Dorrington House

Dorrington House (Watton)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Dorrington House (Watton) is a purpose-built care home providing personal care and support to up to 52 older people, some of whom were living with dementia. At the time of our inspection 41 people were using the service.

People's experience of using this service and what we found
Feedback from people who used the service, their relatives and staff was positive about the changes made since the last inspection. Many felt the service was beginning to improve. A typical comment was, "It's getting better, I think. There are a lot of changes going on, so we will have to see how they pan out."
Although this feedback was positive, we identified some areas which still required significant work to ensure people consistently received safe and high quality care.

Although staff numbers had increased, staff were not provided with all the training and support they needed to carry out their roles safely. Systems to monitor staff development were not robust and some new staff lacked skills and knowledge which placed people at potential risk of harm. We have made a recommendation regarding training for staff.

Although improved from our last inspection, records were not always accurate, and monitoring was not robust. We identified potential concerns with two people's pressure care and one person who was at risk of dehydration, which the provider's own monitoring systems had not identified. The provider plans to introduce a new electronic recording system to improve record keeping and ensure people's health and welfare is safely monitored.

Medicines management had improved from our last inspection and the provider had purchased new safety equipment including pressure sensor mats and weighing scales. Safety systems such as the call bell system had been serviced. The provider had purchased new furniture to enhance the environment and enable more thorough cleaning. The service was clean but further deep cleaning was required in some bathrooms.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

The provider was open and honest in their response to our findings and promptly put actions in place. They demonstrated a commitment to work in partnership with other key stakeholders and keep CQC informed. A new manager has been appointed and the provider gave us assurances they will support them to continue to improve the service. Their appointment will enable the area support manager to return to their quality oversight role. We do not expect future inspections to be the method by which failings at the service are identified.

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

Rating at last inspection and update
The last rating for this service was inadequate (published 8 June 2022) and there were breaches of three regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made improvements but remained in breach of two regulations.

This service has been in Special Measures since 1 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also checked whether the provider had followed their action plan relating to a breach of regulation 18 (staffing) and were now meeting legal requirements. Our focused inspection reviewed the key questions of Safe and Well-Led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for this service has changed to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dorrington House (Watton) on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches of regulation in relation to the training and support of staff, assessing and monitoring the safety and quality of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to further improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will meet with the provider and review this action plan and discuss how they will make changes to ensure they improve their rating to at least good. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.	**Requires Improvement**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Dorrington House (Watton)

Detailed findings

Background to this inspection

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

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by one inspector 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.

Service and service type
Dorrington House (Watton) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dorrington House (Watton) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was no registered manager in post.

Notice of inspection
This inspection was unannounced on the first day and announced on the second day. Inspection activity started on 25 August 2022 and ended on 8 September 2022. We visited the service on 25 and 31 August.

What we did before the inspection
We reviewed information we had received about the service since the last inspection, including notifications the provider must send us about significant events and incidents. We sought feedback from the local authority and healthcare professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with eight people who used the service and four relatives. We also spoke with the provider and 13 members of staff including the data manager, area support manager, team leaders, health care assistants, support workers and domestic staff. We received feedback from three healthcare professionals and from the local authority quality team.

We observed care and support being provided to people. We reviewed seven care plans and four medication records along with other records relating to the safety and quality of the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff to keep people safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found numbers of staff had increased but some new staff were working unsupervised, without the training they required. Training and support for all staff was not comprehensive and the provider was still in breach of this regulation.

●We identified a lack of training and monitoring for some newly employed staff who had been at the service approximately four weeks. Four new staff were on duty of the first day of our inspection. None had received any training and had not worked in this kind of setting before, although they had worked in hospitals overseas. This meant they had transferable skills but no experience of the day to day routines of a care home.

● One new staff member was working alone while their colleague took a break. They were supporting six people to have their mid-morning snacks. They were unable to tell us who might be at risk of choking or who had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) order in place. The area support manager told us one person present was on a soft diet due to concerns about their swallowing. The new staff member had received no training about people's eating and drinking or their risk of choking. They were not yet confident using the service's electronic record system and could not locate information we requested. This placed people at potential risk of avoidable harm.

● Some of the new staff had English as a second language and struggled to communicate with us. One person who used the service and two relatives told us they had had trouble communicating with some of the new staff, although they praised their kindness. The provider told us they had engaged a member of staff to support new staff with their spoken English. It was not clear why they had not taken this action as soon as the staff started their roles.

● At the time of our first inspection site visit eight staff had not received any supervision session during 2022. This concern had been raised at the last inspection in April 2022. In between our first onsite inspection visit and our feedback session on 7 September the provider conducted additional supervision sessions with staff. Following these sessions four long term staff, including a team leader, still had no record of any supervision.

