Norwich Consolidated Charities

# Doughty's

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This was an announced inspection that took place on the 13 and 14 April 2016.

Doughty's is a historic charitable service which offers the registered activity Personal Care. The charity is based on a complex of Alms Houses and care is only available to people living on the site and as such is more comparable to a supported living scheme than a main stream domiciliary care agency.

The service had a registered manager. 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.

We received a high level of praise for the service. People and their relatives were positive and complimentary about the service provided.

People who used the service felt safe. Staff received training in adult safeguarding. They knew how to recognise and take action to protect people against the risk of harm. The service took action to manage risks to peoples' safety at individual and service level. Risk assessments were in place and staff were knowledgeable about the management of risks to people.

The service followed safe recruitment practices and there were sufficient numbers of staff with the knowledge and skills to meet people's needs. Staff had access to good training and development opportunities. The service was active in encouraging staff to develop their skills and knowledge in order to deliver high quality care for people.

People received appropriate support with their medicines. Staff received regular training and assessments of their competency in the administration of medicines. Where the service was responsible for the ordering, receiving, and storing of people's medicines this was done safely.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The service was working within the principles of the MCA. Staff demonstrated knowledge in this area and the service had clear procedures and guidelines to ensure they were meeting the requirements of this legislation.

People were supported to maintain their health, this included supporting people who were at nutritional risk. The service supported people to access health care professionals and took actions to follow their advice and recommendations.

People and relatives were complimentary about the kind and caring nature of the staff. Staff showed they knew people and their needs well. Staff demonstrated a commitment to promoting people's independence and people told us they felt their independence, privacy, and dignity were respected. The service recognised that people could become socially isolated and the negative impact this could have. They took steps to address this and promoted social opportunities for people.

The service took action to ensure people felt involved and listened to regarding their care needs. Opportunities for people to raise and discuss their concerns and experiences were provided. The service planned and reviewed peoples' care with them. People told us they received care how and when they wanted it.

The registered manager and provider made efforts to ensure they were involved in the service and able to identity issues that might affect the quality of the service provided. Quality assurance measures were in place, however they had not identified that not all records relating to the service provided were robust or accurate.

There was an open and transparent culture within the service that fostered reflective learning. The service demonstrated a commitment to sharing good practice and the provision of high quality care through its participation in a number of initiatives.

## 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

People were protected from the risk of abuse.

There was sufficient staff to meet people's needs.

The service took action to manage risks to peoples' safety at an individual and service level.

### Is the service effective?

Good

The service was effective.

Staff were well trained and felt supported.

People were supported to maintain good health and had regular contact with health care professionals as required.

The service provided care in line with the requirements of the Mental Capacity Act 2005.

### Is the service caring?

Good

The service was caring.

People and relatives were complimentary about the kind and caring nature of the staff.

People's independence, privacy, and dignity were respected and promoted.

### Is the service responsive?

Good

The service was responsive.

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

Opportunities for people to raise and discuss their concerns and experiences were provided.

The service promoted social opportunities for people in order to reduce the risk of social isolation.

## Is the service well-led?

Good

The service was well led.

Systems were in place to identify issues that might affect the quality of the service provided. However, these had not identified that not all records were robust or accurate.

There was an open and transparent culture and a commitment to sharing good practice and the provision of high quality care.

# Doughty's

**Detailed findings**

## Background to this inspection

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

This inspection took place on 13 and 14 April 2016. The service was given 48 hours notice because the service provides people with care in their own homes and we needed to be sure that people would be willing and available to speak with us. This inspection was carried out by one inspector.

Before the inspection we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During our inspection we spoke with seven people using the service, four relatives of people using the service, two visiting healthcare professionals, an external trainer, and a learning and development professional.  We also spoke with the nominated individual for the provider,another representative for the provider, the registered manager, the deputy manager, the training co-ordinator, one member of senior care staff and four care staff members. We observed how staff interacted with people receiving the service.

We looked at five people's care records including medicines records, two staff recruitment files and staff training records. We looked at other documentation such as quality monitoring documents as well as accident and incident records. We saw compliments and complaints records and records from staff and residents' meetings.

Good

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe. One person said, "Feel safe living here, it's like Fort Knox." Another person said, "That's the biggest thing as well that you feel completely safe." Relatives of people using the service also felt people were safe. One said their relative was, "Very safe here, one of the great things of [name] being here." Another relative told us when they left their relative they didn't need to worry about them.

