able to tell us about these in detail or able to tell us who had fortified foods and who needed to have their food thickened. One person had recently had a change to the kind of foods they needed but this was not on the list of people's needs displayed in the kitchen. Staff told us changes are handed over verbally.
- We discussed these issues with the provider. They told us that information is captured in a folder in the kitchen and staff should have been able to show us the file and been clear about people's needs. The provider stated that they would address this issue themselves in a training and support session with key staff. They aimed to ensure that new information about people's changing eating and drinking needs was accurately recorded and the information passed onto all relevant staff.
- There was also good practice relating to eating and drinking. People were now being weighed in line with their assessed needs and the service referred people to the dietician and speech and language therapists when needed. Fluids were well recorded by staff and monitored by the registered manager.

- Repositioning charts were in place for people at risk of developing a pressure ulcer. Charts documented that people were being supported to change position regularly and in line with their care plan.
- Before our inspection the local authority quality team had identified that further work should be carried out to ensure staff were clear about helping people, especially those living with dementia, to get up safely after a fall. We found staff were now clear about the falls protocol and told us this had recently been discussed with them.
- Some risks relating to the environment had been recently addressed. However, a few issues remained such as a couple of sections of potentially hot pipe needed to be covered. The provider also agreed to review the practice of not routinely fixing wardrobes to the walls. This was especially important as some had items stored on top of them.
- Other maintenance issues were recorded and acted on quickly.

### Staffing and recruitment

- Stable staff teams supported people who used the service and the provider had established a safe staffing level. We found that on some days numbers of staff on duty fell below this a little but all the people we spoke with, including staff, told us there were enough staff. Nobody who used the service told us they had to wait excessively to have their care needs met.
- We noted that staff were very busy supporting people at lunchtime. An additional floating worker was not on shift on the day of our inspection and we observed two staff assisting five people with their lunch. This meant one person had a 15 minute wait between courses and fell asleep.
- The provider told us they were taking steps to make mealtimes a protected time so that visits from healthcare professionals and family members would not be encouraged. They were also going to encourage relatives to help their family member at lunchtime, as some had done before lockdown. They also intend to put some extra staff on at weekends in the office to help out with Covid testing visitors which can impact significantly on care staff time. These measures should help improve the staffing picture overall.
- Staff were safely recruited and had a structured and comprehensive induction overseen by the registered manager.

### Using medicines safely

- We noted that medicines due to be returned to the pharmacy were placed in envelopes, clearly labelled and were then entered into the returns record at a later time. This presented a possibility of them becoming lost or not recorded accurately. We fed this back to the registered manager who agreed to review this procedure.
- A medicine given to several people on an 'as and when' basis needed more accurate stock control. The registered manager had already identified this issue and explained the action they were taking to reduce stock control discrepancies.
- Otherwise, medicines, including controlled drugs, were managed safely and people received their medicines as prescribed. There were effective systems in place to ensure stocks of medicines were available and stock control was monitored and spot checked. Staff received training to administer medicines and their competency to do this was assessed.

### Preventing and controlling infection

- We worked through our infection prevention and control (IPC) checklist with the registered manager. We concluded that the service has procedures in place to prevent the risk and spread of infection, although there were some points which needed review:
  - 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 somewhat assured that the provider was using PPE effectively and safely. We have asked the provider to remind staff about the designated areas for donning and doffing of PPE.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider assured us they would ensure bins that are used to dispose of PPE are suitable and that cleaning of frequent touch points is carried out over a 24hour period and documented.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The provider had recently had a local authority assessment from the quality monitoring team. Where concerns had been identified, they had very promptly started to take action and introduced more robust systems.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 and all staff we spoke with aimed to promote a person-centred approach. Care plans captured people's needs well and most of their routine preferences about how they spend their days. Some further review would be helpful to ensure people's preferences about who actually provides their personal care are documented as well as their food preferences. The provider also agreed to be more proactive about creating an environment which fully meets the needs of people living with dementia. Part of this will include reminding staff to use people's names and not refer to them by their room number which is not respectful.
- People who used the service and relatives told us they felt able to raise issues and concerns and had confidence the staff, registered manager and provider would listen and take action if needed. A relative told us, "It's been difficult to build a rapport during Covid but they have always listened to us."
- Two relatives commented that the provider had promised relatives fortnightly phone contact throughout the lockdown period. This had not happened. However, relatives were very much aware of the constraints and demands on the service placed by Covid 19 and told us staff had always let them know any significant information about their relative very promptly. We also saw that the newsletter contained a lot of news about general matters relating to life at the service.
- A residents and relatives survey had been carried out in 2020 but only 5 of 50 responses had been received. However, the provider had identified two concerns raised within these responses and drawn up an action plan.
- The manager understood their responsibilities regarding duty of candour and relatives had been informed appropriately when incidents occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post and they had an understanding of regulatory requirements. Along with the regional manager, the registered manager carried out audits to assess the safety and quality of the service.
- Some areas of practice were not as robustly audited as others. The registered manager had not identified the issues we found with the unsuitable bins, the failure to ensure frequently touched items were regularly cleaned outside of the domestic cleaner's hours and staff using the toilets to change PPE instead of the

specified areas.

- In some cases, the registered manager completed spot checks or dip sampling of records but did not record that they had done this. They have told us they will ensure that all good practice such as spot checks and audits are documented in future.
- The provider had already identified that sometimes the recording of key information needed to improve. They had ordered additional tablets for staff to record updates on care plans. They hoped to ensure staff did not resort to handing over verbally or have to wait for a tablet to become free at the end of their shift.
- The provider needed a more robust system to ensure people's belongings were protected and, should anything go missing, the registered manager needed to have a more proactive approach to investigating this. The provider responded positively about this issue during feedback and has undertaken to provide safes for people who use the service. They also assured us they would make sure that people living with dementia who had no family or advocate also had their property protected.

#### Continuous learning and improving care

- Staff received training and support appropriate to their roles. The registered manager had a good overview of training needs and when updates were needed. Staff were confident that the provider would ensure they had the knowledge and training they needed to support people safely.
- A suite of audits monitored the safety and quality of the care provided. Some additional areas have been added to these audits following our feedback. The provider was keen to continue to improve and share good practice and learning between all of their three services. They were open and honest with us and clarified and accepted our feedback. The provider has always demonstrated a willingness to learn and asks advice if unclear. Their aim is to ensure that they are clear on CQC's expectations of the service.

#### Working in partnership with others

- Records showed that the service worked in partnership with a variety of health and social care professionals. However, a key relationship with the local GP surgery was not working well and this was presenting a challenge to providing safe and effective care rather than supporting it. The service had some new systems in place to support communications with the surgery. The provider told us they were intending to meet with the practice nurse to discuss the issues both the care home and the surgery were experiencing and find a way to improve the relationship.
- However, we also received positive feedback from a local healthcare professional who supports discharges from hospital to care services. They told us, "Their communication and efficiency in their response times and decision making really supports hospital discharges."