

# Rotherwood Healthcare (Dorset House) Limited

## Dorset House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on the 14 and 15 December 2016 and was unannounced.

Dorset House is registered to provide accommodation for up to 42 older people who need nursing care. On the day of our inspection there were 35 people living at the home.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 carried out an unannounced comprehensive inspection of this service on 3 December 2015 when we found there was improvement required with how the service supported people safely. The provider agreed they make the necessary improvements. At this inspection we saw improvements had been made.

People and their relatives said they were happy with the support staff provided. Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them.

Staff had up to date knowledge and training to support people. People's permission was sought by staff before they supported them. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well and were authorised to do this. Staff met people's care and support needs in the least restrictive way. When it was identified that people received care and support to keep them safe and well which may have restricted their liberty applications had been made to the local authority for authorisation purposes. We saw people had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. People told us they had access to health professionals as soon as they were needed.

People told us staff were caring and promoted people's independence. They said they were able to maintain important relationships with family and friends. People told us they were supported in a discreet and dignified way. We saw staff treated people with dignity and respect whilst supporting their needs. They knew people well, and took people's preferences into account and respected them. Staff respected people's rights to make their own decisions and choices about their care and support.

Relatives we spoke with said they felt included in planning the support their relative received and were kept up to date with any concerns. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns.

The management team did not consistently action feedback received about the quality of the care provided. People and their relatives had raised concerns about how staff supported them during meetings with the registered manager during the three months before our inspection. Systems in place to monitor service provision did not consistently identify where improvements were needed. Management tools were not always effective to support the registered manager to provide quality care to people living at the home.

## 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 supported by staff who understood how to meet their individual care needs safely. People were supported to feel safe and staff knew how to recognise signs of potential abuse and how to report any concerns. People benefitted from sufficient staff to support them. People received their medicines in a safe way.

### Is the service effective?

Good ●

The service was effective

People's needs were met by staff who were well trained. People were supported to make their own decisions wherever possible, support was provided when people needed it. People enjoyed their meals and were supported to maintain a healthy, balanced diet. People were confident staff had contacted health care professionals when they needed to.

### Is the service caring?

Good ●

The service was caring

People were involved in how their care was provided and staff took into account their personal preferences. People living at the home and relatives thought the staff were caring and treated them with dignity and respect. People were supported to maintain important relationships.

### Is the service responsive?

Good ●

The service was responsive

People who lived at the home were involved with decisions about how they were supported. Relatives were included when care needs were reviewed. People were supported to make everyday choices and engage in past times they enjoyed. People and their relatives had access to regular meetings with the management team to provide their opinions on service provision.

## Is the service well-led?

The service not always well-led

The management team did not always action the feedback they received about the quality of care provided. Systems to monitor service provision did not always identify improvements needed.

**Requires Improvement** ●

# Dorset House

## Detailed findings

### Background to this inspection

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

This inspection took place on 14 and 15 December 2016 and was unannounced. The inspection team consisted of 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.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

We asked the local authority and the Clinical Commissioning Group [CCG] if they had any information to share with us about the services provided at the agency. The local authority and CCG are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, who promote the views and experiences of people who use health and social care.

We spoke with 12 people who lived at the home, and six relatives. We looked at how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of for people who lived at the home.

We spoke with the registered manager, regional manager and 12 staff. We looked at five records about people's care including medication records. We spoke with a chiropodist who regularly supported people living at the home. We also looked at complaint files, minutes of meetings with staff, and people who lived at the home. We looked at checks completed on the quality of the service provided.

## Is the service safe?

### Our findings

We inspected this home in December 2015 and found improvement was needed to ensure people were supported safely. We asked the provider to make improvements to protect people who lived at the home. At this inspection we saw some improvements were made, however the management team were completing additional reviews.

We looked at how people were supported by staff. People we spoke with said there were usually enough staff to support them in a timely way. One person told us, "I use the bell to call for a nurse, if they are attending to someone else; they let me know they will come back soon, usually within 10 minutes." Another person said there had been improvements, "They come a bit sooner than they used to when we press the bell." A further person told us, "Sometimes it feels like there is not enough staff." They went on to explain how they sometimes had to wait for support, at other times the support came quickly. One relative we spoke with said sometimes they were concerned there were not enough staff on duty because staff were so busy. They said they felt their family member's needs were met however they were concerned about staffing levels.