● Some established staff had not received the training they required to carry out their roles safely. Two bank staff had no record of any training. No staff member had received training related to epilepsy and seizures even though one person using the service was known to experience these. Some staff had not received first

aid training. Some staff had received checks of their moving and handling practice but had not received their moving and handling training first. We observed unsafe moving and handling practice from new and established staff. This meant we were not assured people had received good quality training.

The provider had not ensured there were sufficient numbers of competent and experienced staff who had received appropriate support, training, supervision and appraisal. This placed people at risk of harm. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had recruited staff safely and we noted references had been obtained and Disclosure and Barring Service (DBS) checks were in place for new staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Staff and relatives told us staffing levels had increased and rotas confirmed this. People said this had meant their needs were met more quickly. One relative stated, "There have been a lot of changes recently - there are lots of new carers which is good. I do think (my relative) is safe now." Another commented, "I see plenty of [staff] about and I can always find somebody."

Assessing risk, safety monitoring and management;

At our last inspection the provider had failed to ensure risks, including those relating to the spread of infection and those relating to medicines administration were assessed and managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, although further improvements were needed.

● Risks were assessed and documented in care plans. Records monitoring people's eating and drinking had improved. However, we identified some gaps in recording and were not able to be certain everybody had received the fluids they required. The provider had purchased a new electronic recording system and hoped this would improve recording of people's fluids in real time.
● One local healthcare professional told us the service was not proactive about managing people's fluid intakes, especially during hot weather. One person's record documented low levels of fluids and a 17-hour gap where no fluid was recorded. This occurred during a period of very hot weather. We were not able to establish that any person had come to harm from dehydration, but the risk was increased.
● Risks relating to people's pressure care needs were mostly well managed. However, two people's repositioning charts did not demonstrate they had been repositioned in accordance with their care plans. One person had two pressure ulcers which were improving. Their care plan documented they should be repositioned every two hours. We identified two gaps of three hours and one of four hours in one 24-hour period. We could not be sure this person's repositioning needs were being fully met.
● Following our last inspection, the provider had reassessed the provision of bedrails for people and these had been removed for all but one person, following consultation with an occupational therapist. Low rise beds, crash mats and sensor mats were now in place to help protect people from injury and alert staff if someone was trying to mobilise but required support from staff to do so safely.
● Risks relating to the environment were well managed. New locking storage cabinets had been put in place after our last inspection and items such as razors, denture cleaning tablets and prescribed creams were now stored safely. Safety equipment and systems were maintained and checked appropriately. Where faults were identified these were promptly reported and rectified.

Using medicines safely;
● The provider had recently attended a joint meeting with the local GP medical practice staff including the pharmacist and nurse practitioner, who work regularly with the service. They discussed recent medicines administration errors which, although they had not caused harm, could have had serious consequences for people's health. They also discussed an occasion where a prescribed short-term course of medicine had not been collected promptly.
● Following this meeting the provider reviewed medication systems and procedures and we found medicines management was improved. Medication administration record (MAR) charts were accurate, the medication room was clean and well organised and accurate stock control measures were in place. We found some dirty medicine pots, which had also been an issue at the last inspection. The provider took immediate action and purchased disposable pots and put in place an effective cleaning routine for the few pots they kept for liquid medicines.
● People told us they received their medicines on time and staff helped them control any pain they experienced by administering PRN medicines, given as required. We observed medicines being safely administered by staff who had received online training, although they had not had their competency to administer medicines assessed. Lack of competency checks was identified at our last inspection. Staff demonstrated a good understanding of people's medicines including time sensitive medicines and those to help people manage their diabetes.

Preventing and controlling infection
● We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. One bathroom remained very cluttered and towels and bedding were stored there making cleaning difficult. Certain areas of the bathrooms had not been sufficiently deep cleaned, although improvements were seen. Following our first onsite visit the provider steam cleaned these areas and arranged alternative storage. Suitable bins for Personal Protective Equipment (PPE) had been provided following our last inspection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse
● Most staff had received safeguarding training. However, seven staff had no record of this training and ten were overdue for a refresher course. The provider assured us this training would be prioritised.
● Staff were knowledgeable about how to spot signs which might suggest a person was being abused and knew how to report any concerns.
● The provider reported safeguarding concerns to the local authority and CQC.
● Where people who used the service presented with unexplained bruising this was recorded on a body map and the provider made a safeguarding referral.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Visiting in care homes
●People's relatives were positive about visiting. One person told us, "We are very happy with it. [The service] looks fine every time I go in. I see plenty of staff and they all wear PPE, we have to as well and we do all the Covid check stuff when we go in." Relatives had been informed of changes to visiting in line with government guidance.

