

Caring Homes Healthcare Group Limited

Dormy House

Inspection report

Ridgemount Road
Sunningdale
Ascot
Berkshire
SL5 9RL

Tel: 01344872211

Website: www.caringhomes.org

Date of inspection visit:

30 March 2021

08 April 2021

09 April 2021

Date of publication:

13 May 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dormy House is a residential care home providing personal and nursing care to 62 people aged 65 and over at the time of the inspection. The service can support up to 88 people. The accommodation is across three floors and divided into three units. One of the units specialises in providing care to people living with dementia.

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

Systems such as training and reporting procedures were implemented to protect people from abuse. The manager's investigation reports did not always identify findings and outcomes; the provider was taking action to improve this. We have made a recommendation in relation to safeguarding training for managers. People and relatives told us they felt safe and cared for at the service with comments such as, "It's nice to feel safe here" and "Staff go out of their way to make you happy".

Risks to people were generally identified and managed. We found a container of powdered thickener was not always kept in locked storage. The manager took immediate action to rectify this and the provider planned to implement a series of audits to monitor compliance. Staff followed robust medicines administration procedures. We found some minor issues in relation to infection control measure, which were addressed by the management team during our inspection. There was evidence of good practice in relation to weekly demonstrations and observations of staff use of personal protective equipment. People and relatives told us they felt the service responded well to the COVID-19 pandemic to keep people safe.

Staff recruitment checks were completed to make sure staff were suitable. Medicines systems competency assessments were not always carried out for regular agency nursing staff. However, agency staff told us they were well supported and had been shown what to do and felt confident in this area. The management team took immediate action to make sure competency assessments were completed to assure themselves all staff authorised to administer medicines knew how to do so safely.

People and their relatives felt the service was well managed. They told us the home was, "Very good, meets [family member's] needs", "Kept COVID-19 out of the home, done an excellent job" and "Got a good atmosphere".

The vast majority of staff were positive about the support they received from the management team and embraced service values of person-centred-care.

The manager and provider had systems to monitor and evaluate all aspect of care and identified areas for development, which were in progress. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service were being updated by the provider to support this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (20 January 2020).

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service in relation to a safeguarding concern about medicines administration and management. A decision was made for us to inspect and examine those risks.

We inspected and found management systems for these areas and the atmosphere of some parts of the service, needed to be looked at in more depth. We decided to widen the scope of the inspection to examine potential risks and gain assurances.

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.

We found no evidence during this inspection that people were at risk of harm. Please see the safe and well-led sections of this full report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dormy House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

The inspection site visits were carried out by two inspectors; one on the first day and a different inspector on the second and third days. A third inspector gathered information from the provider remotely. An Expert by Experience gathered feedback from peoples' relatives. 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

Dormy House 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. At the time of the inspection the registered manager was on long term leave of absence. The service was supported by the deputy manager who was acting manager, as well as the regional manager, who spend one to days at the service each week.

Notice of inspection

This inspection was unannounced on days one and two. We announced the third day of the inspection.

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 and professionals who work 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.

During the inspection

We spoke with five people who used the service and 13 relatives about their experience of the care provided. We spoke with 18 members of staff including care workers, housekeeping staff, kitchen staff, nurses, manager, regional manager, and the provider.

We reviewed a range of records onsite and remotely. This included 11 people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested feedback from a professional who regularly visit the service, which was not responded to.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to identify and respond to the risk of abuse. Staff completed safeguarding induction and renewal training. Staff we spoke with were aware of potential signs of abuse and knew how to report any concerns. The manager did not have access to higher-level safeguarding training proportionate to their role, however they had experience in a previous safeguarding role. The regional manager advised this was covered in general management induction training and informed us of plans to provide report writing training to managers, to include safeguarding enquiry and investigation processes.

- The service reported allegations of abuse to the local safeguarding authority. An allegation of abuse in relation to medicines administration and management was unsubstantiated due to lack of evidence. We found the manager's safeguarding investigation report did not document outcomes or lessons learnt. Through further discussion and correspondence with the regional manager, they identified the service had not consistently implemented the policy and procedure for transferring medicines at the end of respite visits. The management team took action to address this to avoid reoccurrence.