All staff had received training in adult safeguarding. The staff we spoke with had a good understanding of how to recognise, prevent, and report harm to ensure that people were protected from the risk of abuse. For example, during a handover meeting we observed staff talking about a person's change in behaviour and that this might indicate something was not right. They took action to address this and provided an opportunity for the person to discuss their concerns. The registered manager told us they were waiting for new resident's handbooks to be printed; these would be given out to each person living in the complex. We saw these had detailed information about adult safeguarding including numbers for external agencies that people could call to ask for help and report concerns.

The service had taken action to manage risks to people's safety. Records showed risk assessments were in place where required. Staff we spoke with were knowledgeable about individual risks to people and the actions they would take to manage them. There was a staff communication book which documented changes in risks to people and actions required. We observed a staff handover where we saw risks to people and actions needed were discussed with all staff on shift.

People told us that staff discussed safety and risks with them whilst respecting their right to make decisions. One person told us staff would offer advice but respected their right not to take it. Another person told us they didn't eat much but staff would encourage them.

Details of incidents and accidents were captured and recorded. The registered manager told us they analysed incidents and accidents for patterns and took action to manage them. We saw documentation that confirmed this. For example, we saw that one person had been identified as having increasing falls. Records showed staff had taken action to try to reduce the falls through referrals to occupational therapy and a falls clinic. The service demonstrated that they sought to learn from incidents and accidents. The registered manager told us when incidents occurred that involved staff, they would discuss this with them. They told us they would ask staff to provide a reflective account of what the member of staff could have done differently. Staff confirmed that they took part in reflective conversations about incidents.

Risks at service level were identified and managed robustly. A Risk Register for the service was completed yearly and discussed at regular meetings with the provider throughout the year. This included risks to people such as high levels of staff sickness or inadequate training. The register showed measures to reduce risks were identified and put in place.

People were supported by sufficient staff. All the people we spoke with felt there were enough staff to meet

their needs. One person said, "They're never in a hurry." One person told us, "Only got to pull it [alarm cord] and they're there" and another said staff were, "Here instantly if I need them for anything." The registered manager told us the support they provided to people varied on a daily basis depending on people's individual needs. This was confirmed by one person who told us how they had received additional visits and support when they were unwell. The registered manager told us, "Staff are very quick to let us know when things are building up" and they adjusted their staffing levels accordingly. They told us that they had their own bank staff to use if necessary and they had also built up a relationship with a local care agency who would supply the same member of staff if necessary. This meant additional staff could be put in place in response to people's changing needs.

Staff files showed safe recruitment practices were being followed. This included the required health and character checks, such as references and Disclosure and Barring Service (DBS) checks, to ensure the person was suitable to work in the service. The staff files we checked only had one reference. The registered manager told us they did request two references but did not always have the time to follow up a second reference. They acknowledged that two references would be more robust and said they would delegate this task to the service's administrator. The service's risk register showed that members of staff had DBS checks carried out every three years. This showed the service continued to check the suitability of staff to work in the service.

People we spoke with, who received support with their medicines, said staff supported them appropriately. One person told us, "Never have to wait for that [medicine]." We observed a member of staff supporting a person with their medicines. The member of staff explained to the person what the medicine was for and checked they were happy to take it. Staff received regular training in medicines administration and had their competency to do so assessed to ensure people received their medicines safely and correctly. Where the service had responsibility for the receiving and storing of peoples' medicines this was done appropriately. The deputy manager undertook monthly stock checks which included auditing for any errors.

The registered manager told us they had identified some medication errors that had occurred during a busy period of time for the service. They said they had discussed this with staff and together identified additional measures they could put in place to reduce the likelihood of errors reoccurring. For example, they redesigned the morning routine to allow staff to have additional time free from distractions. The registered manager told us this had had a positive effect in reducing the amount of errors.

Good

# Is the service effective?

## Our findings

All the people and relatives we spoke with felt staff had the skills and knowledge required to meet people's needs. One person said staff, "Answer any question I ask them." A relative told us how helpful the staff had been in sharing their knowledge and supporting them to understand their relative's health condition. They said, "[the registered manager] knows what they are talking about." Another relative told us how staff understood their relative's health condition and how to manage this.

The service had a strong emphasis on learning and development with clear links to organisations that provided specific guidance and training. We spoke with a representative from one of these organisations who praised the service and registered manager for their investment in staff's training and development. The provider's representative told us they, "Go well beyond" mandatory training required for staff and the training co-ordinator said they had "Never been turned down for training and development for staff." The training co-ordinator demonstrated individual knowledge of staff members' learning styles and needs. This allowed them to ensure training was tailored to individual needs in a way that best worked for the member of staff. One member of staff told us they felt training was, "Done in a way you can understand."