Learning lessons when things go wrong
● Lessons had not all been learned following the last inspection. Although the provider had addressed some of the issues we identified, some areas of concern remained, and good practice was not fully embedded throughout the service.
● The provider had identified the service's electronic recording system was not robust and was confusing for staff. They had invested in new technology designed to improve recording and monitoring and were due to roll this out in the coming weeks.
● The provider had responded to the staffing concerns outlined at the previous inspection by sourcing staff from overseas via a sponsorship scheme. They had also sought to provide flexible hours for staff and a rolling recruitment programme.
●Systems were in place to review and reflect on incidents and accidents in order to avoid the likelihood of repeat occurrences.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure there was effective oversight in place to maintain standards and drive improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found, although work had been undertaken to address this, training and support for staff was not robust. Oversight had not identified and addressed shortfalls in service delivery and the provider remained in breach of this regulation.

● Oversight of the service had not identified the issues we found regarding poor staff training and support. New staff had not received all the training they required before undertaking tasks such as moving and handling people and helping them to eat safely. The provider had also failed to oversee training for existing staff, and some training was out of date according to the provider's own schedule or had not been provided. This meant we could not be assured staff had received the training they needed to carry out their roles safely.
● Supervision sessions were not in place for all staff and four weekly meetings with new staff were not fit for purpose. We saw records of two meetings where staff had asked for a log-in for the computer to start their training, but this had not been arranged as the trainer had been away. It was not clear why this had not been delegated to another staff member.
●Records were not always accurate. Risks relating to people's drinking and repositioning needs were not well monitored. The provider told us poor recording rather than lack of care was the issue. The provider's own audits had not identified and investigated this concern.
● Training and supervision records supplied to us were not accurate and we had to ask for them to be reviewed and resubmitted. However, they remained inaccurate. For example, one staff member's name was recorded on the rota but not on the training matrix. We were not able to judge if that member of staff had received the training they needed.
● The provider was confident the newly acquired electronic recording system would improve recording and oversight. The new system aimed to provide staff with more timely and straightforward access to key information in order to reduce future risk. However, this was not in use at the time of this inspection.
● Following our last inspection, the service had undergone a refurbishment and cleaning programme. At this inspection we found further deep cleaning was required and alternative storage sourced so bathrooms

were not cluttered and unhygienic. The provider took action to address these issues as soon as we raised them. It is not clear why the provider's own health and safety audits had not identified these areas for improvement.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●There was no registered manager or deputy manager in post as they had left the service since our last inspection in April 2022. The area support manager had taken on the day to day management of the service since the last inspection. A new manager had been appointed which meant the area support manager, after a period of handover, would be able to resume their oversight role.
●The provider had purchased new safety equipment to help monitor people's health and reduce risk. Incidents and accidents were analysed for patterns and trends and we saw the numbers of falls had reduced over the last few months.
●Oversight of other systems designed to monitor quality and safety had improved since our last inspection. Medication checks and audits had reduced errors in administering medicines and records showed people had received their medicines safely. The service had been working with the Medicines Optimization in Care Homes team to review and improve their medicines administration.

Working in partnership with others
●Staff worked in partnership with local healthcare professionals and local authority quality assurance officers to try to ensure consistent care for people. Feedback from these was mixed and they continued to support the service.
● The local surgery's nurse practitioner and pharmacist told us they had previously offered to deliver some key training to staff but attendance had been poor.

We recommend the provider prioritises offers of face to face training from local healthcare professionals in order to enhance staff skills and knowledge.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People who used the service were encouraged to share ideas and feedback on an informal basis. People had been involved in drawing up and reviewing their care plan, where possible, and their relatives told us they had been appropriately consulted.
● Relatives felt communication overall had improved recently. One relative commented, "They let us know what's going on. We know about the new staff [and] they send us newsletters and emails.I have had surveys from them." People who used the service and relatives knew the area support manager well and confirmed they had been in regular attendance since they had taken over the leadership of the service.
● Staff, including new staff, told us they felt able to raise issues and make suggestions and found the provider receptive. Communication had improved recently, and one staff member commented, "We can bring things up in staff meetings and if we don't attend we get the info."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● When something had gone wrong the provider had been open and honest about it. They had discussed the previous inspection and inadequate rating with people and sought to reassure them about how they would address the shortcomings. One relative commented, "I have spoken to the manager and I know who

to speak to if needed."

● Relatives felt the service would be more likely to contact them promptly about their family member than had been the case a few months ago.

● The provider was open and receptive to our feedback and immediately tried to address the concerns we raised. They had good channels of communication with all key stakeholders.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate an effective system to assess, monitor and improve the quality and safety of the service. Regulation 17 (1) (2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure there were sufficient numbers of competent, skilled and experienced staff who had received appropriate training, support, professional development and supervision. Regulation 18 (1) (2) (a).