St Michael's Care Homes Limited

Dorley House Residential Care Home

Inspection report

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22 January 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:

Dorley House is a residential care home. The home provides personal and nursing care for up to 24 people aged 65 and over. At the time of the inspection there were 24 people living at the home, some of whom were living with dementia. The rooms are arranged over three floors with a lift to all floors. The home has several lounges including a sun lounge which opens out to the front garden and a large garden at the rear of the home.

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

We undertook a comprehensive inspection on 6 November 2018 which was unannounced. This inspection was in response to information of concern that we received in relation to; people not being treated with dignity and respect, inconsistent care planning and delivery, people's consent to care and treatment, quality monitoring, restrictive practice and poor management.

The local authority has taken action to work closely with the provider to help them improve their systems and processes to deliver safe care and treatment. The provider has taken proactive steps to introduce action plans to improve key areas of practice. Subsequent to the inspection on 6 November 2018, the provider shared their action plan with us to demonstrate how they intend to address areas of concern, their plan for improvement and their intended timescale for completion. We undertook a second day of inspection on 22 January 2019 to ensure that improvements that the provider had planned had been implemented. Whilst action has been taken to reduce risks to people and improve the level of care people receive, these action plans will need to be fully embedded to show improvements have been made and sustained. This report covers our findings from both days.

People's experience of using this service:

•Quality assurance processes did not always identify issues in practice to effectively evaluate and monitor care delivery and drive improvements.
•People's care plans were not always consistently reviewed and updated to ensure changes to people's health and support needs where recorded.
•People's consent for the use of CCTV had not been sought. We have made a recommendation about involving people in decisions about the use of CCTV.
•People's needs had not been assessed to identify if people required specialist equipment such as plates guards to support them to eat independently.
•People were safe from the risk of abuse and staff followed the local authority's policy and procedure to raise concerns.
•Accidents and incidents were managed and lessons learned to improve people's care.
•The home was clean and people were protected from infection risks.

•Staffing levels met people's needs and staff were suitable to work with people.
•People received effective care from skilled and knowledgeable staff.
•One person told us, "It's very nice here, they look after us well."
•People were respected as an individual, with their own social and cultural diversity, values and beliefs.

•People received kind and compassionate care.
•One person told us, "I have a good relationship with the staff; they like me and I like them. They have time for a chat If I want."
•A range of activities were available to people to enhance their lives.
•There was a complaints procedure in place which was accessible to people and relatives.
•People's wishes for end of life care were recorded where appropriately.

More information is in the detailed findings below.

Rating at last inspection:

Good. (The last report was published on 17 January 2018).

Why we inspected:

This inspection was brought forward due to the information we received from the local authority, health professionals, relatives and a whistleblowing from staff as a collective.

Follow up:

We will monitor the providers action plan following this report being published, to review how they will make changes to ensure they improve the rating of the service to at least Good. We will revisit the service in the future to check if improvements have been made.

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 Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Dorley House Residential Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

We inspected the home on 6 November 2018 and 22 January 2019. Due to unexpected circumstances on behalf of the Care Quality Commission (CQC) we were unable to complete the inspection after 6 November 2018. Therefore, a further site visit was announced in order to complete the inspection process.

Inspection team:

This inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by experience at this inspection had experience of dementia and elderly care.

This service was also selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Service and service type:

Dorley House is a residential home providing accommodation for persons who require nursing or personal

care, Dementia, caring for adults over 65 years.

On our first site visit the home 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. However, following this inspection, the registered manager resigned. The provider took action to recruit for a new manager and interim arrangements were put into place to ensure the home had management oversight.

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. This included details about incidents the provider must notify us about, such as incidents and abuse; and we sought feedback from the local authority and professionals who work with the service.
•For this inspection we did not request a Provider Information Return (PIR). This is because we undertook this inspection at short notice due to concerns that we had received from the local authority Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection:

•We spoke to three people using service and one visiting relative to ask about their experience of the care provided.
•We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
•We spoke with six members of staff including the registered manager, provider, team leader, chef and two care workers.
•We reviewed a range of records. This included four people's care records and medication records.
•We also looked at three staff files regarding staff recruitment, training, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

We have inspected this key question to follow up concerns received in 2018. The topic areas were relating to; safe systems and processes, assessing risk, safety monitoring and management, staffing levels, using medicines safely, preventing and controlling infection control and learning lessons when things go wrong. At this inspection we found that the provider had addressed these concerns and sought support from the local authority to improve their practice.