Records showed that all staff had received training the service deemed mandatory and there was a programme of additional training planned for the year ahead. The training co-ordinator explored additional training that would support staff to meet the individual needs of people receiving the service. For example, they planned to cover depression in older people as well as an introduction to counselling skills because they had identified this would benefit people living in the complex. The external trainer told us they were given a remit to allow time on training for staff to explore and discuss specific events. This supported staff to discuss and manage difficult or challenging incidents.

All the staff we spoke with were positive about the training and support they received. One member of staff told us the provider and management, "Want to develop everyone as much as they can." Another said, "Knowledge is given to us." Several members of staff had been supported to complete diplomas in health and social care. Staff told us they received regular supervisions and appraisals but could also approach management for support at any time. One member of staff said, "If I struggle all I've got to do is just ask." Another member of staff said "[the registered manager] is always here to listen and support you." The staff we spoke with told us how they worked as a team and supported each other to carry out their role.

New staff were supported by a formal induction which gave them the support they needed to undertake their role. New staff completed the Care Certificate. The Care Certificate covers the minimum standards that should be covered as part of induction training for new staff. The staff induction also consisted of observations of their practice, collecting feedback from staff and residents, and completing a reflective account of their learning. The training co-ordinator told us this allowed them to check learning was put in to practice.

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. We checked whether the service was working within the principles of the MCA.

Staff and the registered manager had received MCA and DoLS training. The staff we spoke with, including members of the management team, demonstrated knowledge in this area and could explain how the legislation would affect their practice. The registered manager gave us an example of how they monitored fluctuating capacity about care decisions and how they managed this. The service had a comprehensive tool to help staff assess capacity in respect to different decisions. There was also a clear policy in place setting out how to make best interests decisions in the event the person lacked capacity regarding specific decisions.

Staff understood the need for consent. One person told us how staff gained their consent before supporting them. Care records also showed consent was sought from people regarding their care. For example, we saw people were asked if they consented to information about their care being shared with others when necessary.

The service offered people support with meals. A hot meal was cooked at lunch time on the premises and delivered to people that wished to have it. If people didn't like the meal options or required additional support with meals this was catered for. The service also supported people to attend a luncheon club they organised, this provided people with an opportunity to eat and socialise. Where people were at risk of malnutrition they were regularly assessed and monitored by staff. Care records showed that people at nutritional risk were referred to specialists that could offer advice and support.

People were supported to maintain good health and access health care services. A visiting health care professional told us staff listened and followed the advice they gave in managing people's health care needs. One person told us how staff made health care appointments for them on their behalf. Where people could make their own arrangements staff supported them and encouraged them to manage their health care needs. For example, we observed in a handover meeting how staff had discussed with one person their concerns around a specific health issue and encouraged them to make an appointment with a health care professional. The person had later gone on to make an appointment. Care records showed that people were supported to access health care services when required. For example, we saw that staff liaised with a range of professionals such as community mental health care professionals and occupational therapists.

Good

# Is the service caring?

## Our findings

People and relatives we spoke with praised the kind and caring nature of the staff. One person said staff were, "Lovely." Another person said staff were "More than kind" and a third person described staff as, "Exceptional." One relative told us staff were, "Amazing" and "Have a lot of patience."

We observed staff interacted with people in a warm and kind manner. Staff laughed and joked with people. One person told us, "We have a laugh." They went on to say, "[staff] never take offence, they might do but they don't show it." There was a pleasant and warm atmosphere in the service. One member of staff told us, "This is a community rather than a service."

Staff showed concern for people's wellbeing in a caring and compassionate way. One person told us how staff were quick to respond to any pain or distress they were in. They said, "There's no hanging about with them." We observed in a handover that staff discussed a person who was not well and the importance of making sure they kept the person comfortable.

The service took steps to get to know the people they supported. The training co-ordinator told us they had introduced the use of a memory tool kit to use with people. The aim was to help staff establish knowledge of peoples' memories, likes, and interests. Staff we spoke with demonstrated they knew the people they were supporting. We observed staff stopping to chat to people as they moved around the complex, they asked people about their day and demonstrated knowledge and interest in people's lives. One person told us how staff took an interest in them and the work they used to do. Another person said, "They know me."

People felt involved, supported and listened to regarding their care. One person told us how staff had supported them with a health care appointment. They told us the member of staff took notes for them and stayed with the person to help them understand what was happening. Several people we spoke with told us how staff respected their wishes, and discussed and offered choices about their care. A relative told us staff, "Tried everything" to involve their relative in decisions about their care. People had regular opportunities to talk about their care as the registered manager made sure they visited each person individually on a weekly basis. One person told us if they missed the registered manager's visit, the registered manager would call again and make sure they had seen them.