We saw staff answer people's call bells promptly during our inspection. We also looked at call bell logs that showed staff responded to the majority of call bells within five minutes. We spoke with the registered manager and they explained that the call bell system was going to be updated at the beginning of next year. The new system would be more effective at tracking the response of staff and also incorporate other technical support to improve people's independence and safety.

Staff we spoke with told us staffing levels had improved. However, they were very busy and struggled to spend the time they would like with people. All the staff we spoke with said they met people's needs and people living at the home were safe. They also told us they would prefer to have an additional staff member on duty in the mornings to ensure they could provide a quality service. One member of staff explained staffing numbers had improved, and there was much less use of agency staff on a regular basis. However, they went onto explain how people living at the home had increased their support needs, for example some people required additional support to mobilise. They did not feel this was reflected in the amount of staff on duty.

We looked at the minutes from recent meetings held with staff, relatives and people living at the home. We saw all these meetings reflected concerns raised about the number of staff on duty. We spoke with the registered manager and the new regional manager. They explained they would be reviewing people's dependency levels because the tool to support this they had been using was not effective. The registered manager had worked shifts with staff to investigate the concerns. They also explained they had an on-going recruitment plan to fill all their staff vacancies, and were processing two successful applicants at the time of our inspection.

People we spoke with said they felt safe. One person said, "I feel very well looked after and safe." Another person told us, "I've had a few falls recently, one fall when I ended up under the bed I couldn't reach the bell."

They (staff) found me and helped me back up. They found me within a couple of minutes." We saw people were confident and relaxed throughout our inspection, we heard many positive conversations between staff and people living at the home.

Relatives we spoke with said they felt their family member was safe. One relative told us about staff, "They always make sure [family member] is safe, it's a big relief." Another relative said, "[Family member] is always safe and well cared for." A local chiropodist, who regularly supported people at the home, explained that staff would make appropriate referrals to them.

We spoke with staff about what actions they took to ensure people were protected from abuse. They explained that they would report any concerns to the registered manager and take further action if needed. Staff were aware incidents of potential abuse or neglect should be reported to the local authority. The registered manager was aware of their responsibilities, and knew how to report any concerns to the correct authority in a timely way. There were procedures in place to support staff to appropriately report any concerns about people's safety.

We observed staff receiving information about the people who lived at the home during a meeting at the start of their shift. Staff told us this supported them to be aware of any current concerns about each person's health and wellbeing. Staff said sharing information with their colleagues contributed to the safe care of people living at the home. Staff told us immediate concerns would be discussed and they would take action straight away.

People we spoke with told us they had their needs assessed and risks identified. Staff were aware of these risks and kept them under review. For example one person told us, "Staff have adapted to my needs as my condition has deteriorated. I'm no longer walking independently, but they now use equipment to move me, they have explained it to me and it feels safe." We saw people were supported with their mobility in a safe way.

Staff told us they completed application forms and were interviewed to check their suitability before they were employed. The registered manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. A new member of staff said they had not started work until these checks were completed. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through the provider's recruitment practices.

We looked at how people were supported with their medicines. People we spoke with told us they had their medicines on time and were happy with staff supporting them to take their medicines. One person explained how they needed their medicines at set time, and they told us they always had them at the correct time. Relatives told us they were confident their family members received the support they needed with their medicines. We saw staff supported people to take their medicines; they explained what they were taking and sought consent before they administered them. Staff said they were trained and assessed to be able to administer medicines. They were aware of what to look for as possible side effects of the medicines people were prescribed. Staff told us and we saw suitable storage and disposal arrangements for medicines in place.

Some people had medicines to be administered as and when required, staff were advised when these needed to be administered. Where people were unable to request their medicines or explain when they were in pain, there was guidance in place to support staff.



## Is the service effective?

### Our findings

People told us staff knew how to meet their needs and they were confident staff knew how to support them. Relatives we spoke with said staff appeared well trained.

We saw people were supported by staff that had received regular training and knew how to support them effectively. The staff we spoke with were able to explain how their training increased their knowledge and improved their practice. For example, a member of staff told us how their training about supporting people to mobilise safely had refreshed their skills and ensured they supported people effectively. Staff said their working practices were assessed to ensure they were competent to provide effective care. For example, when staff administer medicines for people.