- One person had a care plan entitled 'fabricating stories' and stated staff should investigate. The manager advised us that staff would always report allegations in line with safeguarding protocols. We received an updated version of the care plan to clarify this point. The goal "not to implicate staff" needed some further revision to identify the person may be at increased risk of abuse due to their history of false allegations. The manager confirmed they would take action to include this.

We recommend the provider considers the provision of more detailed and specific safeguarding training appropriate to managers' level of responsibility.

- People and relatives told us they felt the service was safe. One person told us they felt safe at the service because they were no longer able to cope at home. A relative said they felt that care was safe and staff were "always informative" about their family member. Another relative said they thought the service was safe because, "Everything I've asked [for], they have been helpful...over the top helpful".

Assessing risk, safety monitoring and management

- In general, staff implemented systems to anticipate, identify and mitigate risks to people. Some people needed thickener powders in their drinks to reduce the risk of choking. We found that one container of thickener was stored in a communal area in a glass fronted cupboard with no lock. Staff told us it was generally locked away and moved there for a period of the day for their ease of access. Staff told us they were always present in the room and were vigilant of the thickener, however we were concerned if staff were distracted there was a potential risk of harm to people's health. We made management aware who agreed the thickener should be stored securely. They took immediate action to address this and we were satisfied

the risk was mitigated.

- People's care files were detailed with risk assessments and corresponding care plans in relation to falls, manual handling, bed rails, paraffin-based creams, malnutrition, skin integrity and choking risks.
- Systems were in place to monitor and respond to health concerns; observations were completed and reviewed at regular clinical hand over meetings. We found recording discrepancies for three people's pressure ulcer assessments and one person's malnutrition assessment, where the level of risk had not been documented as part of regularly reviews. However, we saw other related reviews were documented, such as skin integrity and people's weight was regularly monitored. The manager took action to review the assessments, which found there was no change to risk or mitigating actions and there was no evidence of harm to people as a result of the recording gaps.
- The service supported some people with behaviours that challenged. Staff we spoke with were knowledgeable about how to respond following the least restrictive principle, to mitigate risks of physical harm and promote emotional well-being. Some people were prescribed when required medicines in response to behavioural agitation and distress when proactive support was unsuccessful. Nurses we spoke with told us they monitored the use of when required medicines. Records showed referrals were made to the person's GP or mental health team if there were concerns about well-being, or frequent use of this type of medicine.
- Health and safety checks and compliance certificates such as mains electrical wiring and fire systems were up-to-date. A maintenance officer was responsible for addressing any safety issues in relation to the premises. For instance, where water temperature checks were out of range, they ensured action was taken to rectify this. Staff told us they would log any maintenance issues which were responded to quickly.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We observed one member of staff providing physical contact support without wearing gloves; the manager took immediate action to address this with the staff member. We saw other staff were using PPE in line with guidance. Staff told us they were issued with three masks at the beginning of their shift, however there was no protocol about where these masks were kept, to prevent cross contamination. Management took immediate action to issue staff guidance. Staff were able to access all required PPE from specific PPE stations. The service arranged weekly donning and doffing demonstrations and observations by the clinical lead, which was good practice. Staff we spoke with said these refreshers provided them with confidence.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found the bottom of the fridge in a communal area appeared dirty and some opened food items were unlabelled. We were advised this was the responsibility of nursing and care staff to keep clean. Staff took immediate action to clean the fridge and removed unlabelled items. The dry store flooring in the main kitchen had a crack which was black in colour and general flooring was quite soiled with crumbs. The chef advised there was a daily cleaning schedule, but the floor was difficult to keep clean. Records showed there were agreed plans to replace the kitchen flooring later in the year. During day one of the inspection we found the staff stairwell had a lot of small bits of debris on the floor and dried spillages in a dining area. During days two and three of the inspection the environment appeared generally clean. We saw cleaning schedules were in place including high touch points. These were completed by domestic staff who we observed were cleaning and sanitising areas of the home.
- We were assured that the provider was preventing visitors from catching and spreading infections. There were safe protocols for visitors in line with the latest government guidance.
- We were assured that the provider was meeting shielding and social distancing rules. Some people were observed to be sitting close together in the shared lounge and dining area for two units. Management advised us people were seated within their unit cohort and told us people with capacity choose to be seated close to friends and spouses. In response to our feedback management told us some additional chairs were removed from the lounge to promote continued social distancing.

