Care Quality Commission

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Dormie House Residential Care Home

Inspection report

Dormie House
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Norfolk
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Tel: 01263823353

Date of inspection visit:
24 May 2017

Date of publication:
14 August 2017

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?	Good

Summary of findings

Overall summary

Dormie House is a residential home that provides care, support and accommodation for up to eight older people. At the time of our inspection there were eight people living in the home.

As the provider is an individual, the service is not required to have a separate registered manager. The provider is the 'registered person' and manages the day to day running of the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection in August 2016, we found the provider was in breach of two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of these regulations.

People were assured of their safety in the home now because the provider and care staff were able to demonstrate a full understanding of safeguarding and what constituted abuse.

There were enough well trained staff to support people and appropriate recruitment checks were carried out before staff began working in the home. The premises were well maintained and any safety issues were rectified promptly.

Identified risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively.

Medicines were managed and administered safely in the home and people received their medicines as prescribed.

People were supported effectively by staff who were skilled and knowledgeable in their work and all new members of staff completed an induction. Staff were supported well by the provider.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The provider understood the requirements of the MCA, although everybody living in Dormie House was deemed to have capacity and nobody was subject to DoLS. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had enough to eat and drink and enjoyed their meals. If needed, people's intake of food and drinks would be monitored and recorded. Prompt action and timely referrals were made to relevant healthcare professionals when any needs or concerns were identified.

Staff in the home were caring and attentive. People were treated with respect and staff preserved people's dignity. Relatives were welcome to visit as and when they wished and people were encouraged and supported to be as independent as possible. People were also able to follow pastimes or hobbies of their choice.

Assessments were completed prior to admission, to ensure people's needs could be met. People were involved in planning their care and received care and support that was individual to their needs. Risk assessments detailed what action was required or had been carried out to remove or minimise any identified risks.

The service was being well run and people's needs were being met appropriately. The provider and care staff were ensuring that a good quality service was provided and were promoting values that included involvement, compassion, dignity, independence, respect, equality and safety.

There were a number of systems in place to ensure the quality of the service provided was regularly monitored. Regular audits were carried out by the provider in order to identify any areas that needed improvement.

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.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

The premises were well maintained and any safety issues were rectified promptly.

Risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively.

Staffing levels were sufficient to meet people's needs and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People were supported to safely take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home.

Is the service caring?

Good

The service was caring.

Staff were caring and attentive. People were treated with respect and staff preserved people's dignity.

Relatives were welcome to visit as and when they wished and people were encouraged and supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were able to choose what they wanted to do and where they wanted to spend their time.

People and their families were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Is the service well-led?

Good

The service was well led.

The service was well run and people's needs were being met appropriately. Communication between the provider, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place to ensure the quality of the service provided was regularly monitored. Regular audits were carried out to identify any areas that needed improving.

CareQuality Commission

Dormie House Residential Care Home

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 was carried out by one inspector on 24 May 2017 and was unannounced.

During this inspection we met and spoke with four people who were living in the home, the provider and two members of care staff. We also spoke with two relatives. We looked at the care records and a selection of medical and health related records for all eight people.

We also looked at the records for a new member of staff in respect of training, supervision, appraisals and recruitment, and a selection of records that related to the management and day to day running of the service.

Other information we looked at about the service included any statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Good

Is the service safe?

Our findings

Our last inspection took place on 18 August 2016. During that inspection we found that people were not assured of their safety in the home because neither the provider nor care staff demonstrated a full understanding of safeguarding or what constituted abuse.

This had meant that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 24 May 2017 we found that sufficient improvements had been made and the provider was no longer in breach of this regulation.

Full regard was being given to people's emotional and psychological wellbeing now and people were able to make their own choices and decisions, even if these were not always regarded as 'wise' decisions. People told us that they were happy with the way they were treated and spoken to and were happy living in the home.

The provider and care staff explained how they recognised different signs of abuse, including emotional and psychological abuse, and confirmed that they would report any issues of concern appropriately.

People told us they felt safe living in Dormie House. One person said, "Most definitely thank you; no concerns at all." One person's relative told us, "[Name] seems very happy and content here and we've got no concerns whatsoever about their safety."

People living in the home had individual risk assessments, regarding various aspects of their everyday lives. For example, we saw these covered areas such as nutrition, protection from pressure ulcers, mobility and falls. Where risks to people's safety had been identified, we saw that these were recorded clearly, with guidance for staff that showed how to support people safely and effectively. Staff had easy access to these documents and we saw that they were reviewed and updated on a regular basis. For example, if a person was identified as being at risk from weight loss, we saw that they would be monitored and weighed more frequently.

Maintenance and health and safety checks were carried out regularly by the provider, including fire alarm tests and fire drills. The provider continued to use an accredited company to ensure the safe management of water systems and Legionella at Dormie House. All these measures helped ensure that people were kept safe and able to live in a safe environment.

We saw that there were consistently enough staff on duty to support people and safely meet their needs. As a small, independently run home, the provider was on duty virtually every day and was available 'on-call' at all other times.