Staff said they were supported to achieve their job related qualifications and they valued this opportunity. Staff we spoke with told us their training was up to date, and they had the skills to effectively support people who lived at the home. They explained they had received training about the Mental Capacity Act 2005 (MCA) and had an understanding about how this related to people living at the home.

The 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.

We looked at how the MCA was being implemented. We spoke with the registered manager about their understanding of the act. He explained some staff needed to improve their understanding and he had arranged for additional training to achieve this. We saw people's capacity had been assessed when needed. When a best interests decision was appropriate staff had involved the relevant people who knew the person well. However, we found capacity assessments and best interests meetings were not always recorded effectively to ensure all staff were aware of the outcome. We spoke with the registered manager, and they told us they would take steps to ensure the paperwork was clear and completed correctly.

People we spoke with confirmed staff had involved them in decisions about their care. People we spoke with said they were always asked for their consent before they were supported by staff. Staff explained they understood the importance of ensuring people agreed to the support they provided. One member of staff told us, "We check they (people living at the home) are happy with what we are doing, before we start."

Staff we spoke with were able to tell us about the basic principles of the MCA and how it impacted upon their caring roles. One staff member explained how everyone had capacity to some extent to have choices. They went on to say; even when people can't make the bigger decisions they supported them to make everyday choices. For example, what they wanted to wear, when to get up and what they wanted to eat and drink. We saw staff taking the time to explain to people who needed support to understand their choices. We saw staff worked with people and supported them to make decisions for themselves about their choices to encourage their independence as much as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff we spoke with understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The registered manager had submitted applications to the local authority as they were needed. They understood the process and were aware of how to access any further support and keep them under review.

People said they had choice about the food they ate and that the food was good. One person told us, "I have porridge in the morning. I didn't used to like it but they make it well here, piping hot. I can't name the different soups we've had but they're all delicious." Another person said, "Choice of food is still good. It runs on a 4 week menu." A further person told us, "You have to order an alternative meal the day before if you don't want the main choice." We saw when extra support was needed staff did this in a discreet way, promoting people's independence as much as possible. Staff knew who needed extra support. Relatives we spoke with said the food always looked very good. One relative explained how they could eat with their family member if they wanted to, and they said the food was always good.

We spent time with kitchen staff and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and how they were required to meet them. We saw people's choices and preferences were recorded in people's care plans, and staff had detailed knowledge of these. We saw one member of staff in dining room was aware of people's preferences with deserts and cheeses however they continued to offer choice in case people had changed their minds.

People told us they had access to their GP, and their dentist and optician when needed. One person said, "I can see my GP whenever I need to." Another person explained how they were taken to the opticians by staff to get their glasses fitted. Relatives we spoke with said their family members received support with their health and wellbeing when they needed it. One relative said, "They [staff] are great, I am always in the loop, it's a huge relief." Another relative explained how staff contacted them directly when their family member had a fall. They went onto say, staff managed the situation well, and were open and honest. They said this increased their confidence with how their family member was supported.

Staff we spoke with told us they involved the appropriate health professionals when they needed to. One staff member explained how the speech therapist had visited one person which had improved their communication. The chiroprapist we spoke with said they were confident staff followed their advice and took the appropriate action when needed.

## Is the service caring?

### Our findings

People told us staff were caring and kind. One person said about staff, "The night shift are caring company. [Staff member] brings me tea and a packet of biscuits late at night." Another person told us about staff, "I get on with the staff. They are friendly and courteous." A further person said about staff, "They are very attentive." We heard many caring conversations between staff and people living at the home.

Relatives told us they were happy with their family members care. One relative said, "I'm impressed with how patient the staff are." Another relative described staff as, "Brilliant" and "[Family member] has a good relationship with [staff member] and we talk with them." They told us they felt involved and included in the care of their family member and felt welcome to visit the home at any time. One relative explained they could always find a private place to sit with their family member. A further person said, "Staff are very kind, they always make us welcome."

People we spoke with said they had their cultural needs met. One person told us there were regular church services they could attend if they wanted to. Another person described the nativity play the local nursery was involved in providing, as the highlight of their Christmas.