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

•Risks to people were identified, monitored and managed to keep people safe.
•If people were at risk of falls the provider had introduced a 'handling profile' which detailed the number of staff required to support the person and the type of equipment needed to support them. This had reduced the number of falls people experienced.
•Risks associated with the safety of the environment and equipment were identified and managed appropriately.
•Scheduled checks of the premises and equipment helped to ensure that any ongoing maintenance issues were identified and resolved.
•Staff received health and safety training and staff knew what action to take in the event of a fire.

Systems and processes

•People told us they felt safe and systems were in place to ensure staff had the right guidance to keep them safe from harm. These included policies and procedures to protect people from abuse.
•Staff understood how to raise safeguarding concerns appropriately in line with the local authority safeguarding policy and procedures.
•Staff had received safeguarding training as part of their essential training and this was refreshed regularly.

•Staff described different types of abuse and what action they would take if they suspected abuse had taken place.
•One staff member told us, "If I had any concerns I would tell the team leader, registered manager. If the concern was about the registered manager I would inform the provider."

Staffing levels

•There were sufficient numbers of staff to keep people safe and staffing rotas confirmed this. A dependency tool was used to determine levels of support for each person.
•The provider had an established care team, some of whom had worked at the home for many years.

•Agency and bank staff were used to cover staff shortages to ensure sufficient staffing levels were maintained to cover sickness and annual leave.
•One relative told us, "You can see experience in the staff; I've never seen anything unsafe."
•Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
•Employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the health and social care sector.

Learning lessons when things go wrong

•Lessons were learned when things went wrong and accidents and incidents were managed safely and communicated to staff.
•The registered manager had identified a high level of falls happening between the hours of 6pm and 7pm, they took action to review staffing levels and now have an additional member of staff working during this time, to support people's mobility when returning to their bedrooms in the evening.
•Staff understood their responsibilities to raise concerns, record safety incidents and near misses and report them to the manager where appropriate.

Preventing and controlling infection

•People were protected from the risk of infection. Staff had access to personal protective equipment (PPE) such as gloves and aprons and we observed these being used.
•Dedicated cleaning staff followed cleaning schedules which ensured the home was clean.
•Staff confirmed that they had infection control and food hygiene training and had completed this online.

Using medicines safely

•People received there medicines safely and on time. Policies and procedures were in place for the safe, storage, administration and disposal of medicines and we observed these being followed.
•Staff received regular training and competency assessments were carried out to ensure their practice remained safe.
•There were protocols and guidance for administering medicines 'as required' (PRN). We observed a member of staff asking if a person had toothache and if they wanted paracetamol.
•Staff told us that they used the 'Abbey Pain Scale' to identify if people needed as required medication when they weren't able to verbally tell staff. The pain scale is designed to assist in the assessment of pain for those who are unable to clearly articulate their need.
•People felt safe and told us they received their medication as prescribed.
•One person told us, "I feel safe here. They make sure I get my tablets and if there's any medical problems they see to it."

Requires Improvement

Is the service effective?

Our findings

We have inspected this key question to follow up concerns received in 2018. The topic areas related to this concern were; restrictive practice, The Mental Capacity Act (MCA) and the premises. At this inspection, the provider had made significant improvements to reduce restrictive practice and improve signage to help people find their way around the home. However, we found an area in need of improvement regarding the use of CCTV.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

•The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who may lack mental capacity to do so for themselves. This 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

•The provider had recently installed a CCTV camera in the hallway. However, the provider had not considered their compliance with the Mental Capacity Act 2005 and the Human Rights Act 1998 to ensure people's privacy.
•The provider had not sought consent from people, relatives and staff and we found no information displayed informing people of their rights, including visitors when they entered the building.
•Although the provider had voluntarily switched off the CCTV camera, we were informed that the use of CCTV was going to be used following a review of its usage.
•One visitor told us, "They've started a monthly newsletter, which is a good idea. But it didn't say anything about the CCTV, I was really surprised to see that. I can see how it might be helpful and am all for it, if it improves how people are cared for, but so long as it's done properly."
•The CQC has recognised that the use of CCTV cameras may be one way to ensure safety or quality of care but highlights the need to consider whether less intrusive steps can be taken to ensure the same aims are achieved.
•The CQC guidance for providers emphasises the need to consult with the people who use the care service, including residents, families and other visitors to care homes and also staff when deciding about whether and how to use surveillance.
•We recommend that the provider seeks advice and guidance from a reputable source about the use of CCTV.
•People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the depravation of liberty safeguards (DoLS).