People told us they felt their privacy and dignity was respected. We observed, and all the people we spoke with told us, that staff knocked on their doors before entering. One person told us staff, "Don't come in unless invited in." Another person said staff were, "Very tactful" when helping with intimate personal care. Staff gave us practical examples of things they did that protected people's dignity and privacy. We observed staff interacting and talking about people in a respectful way.

The service had a strong ethos of supporting independence. The deputy manager told us, "We don't do anything for anybody if we can help them do it for themselves." Staff we spoke with demonstrated this approach and gave us examples of how they supported people to be as independent as possible. All the people we spoke with confirmed that staff encouraged them to be independent and do things for

themselves. One person told us how staff encouraged them to walk independently. Another person told us staff encouraged them to be independent, "In a nice way."

Records showed that all staff had received training in end of life care. The service had also participated in a specialist end of life training programme run by the local health trust. They had gained accreditation by the trust in delivering end of life care and received yearly accreditation visits by a palliative care specialist. We saw that people had care plans in place that covered their wishes for their future and how they wanted to be supported at the end of their life. This included details of living wills, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions, and advance decisions. We saw records that showed people were supported to discuss these issues. This meant people were given an opportunity to discuss their wishes, which ensured staff knew how people wanted to be supported at the end of their life.

Good

# Is the service responsive?

## Our findings

People received care that was responsive to, and that met, their individual needs and preferences. One person told us staff checked if they wanted to go to bed and accommodated their wishes. Another person told us their care was given when and how they wanted it. Several people we spoke with told us staff supported them with anything they asked, one person said, "They listen and do whatever is required." Staff we spoke with told us how they would return and offer care if the person didn't wish to receive it at that time. This meant care was provided at the time the person wanted and needed it.

People and relatives told us they felt staff planned their care with them. One person told us how staff reviewed their care with them and that staff were so good at their job they knew how they liked to be supported. Another person told us they knew what was in their care plan and they could read it whenever they liked. Care records were kept in people's own flats. They showed care plans were reviewed regularly and people had signed to say they had been involved in the planning and reviewing of their care plans. The deputy manager told us that part of the care planning process was to find out about people and how they wanted their care delivered. Another member of staff told us they discussed with people their preferences and routine so these could be accommodated. The staff we spoke with demonstrated knowledge of people's individual needs.

All the relatives we spoke with told us the service communicated with them regarding their relatives' needs and involved them in decisions where appropriate. One relative told us how their relative had been very poorly. The registered manager had arranged a meeting with them, staff, and other health care professionals in order to discuss and plan how to best meet the person's needs. A member of staff told us they encouraged people's relatives and friends to be involved. They said, "Whoever they want to have they can have."

Where people's needs changed the service was able to accommodate this. Several people told us at times of ill health their care had been increased appropriately. We saw changes to people's needs were communicated at daily handovers and recorded in a staff communication book as well as people's daily notes. One person told us, "Everything goes in the book so they [staff] know what they're working with." This meant the service monitored people's changing needs and ensured people received the care required when they needed it.

Staff recognised that some people using the service were socially isolated or at risk of social isolation and took steps to address this. We saw that the service had made referrals to local charities for people to have a volunteer visit and chat with them. The service also made efforts to arrange social opportunities for people. There was a programme of events arranged within the complex and we saw this was distributed to people. One person told us staff went through the activities on offer with them. Another person told us they felt a, "Little lonely." They said staff had supported them to move to a more accessible flat and assisted them to attend social events.

The service provided people with opportunities to discuss their experiences and raise concerns and

complaints. The registered manager or another member of the management team visited each person living in the scheme on a weekly basis. There was a comments box placed in a communal area of the scheme where people could post comments or complaints. The registered manager told us a representative from the provider visited every new person receiving the service. They told people they could contact the provider with any comments or concerns. This provided people with multiple ways they could share experiences and concerns with the service.

All of the people we spoke with told us they had had no need to raise concerns or complaints. However, they all said they would feel comfortable to do so if needed. One person said, "They [deputy manager and registered manager] never put you off if you want to talk to them." All the people we spoke with felt confident the registered manager and deputy manager would take action to resolve any concerns or issues they had. One person said, the deputy manager and registered manager were, "On the ball for everything." The service had not received any formal complaints in the last year. The registered manager felt the service was proactive on picking up concerns and issues at a minor stage and dealing with them promptly. They gave us some examples where people had raised minor verbal concerns and the action they had taken to resolve these.