- We were assured that the provider was admitting people safely to the service. One person was not able to successfully isolate upon admission due to their mental health needs. When required medicines were initially administered when staff efforts to distract the person from touching and hugging other people caused distress. The person was now settled and no longer needed when required medicines. The regional manager reflected pre-admission assessments had become more difficult due to the pandemic; they checked with other agencies to make sure information they received about people's needs were accurate as far as possible.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Staffing and recruitment

- Agency staff profiles were reviewed prior to them starting work to ensure required checks and training were in place. One regular agency nurse had not received a competency assessment for administering medicines. They told us they were very well supported by a permanent nurse who showed them what to do and worked alongside them. They felt confident and competent with the home's systems to administer medicines safely. We raised this with the management team who agreed formal competency assessments for their medicines systems should be in place and implemented this for agency nurses following our feedback. The regional manager confirmed that formal supervisions were implemented for regular agency staff to support and monitor their performance in response to our feedback.
- Robust systems were in place for the safe recruitment of staff. Records confirmed proof of identity, criminal checks, exploration of any gaps between employment and interview records with suitable questions for the role.
- Staff received mandatory and specific training to enable them to support people safely. This did not include positive behaviour support (PBS) or physical intervention training. However, staff told us they would remove themselves if a person became distressed and physically violent and said they received guidance about how to distract and redirect people via dementia training. The provider advised us that certified PBS training was due to be delivered to all staff as part of the provider's PBS strategy.
- Staff we spoke with told us they received thorough inductions, with comments such as, "[Management] got us in the system quickly, I felt safe and secure and asked for help" and "My induction booklet is signed off... [Nurse's name] signs-off skills I have demonstrated".
- The staff supervision schedule showed that nine staff were overdue. The manager confirmed they were following an action plan to address this. Staff told us they could raise any issues outside of formal supervision and felt other forums such as regular team meetings supported their performance.
- The service regularly reviewed people's dependency and staffing levels to meet people's needs. People using the service told us there were enough staff and were generally satisfied with staff response times to call bells, with comments such as, "staff always have time" and "staff are good at responding to buzzer".
- Staff we spoke with told us they felt there were enough suitably experienced staff allocated to each unit which enabled them to keep people safe. The service was in the process of recruiting to one of the activities co-ordinators roles.

Using medicines safely

- Medicines administration procedures were observed to be followed by staff to promote people's safety. Nurses explained to people what their medicines were for and completed records to confirm administration.
- Except for one container of powdered thickener as described previously, medicines were stored securely. For example, trolleys and clinical rooms containing medicines were locked and keys were kept on the nurse's person. The two clinical rooms were compact with a lot of equipment and paperwork which gave

the appearance of being cluttered. However, records and medicines were in order and air conditioning in place along with a system to monitor temperatures. Controlled drugs records were completed, and stock checks were correct for the medicines we checked. Records showed the provider had submitted a proposal for a new clinical room as part of wider plans to improve the environment.

- Appropriate documentation was in place for covert medicines and nurses we spoke with demonstrated they understood and followed the procedure.
- One fridge had an out of date bottle of amoxicillin for a person who had finished the course; the nurse took action to dispose of this. There was a procedure to dispose of medicines and records showed these were followed by staff.
- The medicines administration records accurately reflected people's stored medicines. When required medicines were recorded on the MAR when given. Instructions for the use of when required medicines such as pain relief were documented.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had recently facilitated a staff charter, which was written by staff and reinforced the home's values and expectation of person-centred care, dignity and respect, as well as what support staff could expect from management. Staff we spoke with were clear about the service values, with comments such as "[Our] main value is person centred care and focus upon the individual in all aspects, including emotionally", "We give people individual attention for daily living. Choices are important and we respect dignity". The vast majority of staff we spoke with were positive about teamwork and felt supported by colleagues, supervisors and the manager, who they described as approachable and fostered an open-door policy.
- People and their relatives told us, "Care is above and beyond", "Really built [family member] back-up again", "Really friendly, warm and hardworking", "I feel they handled COVID well, I've felt completely safe here" and "[The manager] is keen to get everything just right [and has an]open door policy".
- During days one and two of the inspection we observed the atmosphere in parts of the service was subdued, with less interaction and engagement between the staff team or between staff and people using the service. The management team advised this was specific to the unit for people with dementia and a quieter, calmer atmosphere was promoted. We noted during day three of the inspection the atmosphere was more up-lifting, with increased interaction between staff and people. People and relatives we spoke with told us the service provided activities and entertainment throughout the COVID-19 pandemic. A recent survey, March 2021, identified that out of 20 responses 15 people were satisfied with the amount and variety of activities and 5 people were satisfied some of the time. Management informed us there was an activities co-ordinator vacancy, which was being recruited to in order to ensure engagement opportunities were consistent throughout the service.
- The service had an Equality and Diversity policy and procedure for employees and staff told us they felt valued and work was distributed fairly across the team. Staff understood their responsibility to protect people from discrimination and care records identified people's diverse needs. The provider told us about their plans to deliver specific equality and diversity training to all staff. A working group was reviewing care file documentation to ensure people's diverse needs remained central to care planning.