The provider told us that people's dependency was continually assessed, to ensure that the staffing levels

remained sufficient and appropriate. We acknowledged that the current staffing levels were sufficient to meet people's needs in a timely manner. It was also evident from our observations, that people were able to safely carry out their daily routines and activities, attend appointments or receive staff support, as and when they required.

The provider told us that staff sickness levels continued to be very low and, when staff were away from work on planned leave, these shifts were covered by other members of the regular team. This meant that people using the service were continually supported by staff whom they were familiar with and who had a good knowledge of each person's individual needs.

The staff files we looked at and a discussion with the provider, confirmed that appropriate recruitment procedures were followed to make sure that new staff were safe to work with people who lived in the home. All staff were checked for suitability with the Disclosure and Barring Service (DBS), which helps to prevent unsuitable candidates from working with vulnerable people. Appropriate references were also obtained before staff started working in the home.

Medicines were managed and administered safely in the home and people received their medicines as prescribed. The provider told us that either they or a specifically designated and appropriately trained member of staff administered people's medicines. We looked at the medicines storage and recording systems and saw that people's medicines were appropriately stored in a cupboard that was kept locked when not in use. People's records, including the medicines administration records (MAR), were clear, up to date and completed appropriately.

Good

Is the service effective?

Our findings

People were supported effectively by staff who were skilled and knowledgeable in their work. One person's relative told us, "[Provider] is very experienced and qualified and I believe all the staff are very well trained and know people very well." A person living in the home said, "They [staff] are all very good here."

The provider confirmed that all new members of staff continued to complete a 'home specific' induction process, which included completing essential training courses that would be relevant to their roles. In addition, new staff completed the 'Care Certificate'. The Care Certificate is an identified set of standards that health and social care workers must adhere to in their work Some of the training we noted that staff had undertaken included fire safety, medicines administration, safeguarding, moving and handling, diabetes management, pressure care and dementia awareness.

Both members of staff we spoke with said they were happy in their work and felt very well supported by the provider. The provider told us that formal staff meetings were not held very often, because the team was so small and everybody was in daily contact with each other. We noted that communication between the staff team continued to be frequent and effective and information was handed over appropriately at the end of each shift.

Formal supervisions were still being held regularly and we saw that records of these were maintained appropriately. These one-to-one sessions included discussions and observations for specific areas such as catheter care, laundry and general work practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 the liberty were being met.

The provider told us that nobody living in the home was subject to a DoLS authorisation, as everybody currently had mental capacity. The provider also confirmed that they had a better understanding of the MCA now and ensured that consent to care and treatment was sought in line with legislation and guidance. They also assured us they would follow the principles of the MCA if they needed to make decisions on behalf of people lacking capacity.

We observed part of the lunch time meal and found that the dining room was comfortable and homely.

People we spoke with told us they had enough to eat and drink, said that they enjoyed their meals and confirmed that they had more choices now.

During this inspection we saw three people ate together at one table in the dining room, while a fourth person chose to have their meal at another table. Other people had chosen to have lunch in their rooms. We observed good humoured interactions and discussions between the people in the dining room, as well as with staff and the provider.

The provider told us they continued to ensure people were offered good quality, wholesome and nutritious meals that were cooked on the premises each day. They also demonstrated a better knowledge and understanding of people's individual choices and preferences as well as their dietary needs and any allergies The provider confirmed that if people were not eating or drinking sufficient amounts, their intake of food and drink, as well as their weights were monitored and recorded. This enabled prompt action to be taken, to help ensure people stayed healthy and well.

People's general health and wellbeing continued to be reviewed on a daily basis and care records were kept up to date regarding people's healthcare needs. We noted that people were able to access relevant healthcare professionals as needed, such as the GP, district nurse, dentist, optician, and chiropodist. The provider also told us that they regularly sought and followed guidance from external professionals, to ensure people continued to be supported and cared for effectively.

Good

Is the service caring?

Our findings

People told us that the staff in the service were caring. One person said, "Yes, I think they [staff] care a lot about us. They do look after us very well." A person's relative told us, "I really can't fault any of them [staff] here. They are always very kind and they all seem very passionate about their work. Yes, we find them all very caring."

We saw that staff interacted well with people in a warm and friendly manner and observed mutual joviality and light hearted 'banter' throughout our inspection. People were comfortable in the presence of the staff and we noted that people were listened to properly. We saw that staff gave their full attention when people spoke to them.

A discussion with the provider and observations of staff demonstrated that they had a good knowledge and understanding of each person. It was evident from the information we looked at in people's care records that people living in the home and, where appropriate, their families had been fully involved in planning their own care. All the care records we looked at reflected people's personal histories and preferences, which meant that staff could support them with their preferred lifestyles.

Visitors were welcome without restrictions and, where possible, people had regular contact with family members or friends. The provider told us that if people did not have any family, they would be supported to access an independent advocate if they wished.

We saw that people were treated with respect and that staff preserved people's dignity. For example, bedroom doors were knocked upon before staff entered. People were also discreetly prompted or assisted, if they required any support with their personal care needs.