Good

# Is the service well-led?

## Our findings

Not all the records we looked at were robust or accurate. People at risk of malnutrition had food and fluid charts, however these were not always completed. We saw that staff did record that food and fluid had been offered in peoples' daily notes but this did not provide sufficient detail that would allow intake to be monitored adequately. Some of the medicine administration records (MAR) we checked showed staff had not always completed the record to show if medicines had been given or not. The deputy manager and manager responded promptly to these concerns. They investigated the other omissions and established people had been offered their medicines but this had not been recorded on the MAR.

People's care records did not always contain enough detail regarding their care needs and how these should be met. For example, one person at risk of malnutrition had been prescribed nutritional supplements. Details of this and other recommendations from a dietician were not included in their care plan. We saw that this information was recorded in the staff communication book instead. This meant although staff had been given information about people's needs care records did not contain the correct guidance. The registered manager agreed that records could be more robust. They told us about some actions they would take to improve this.

All the people we spoke with were positive and complimentary about the service. One person said they, "Can't fault it." Another told us they, "Can't praise this place enough." Relatives also spoke highly of the service, one relative told us, "Everything is good" and another said, "I want to come here."

There was an open and transparent culture within the service. During our visit the registered manager was open and honest with us regarding the strengths of the service as well as areas for improvement. All the managers spoke of an approach that fostered constructive development and reflective learning. The training co-ordinator told us they explain to staff that they take action regarding any incidents or accidents in order to prevent the incident from happening again. They said they view incidents as a development opportunity for staff. One member of staff told us management will sit down and discuss incidents with staff in a supportive way. They said, "They want to help you, because they know what you're capable of."

People and staff told us they felt involved in the service and knew what was happening. One person showed us minutes of meetings they had been sent and told us how this helped them, "Know what's going on" in the service. They told us changes were discussed with people at the weekly coffee mornings. They said the service was, "So open with everything." Another person told us, "There isn't much we don't know." A member of staff told us the registered manager aims to convey that, "We're one big team, to bring the best we can bring." Another member of staff told us staff discussed and shared ideas at team meetings. An external professional told us the registered manager gave people confidence to share and discuss ideas. They said staff were transparent about what was happening in the service and willing to share ideas.

People and staff spoke highly of the registered manager and deputy manager. One person said, "[the manager] is lovely, down to earth, you know where you are with them." A member of staff told us, "[the registered manager] is lovely, what you see is what you get."

The service also had a clear commitment to investing in, and supporting, their staff. The provider told us, "If I look after my staff well then they're going to be happier and that means the resident is too." Staff spoke highly of the support given by the provider. One member of staff said, "They look after you very well." Another member of staff said the registered manager was, "Always there to listen and support you."

The provider made efforts to ensure they were involved in the service, could identify issues, and provide support. Representatives of the provider would spend time shadowing staff to ensure they understood the challenges of their role. The service had developed a number of activities that created and strengthened the relationship between people that used the service and the provider. Staff and people we spoke with told us regular events were arranged that allowed people, staff, and representatives of the provider to socialise and speak with each other. A representative of the provider regularly attended coffee mornings. This helped ensure the provider knew about things happening in the service

The registered manager told us they monitored quality through weekly visits to each person who received the service. They told us they talked to people about any issues and looked at people's care records. People we spoke with confirmed this. One person said the registered manager was, "Often in and out." A yearly survey was completed with people using the service. The registered manager told us they compared the survey with previous surveys and looked for any trends or dips. The results of current survey showed high levels of satisfaction from people receiving the service.

We looked at regular quarterly reports the registered manager submitted to the provider. They showed the registered manager analysed incidents for patterns and took action where necessary. They also demonstrated that the registered manager closely monitored the performance of the service. The provider met regularly with the registered manager to discuss any issues in the service and review their risk register.

The service showed a commitment to sharing good practice and the provision of high quality care. For example, their training co-ordinator had been asked to give a talk to other social care providers about the care certificate. They told us they hoped to show other managers the benefits of this and encourage them to implement it in their own services. An external learning and development professional told us the registered manager was excellent at engaging with people and other organisations in order to learn and develop the service.

The service had taken part in a number of initiatives to help support and develop themselves and the care sector. They had worked with a local charity to develop an inter-generational craft group with a local school. They had also participated in work that aimed to encourage more people to work in the care sector. For example, participating in a pilot for integrated health and social care apprenticeships and a focus group on recruitment issues. They offered shadowing opportunities to local job centre work coaches, with the aim of encouraging more people to work in the care sector. The registered manager said these initiatives helped them reflect on how they do things which helped them to improve the quality of the service.