The registered manager explained about the local advocacy services and would use these to support people if they required independent assistance to express their wishes. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

We noticed all staff engaged with people in a friendly and understanding manner. For example, we saw one member of staff reassuring one person. They took time to listen to the person and understand their concerns. They demonstrated how well they knew the person through the conversation about their family, we saw the person was reassured and enjoyed the conversation with the member of staff. Throughout our inspection we saw staff had a good knowledge of all the people living at the home.

People told us they had choice in how they were supported by staff. They said staff knew them well. One person told us, "I can choose to stay in my room or go downstairs and join in with things if I want to." We saw staff support people to have as much choice and control over their lives as possible. Staff assumed people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made.

People we spoke with were positive about how staff supported them which took into account their individual needs and preferences. We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example, we saw some people were supported to eat their meals in their rooms because they preferred to be in their own private space.

People we spoke with said staff supported them in ways which helped to maintain their privacy and dignity. We saw staff knock on the doors to people's rooms before entering and were discreet when supporting

people with their personal care needs. Staff said maintaining people's dignity was very important to them. We saw one member of staff ensured they spoke with each person in the dining room to explain what menu choices were available. They treated each person as an individual, and adapted their communication to meet the needs of each person. Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people to have as much choice as possible. For example, one member of staff explained how one person enjoyed some of the different events within the home. They went onto say, how they always checked before they supported the person to the event because sometimes they would prefer their own company or a one to one with a staff member.

## Is the service responsive?

### Our findings

Throughout this inspection we saw examples of how staff provided people with the practical everyday support they needed. Staff practices showed how they met people's individual needs and took into account each person's preferences. For example, one person liked to look at their family photos and they were supported by staff to do this. Another person liked their meal served in a certain way, we saw staff were aware of this and provided support in line with their preferences.

People we spoke with told us about their experiences of how staff responded to their care and support needs. One person told us, "They (staff) always listen to what I want to do; I choose how I spend my day." They went on to say how this was important to them. Another person said about staff, "They understand your needs."

Relatives we spoke with told us staff listened to their family member and supported them with their choices and preferences. They said they were included in their family members care and were regularly invited to reviews. One relative explained how the registered manager had supported their family member and themselves as they became accustomed to the home environment.

People's individual needs had been assessed, by the management team, before they moved into the home to help ensure people's support; preferences and expectations were able to be met. We saw people's care records were regularly reviewed by staff to make sure information about people's individual care and support needs were accurately described. This helped to ensure people were not at risk from receiving care which was not responsive to their needs. There was an established staff group who knew people living at the home for a number of years and were aware of people's individual ways and respected them.

We saw people chose how they spent their day. People told us there were interesting things to do if they wanted to. For example, one person explained how staff had arranged some reindeers to visit. They went on to say how much they had enjoyed the visit. We saw some people engaged in making Christmas cards with a member of staff. All the people involved said they enjoyed the craft activity. One person told us they were sending theirs to family who lived a long way away. The activities co-ordinator explained how they had arranged a meal for people living at the home and their families to attend. This event had taken place the previous week-end before this inspection. People and relatives we spoke with said this event had been a huge success, and they looked forward to this event every year. The activities co-ordinator said this event was lead very much by the people living at the home, they chose who attended family or friends. All the staff participated and enjoyed the event.

We saw organised activities during our inspection, which some people chose to be involved in. For example we saw scrabble was arranged for the afternoon during our inspection. People said they had enjoyed the experience. The activities co-ordinator explained that along-side organised events they spent time with people who chose to stay mainly in their own rooms. They went on to say how some people had memory boxes with personal mementoes provided by family, which supported them with their reminiscing. They also explained how the staff team were supported with volunteers who helped provide a range of activities for

people living at the home.

Relatives told us their family members had access to organised activities, which they could choose to be involved with. One relative said their family member did not regularly attend the activities, however they enjoyed the one to one time with the activities co-ordinator.

People told us there were meetings with the registered manager to discuss any improvements that could be made. One person said they were confident to raise any issues at the meeting, and felt the management team would listen to them.

People said they would speak to staff or the registered manager about any concerns. One person told us how they had made a complaint about the food. They went on to say how the kitchen staff had listened and they were now happy with the food presented. The person said, "[Kitchen staff] agreed it was too tough but they changed the cut of meat and now it's beautiful."