•We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•Best interest forms were in place for care and treatment, and mental capacity assessments detailed how decisions for people were made.
•People were supported to make decisions on a day to day basis, and we saw staff offering people choice of drinks and snacks throughout the day.
•Assessments and applications for DoLS were made to the local authority in a timely way on people's behalf.

Supporting people to eat and drink enough with choice in a balanced diet

•People's needs had not been assessed to identify if they required specialist equipment such as plates guards to support them to eat. We observed that some people were not always able to eat independently as they could not move their food from their plate. The provider had not assessed individuals needs to ensure they had the correct equipment. This is an area of practice that needs improvement to ensure people have the equipment they need to eat independently.
•People who needed support with eating were given the dedicated time they were assessed as needing. The provider reviewed the deployment of staff which meant that people received the consistent support they needed at mealtimes.
•People's dietary needs and nutritional requirements were assessed and accurately recorded to help people maintain a balanced diet.
•People were given choices at lunchtime and were shown two plates of food to choose from.
•People told us that they enjoyed the food. One person said, "The food is especially good, I always enjoy my meals."
•Staff understood people's dietary requirements and preferences. The chef was aware of special diets such as those in need of a diabetic diet or gluten free.
•One relative told us, "My wife is diabetic and they always have a choice of sweets for her, whether it's diabetic custard or yoghurt. I sometimes eat here, it's nice to have a meal together and it's positively welcomed."

Staff skills, knowledge and experience

•People were supported by staff with the skills and knowledge to deliver effective care and support and staff had access to a range of training. Training records confirmed this.
•One relative told us, "I see staff training sessions advertised on the notice board. I know they have fire training regularly."
•Staff completed an induction when they started working at the home and 'shadowed' experienced members of staff until they were assessed as competent to work alone.
•One member of staff told us, "I find the training good and helpful.
•Staff received regular supervision and appraisals and records confirmed this. The provider had taken further action to hold weekly meetings with key members of care staff and monthly team meetings.

Supporting people to live healthier lives, access healthcare services and support

•People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GP's, community psychiatric nurses, district nurses, social workers and a chiropodist.
•One person told us, "It's been excellent. They get a doctor or nurse ever so quickly if you need one. I had an ulcer on my leg but it's all cleared up now."

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

•People's needs were met by the design and adaptation of the building.
•There was building work taking place to improve the environment and extend into the rear garden to help create a more dementia friendly environment.
•One visitor told us, "The environment needs attention but I find the place is homely".
•People's bedrooms were personalised with people's possessions and there was simple signage to support people in navigating their way around the home.

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

•A pre-assessment was carried out before people moved into the home to gain an understanding about people's background, interests, hobbies and preferences to help form a care plan.
•This information was used as the basis to their care plans and further developed as staff began to know them better.
•There were equality and diversity policies in place which helped staff promote people's equality, diversity and human rights.
•Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensuring that policies and procedures were read and signed to show they were understood.

Good

Is the service caring?

Our findings

We have inspected this key question to follow up concerns received in 2018. The topic areas relating to this concern were in relation to dignity and respect. At this inspection we found that the provider had addressed these concerns and sought support from the local authority to improve their practice.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

•People's privacy and confidentiality was respected. One person told us, "Staff always knock to be invited in. They respect my privacy."
•People were given opportunities to spend their time as they chose. One visitor told us, "They are very good with people if they are shouting or causing a disturbance, they'll invite them to go somewhere with them, or offer a cup of tea."
•People were supported to maintain and develop relationships with those close to them and relatives were invited to have meals with their loved ones if they wanted to.
•Staff understood equality, diversity and human rights.
•Staff treated people equally and recognised people's differences. The registered manager gave an example, where a church visits the home once a month.

Ensuring people are well treated and supported

•People were treated with kindness and compassion by staff in their approach when supporting people.
•We saw good interactions between staff and people, they knew each other well and had developed caring relationships.
•Staff adapted their communication style, body language and used gentle touch to emphasise questions to people who had difficulty communicating their needs and choices.
•We observed staff giving people encouragement. One person was struggling to stand with their mobility aid, the member of staff encouraged the person to move to the edge of the chair and push up.
•Staff showed concern for people's wellbeing in a caring and meaningful manner.

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

•Staff supported people to make decisions about their care.
•We observed staff asking people where they wanted to eat their lunch, if they wanted supported with personal care and if they wanted to participate in activities.
•One visitor told us, "Staff are friendly. I see good care around helping people get ready for bed. People can get as involved with each other as they wish and staff prompt a lot."