People were encouraged and supported to be as independent as possible. For example, by being provided with assistive equipment for mobilising, such as the stair lift. We noted that each person was able to mobilise independently, with some people using either a walking stick or a frame. We also saw that people were able to choose how and where they wished to spend their time and could join in any activities they wanted to.

Good

Is the service responsive?

Our findings

One person we spoke with told us, "I have everything I need here and, if I need any help, I only have to ask and they [staff] help me straight away." We met another person on their return from a walk and an exercise class. This person said, "Everything's very good here; we do just what we want."

We saw that people had been fully involved in planning their care and received care and support that was individual to their needs. We heard staff engaging in natural conversations with people, as well as checking whether any assistance was required. We also saw that when anybody did request assistance, staff were quick to respond.

The provider told us, and information in people's care records showed, that each person completed a full assessment prior to their admission to the home. The provider told us that they continued to be very thorough with their assessments, reiterating that they did not just admit people for the sake of filling a vacancy. They explained that, as a small home, it was equally important to have compatibility between the people living in the home, as well being sure that their needs could be met.

We saw that the pre-admission assessments were used to form the basis of people's care plans and risk assessments. The contents of people's care plans were personalised and gave a full description of need, relevant for each person. For example, it was noted for one person that it was important for them to maintain regular contact with their family, which we saw that they were able to do. Another person needed support when having a shower but could manage other aspects of their personal care independently.

At this inspection we saw that people living in the home made decisions for themselves in respect of what they wanted to do, as well as how and where they wished to spend their time. At the time of this inspection, one person had been out for a walk and an exercise class. After lunch, we saw people chatting together with staff in the lounge and everyone had quite a laugh over a game of I-spy. The hairdresser also came to the home in the afternoon and we saw that people enjoyed this time of having a chat whilst having their hair done.

One person's relative told us that Dormie House was very much people's home and that people appeared to live their lives as they wanted, with many different in house activities as well as frequent outings. We saw that regular activities in the home included 'fun with antiques', film afternoons, songs of praise, bingo, doing jigsaws and sing-alongs.

Each person's records gave an outline of their life history, plus details of their individual hobbies and pastimes they enjoyed. For example, one person enjoyed doing puzzles and word-searches and another person loved music and playing the piano. Other people were noted to enjoy sewing, knitting, quizzes, reading, films and watching the television. Our observations and discussions with people confirmed that what we had read in their care records was an accurate reflection of each person as an individual.

People told us that they could make a complaint if they needed to. One person said, "I've got no complaints

about anything but I can talk to [staff] or [provider] if I need to."

The provider told us that, being a small family style home, formal 'residents' and relatives meetings were not usually held but group discussions and one-to-one 'chats' continued to be constant. This meant that any issues could be identified quickly and, if action was needed this would be taken without delay. For example, one person told a member of staff that they wanted a new doily (a small mat made of lace) for under a plant in their room, because they didn't like their yellow one any more. We noted that the member of staff arranged to buy a new one from the shop and remove the old one promptly, as the person had asked. One person's relative also told us that they regularly had a chat with the provider and felt that all the staff were very approachable and easy to talk to. We observed this situation, exactly as the provider had described, during the course of our inspection.

Good

Is the service well-led?

Our findings

Our last inspection took place on 18 August 2016. During that inspection we found that the provider did not ensure that a consistently good quality service was provided because they did not promote values that included involvement, compassion, dignity, independence, respect, equality or safety.

This had meant that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 24 May 2017 we found that sufficient improvements had been made and the provider was no longer in breach of this regulation.

People told us that Dormie House was a very homely place and one person's relative said, "It really is like an extended family; we don't think [relative] could be happier anywhere else."

During this inspection we found that people living in the home, their family and friends, visitors and staff were considered to be an important factor in the way the home operated. The provider told us that any suggestions for improvements were listened to and action taken, where appropriate or necessary.

The provider said they continued to obtain feedback from people regarding the quality of the service provided, by way of daily discussions and quality assurance surveys. Where action for improvement was identified, the provider told us that they had improved the way in which this was taken and that all the relevant people were much more involved. We noted that the quality assurance questionnaires for 2017 were all very positive.

People living in the home, their relatives and staff said they felt more empowered in making their own decisions and could be involved in the development and improvement of the service if they wanted. We found that the provider was more approachable and welcoming of open communication with people who lived in the home, their relatives and staff. Concerns or complaints were being responded to more appropriately and steps were taken promptly to ensure improvements were made for people's quality of life.

Communication between the provider and the staff continued to be frequent and effective, although formal staff meetings were infrequent due to the staff team being so small. However, regular discussions covered aspects such as training, housekeeping and other service specific topics. In addition, staff held handover meetings at the end of each shift, during which each person's health and wellbeing was discussed. Any concerns, issues or requirements were highlighted at this point, to ensure people had continuity of care.

There continued to be a number of systems in place in order to ensure the quality of the service provided was regularly monitored. For example, care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly. We also noted that the staff team as a whole regularly took note of people's comments, thoughts and feelings.

The provider also carried out regular audits covering areas such as health and safety, medicines, falls, accidents and incidents, in order to identify and reduce any negative trends by taking relevant action where necessary.

This confirmed to us that the service was being well run now and that people's needs were being met appropriately.