Relatives told us they were happy to raise any concerns with either the management team or staff. One relative said, "I will happily make a complaint to sort out a problem directly with the manager." Another relative explained how they had raised any issues they had with staff. For example, appropriate clothes their family member would have worn to certain occasions. They said staff had listened and resolved straight away.

We saw there were complaints procedures available for people and their relatives. We saw complaints were investigated and actioned in a timely way. One member of staff we spoke with said if there were any changes needed to be in place because of a complaint they would be actioned straight away.

## Is the service well-led?

### Our findings

We found the management team did not always have effective systems to ensure improvements were made to the quality of the service provided at the home. During our last inspection in December 2015, we found improvement was needed relating to the levels of staff providing support to people living at the home. During this inspection we found improvements had been made to ensure people were supported safely. However improvements had not been fully actioned to ensure staffing levels matched the dependency of people living at the home. For example, the registered manager said he had not effectively reviewed peoples dependency at the time of this inspection..

The management team regularly had meetings with people and their relatives to seek the views of people and their families. We found at the last meetings for both of these groups concerns had been raised about the number of staff available. Meetings held in September 2016 and November 2016 people living at the home raised concerns about delays in support from staff and staff being very busy. Also in September 2016 relatives raised similar concerns.

Staff we spoke with said they did not always have the time to support people as they would like to. One member of staff explained how people's dependency had increased, however this had not been effectively taken into consideration. They went onto say how many people living at the home stayed in their rooms and would benefit from extra one to one time from staff, which they did not have time to provide. We saw in recent staff meeting minutes this had been recorded as a concern. The registered manager had agreed a change in how staff were allocated to improve how people were supported. Staff we spoke with said there had been improvements; however they still lacked the time to spend with people to support their well-being.

We spoke with the registered manager and the regional manager and they agreed to look at these concerns as a priority. However at the time of our inspection feedback from people, relatives and staff had not been fully actioned to improve the quality of the service.

The registered manager completed regular audits to monitor how care was provided. For example we saw how the registered manager reviewed people's care plans. However when we looked at people's care plans relating to capacity assessments and Deprivation of Liberty Safeguards (DoLS), we found these were not always completed effectively and there were parts missing in the process. We spoke with the registered manager and although the process had been completed and the information was elsewhere and not included in the care plan available to staff. The care plan audits had failed to identify the gaps to ensure they were actioned. Staff did not consistently have the information they needed to support people effectively. The systems in place had not always identified missing information.

People we spoke with knew the registered manager and said they were happy to discuss concerns with them. One person said, "The manager regularly talks to me." Another person said about the service at the home, "They have picked themselves up and got better [staff]." Relatives told us they were confident with the management team and staff at the home. One relative described how the registered manager has been

able to advise them about getting financial help when they needed it, and how they had found this useful.

The registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. He had a clear understanding of his roles, and regularly helped the nursing team to ensure he stayed in touch with people. Staff told us they had defined roles and responsibilities and worked as part of a team. The registered manager explained how important it was to them that people had a positive experience whilst living at the home. He described how staff worked hard to ensure people had a "Special experience" at Christmas, specifically around events such as the family meal.

Staff told us the registered manager was approachable. They said they had regular one to one meetings and team meetings to share their views and concerns, and they felt supported with most issues. They also said they could contact the registered manager when they needed to out of hours and he would support them. They were aware of the whistle blowing policy and said they would be confident to use it if they needed to.

The registered manager had an overview of accidents and incidents to ensure that concerns were identified and investigated. We saw they had involved health professionals to review the health needs for one person who had regular falls. They had discussed with the family and staff and taken appropriate action to improve this person's well-being.

There was a new regional manager who had recently been in post, they had met with staff and the people living at the home and had spent time getting to know them. The regional manager would regularly visit and monitored how care was provided and how people's safety was protected. For example, the new regional manager was up dating auditing systems to more effectively monitor the quality of care provided.

The registered manager explained there were on-going plans for improvements. For example, there had been electronic tablets trialled for some people living at the home. These had been a success and the registered manager was looking at improving the internet signal to ensure they could be used in different areas of the home.