•People had access to external advice and support or advocacy service and information could be found on the noticeboard for people and visitors to read.

Good

Is the service responsive?

Our findings

We have inspected this key question to follow up concerns received in 2018. The topic areas relating to this concern were in relation to person centred care. At this inspection we found that the provider had addressed these concerns and sought support from the local authority to improve their practice.

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•People received personalised care that was responsive to their needs.
•People their relatives and health and social care professionals, where appropriate, were involved in developing and reviewing care plans.
•People's care plans covered key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person.
•People had access to activities.
•One visitor told us, "The lounge is well provided with picture books and magazines on various subjects. They mix up the music to cater for lots of different tastes. Last week was the first 'Tea at Three' and it was very successful for residents and visitors."
•One person told us, "I have my hair done every week. I like to join in anything that's going on." We observed staff giving people manicures and reminiscing activities.
•The activities coordinator told us, "I involve people in making buns once a week, they can stir mixture and they enjoy tasting before it's cooked."
•People were supported to keep in touch with loved ones on the telephone. One person told us, "My son phones the office and they bring me down to speak to him in private."
•The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. People's care plans showed that their sensory and communication needs were recorded and considered.

Improving care quality in response to complaints or concerns

•People and their relatives knew who to contact if they needed to raise a concern or make a complaint.

•There was an effective policy and procedure in place for dealing with concerns or complaints.
•People's views were sought through resident's and relative's meetings.
•One person told us, "The registered manager takes me seriously, he's been helpful about any complaints I've made. We discussed about me going outside to smoke, agreed I didn't need someone with me all the time and I have control of my cigarettes."

End of life care and support

•There was no one living at the home who was at the end stages of life.
•Care plans recorded conversations with people about their wishes for end of life care this included their preferences and funeral arrangements.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection on 21 and 27 November 2017, we asked the provider to make improvements to their quality assurance processes. This was because they had not identified issues with care records not being accurate and up to date record keeping and that people's oral hygiene was not supported.

At this inspection some improvements had been made and the provider had sought advice from the local authority to improve their quality assurance processes. However, this was still an area in need of improvement to ensure these were embedded in practice to drive continuous improvements.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements and continuous learning and improving care

•The providers quality assurance systems were not always robust and we identified areas that required improvement that the providers systems had not identified.
•People's nutrition was not always consistently monitored to identify when people were losing weight and referrals to other professionals were not made in a timely manner.
•The provider had not identified issues in staff morale. We received mixed feedback staff, some negative about the management and oversight of the home. We received alleged concerns from staff about the registered manager at the time, who felt they were not being treated fairly and a culture that was not open and transparent, when things had gone wrong.
•Following the first site visit the provided rectified these issues. They met with staff, held team meetings and supervision. They also re-assessed people's care needs and began to update their care records.
•Following the first site visit the provider took steps to introduce a range of quality assurance processes to drive improvement. However, they had failed to identify the ineffectiveness of their systems and the issues we identified prior to this inspection. This is an area of practice that requires improvement to further embed quality assurance systems and processes.
•The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.
•Staff understood their roles and responsibilities and what is expected of them.

Planning and promoting person-centred care and support and how the provider understands and acts on duty of candour responsibility

•Some records were not complete or accurate and this had not been identified by the provider's quality assurance systems.

•People's care plans were not always consistently reviewed to ensure person centred care was promoted. We observed that some people's care plans had not been reviewed since the beginning of the 2018 and did not always record risks, events or changes to people's health and care.
•There was little impact for people as staff knew them well, this inconsistency in recording meant that there was the potential that staff did not have the correct guidance to meet people's needs.
•Following our first site visit the provider took action to review and update some people's care plan records, prioritising those with the highest risks. We observed that key information was included in some records to guide staff when people's care and support needs changed.
•Although the provider had started this process this work was on-going and needed to be fully embedded to ensure that all people's records are reviewed and updated. This is an area of practice that requires improvement.

Engaging and involving people using the service, the public and staff

•People, relatives and visiting professionals were given opportunities to be involved with the home.
•The provider was working with people to continue to improve communication.
•People's feedback was acted on. For example, relatives had highlighted concerns about people's clothes going missing and getting mixed up. The provider took action to improve the laundry system and carry out an inventory of people's clothing and personal belongings.
•There were links with the local community through the church and a visiting hairdresser.

Working in partnership with others

•Staff worked well with others. We observed staff talking with a health care professional who had come in to support people at the home.
•The provider had been proactive in engaging with the local authority to improve their systems and process.