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

- Interim management arrangements were in place in the absence of the registered manager. The deputy manager was acting-up as manager, supported by a clinical lead and a regional manager who was based at the service one to two days a week as a minimum.
- The service notified the Commission about events as required. The manager was aware of the duty of candour requirements. Records showed no incidents met the criteria for this, however, responses to safeguarding concerns and complaints showed the service followed the principles of sharing information in an open and honest way.
- The service monitored and evaluated the safety and quality of the service through checks and audits. Identified actions fed-into the service improvement plan and the provider's broader response to emerging risk. For example, records showed the provider's clinical risk committee had commissioned an update of the Hydration Policy and information pack in response to general urinary tract infection rates; service records showed this was to be discussed and implemented April 2021. The provider told us that in response to our findings about the powdered thickener they were taking action to complete a series of audits to ensure services were compliant with the safe storage of medicines.
- An internal best practice group of senior managers met regularly to review policies and procedures. Work was underway to update the provider's Mental Capacity Act (MCA) 2005 policy and procedure with the aim to improve records of MCA best interest decisions. We found MCA assessments were appropriately documented but these were not accompanied with best interest decisions, rather decisions were recorded in a separate care booklet with guidance about how people were to be involved in the process. We were satisfied the provider had identified this and was taking action to improve. The regional manager advised us the best practice group planned to review the medication policy and procedure in relation to medicines transfers, to ensure expectations were clearly documented.

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

- The service sent regular surveys to people and relatives covering all aspect of care and outcomes fed-into service development. For instance, a recent survey identified a significant number of respondents were not familiar with the complaints procedure; management took action to add this to the next residents meeting agenda to raise awareness.
- Residents meeting were held to provide information and seek feedback from people using the service. One person told us they had a meeting every month or so. At the last meeting they asked for a Sunday roast dinner, which the chef then included in the menu. The person told us people gave the chef a round of applause for a great Christmas menu; the chef took on board what people wanted, such as side bowls so people could pick the food they wanted, including a vegetarian choice.
- Relatives we spoke with told us the service kept them well informed of any updates during the COVID-19 pandemic, via phone calls, regular Newsletters and the service social media page. Comments included, "The home is brilliant in keeping us informed" and "Very, very good at the managerial level of communication".
- The regional manager had arranged listening sessions for staff as a supportive forum to encourage staff to speak-up about any concerns and feedback. Staff we spoke with felt they could raise ideas and were listened to, for instance one staff member said, "My questions are answered quickly [by the manager]. They are friendly and communicative. If I have any queries they will answer".

Working in partnership with others

- The manager described good working relationships with health and social care funding authorities. A local authority professional provided feedback that the service engaged and communicated well with them. The regional manager told us they had requested a meeting with the local safeguarding authority to improve communication in relation to a specific concern.
- Staff told us and records confirmed that staff worked effectively in partnership with the pharmacy, health and community teams including the home's GP, who carried out a weekly round in person. Relatives told us

the service made appropriate referrals to health services. For instance, one relative felt staff were very proactive in accessing health professionals for her family member.

- The manager informed us of other organisations they work with or support. For example, the service held a recent coffee morning for Macmillan fundraising. The service had a link with a hairdresser and was due to restart this service soon.
- Prior to the pandemic, a toddler group visited twice a week which was paused. A relative who worked at a local school helped organise a twice monthly virtual group with school children, including a sing-along session for people using the service. At Easter the children sent cards for the residents which the manager told us was well received.