

St Michael's Care Homes Limited

Dorley House Residential Care Home

Inspection report

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Date of inspection visit:
15 May 2023

Date of publication:
02 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dorley House provides care and accommodation for up to 33 older people with care needs associated with older age including dementia. There were 25 people living at the service on the day of our inspection. Dorley House is an adapted building in a residential area of Eastbourne with a passenger lift and access to outside areas.

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

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.

We received positive feedback from relatives who told us they felt their love ones were well looked after at Dorley House Residential Care Home.

Staff had a good understanding about how to recognise and report any concerns. Staff felt supported by the managers and able to raise any concerns if needed.

There were safe recruitment processes in place. New staff completed a period of induction and all staff had one to one supervision and appraisals. Staff meetings took place regularly to ensure all staff were up to date with any changes or improvements needed.

Medicines systems had recently been reviewed and improvements implemented. People received their medicines safely and in accordance with their prescription.

The home was clean and tidy. There were designated housekeeping staff who completed a daily cleaning schedule.

People were able to spend time in communal areas or in their rooms. Some people had personalised their bedrooms with trinkets and photographs. A programme of redecoration was in progress.

We observed staff interactions with people and activities taking place in communal areas. People responded openly and with a smile when spoken to by staff. Music and activities were taking place throughout the day.

The registered and home manager supported by the provider, carried out regular quality assurance which included all aspects of the day to day running of the home. An improvement plan was also used to facilitate ongoing improvement.

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 good (published 27 May 2022).

Why we inspected

The inspection was prompted in part due to safeguarding concerns raised with the local authority regarding care provision and the environment. A decision was made for us to inspect and examine those risks.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dorley House Residential Care Home on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dorley House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

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 1 inspector.

Service and service type

Dorley House Residential Care Home 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. Dorley House Residential Care Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was supported by a second

manager who was not registered with CQC. The registered manager was away at the time of the inspection therefore the second manager supported us throughout the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we hold about the service and contacted the local authority for information. We reviewed statutory notifications sent to us by the home about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all of 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

Not everyone was able to tell us about their experiences living at Dorley House Residential Care Home, therefore, we spent time in communal areas of the home observing care and support provided and staff interactions with people to help us understand the experience of people who could not talk with us.

We chatted with 8 people during the inspection and received feedback following the inspection from 2 relatives and a visiting health professional. We reviewed a range of records and observed care throughout the day. We spoke to 5 staff including the manager and provider.

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had access to safeguarding policies and procedures. Refresher training was being accessed via the local authority.
- Staff told us, "I know how to refer a safeguarding if I need to, I have been trained and can complete online referrals." Another told us, "If I had any concerns I would discuss this with the person in charge or report directly to the manager."
- Accidents and incidents were documented and referred to the local authority if needed. The registered manager and manager had oversight of all reports to ensure appropriate actions had been implemented. All information was recorded on the electronic system and paper copies printed for the manager to review as part of their monthly audit. This meant that any issues, for example a person experiencing more frequent falls would be identified promptly.

Assessing risk, safety monitoring and management

- The home used an electronic care system to record care plans and risk assessments. Staff could access this system on a laptop or by using handheld devices. Daily care provided was recorded by staff by ticking the task completed. The system also provided prompts to identify risks, for example, when a persons expected daily fluid level had not been met, or a risk assessment needed to be reviewed.
- We discussed with the manager how the audit trail of care provided was not always clear, this was due to data being uploaded at the same time. This meant that a number of entries all had the same time stamp. Although this did not impact on people's safety, it was not clear what order care needs had been provided. The manager told us they were working with staff and encouraging them to add handwritten notes to support the entries and to make records more person centred.
- Following falls or injuries, hourly follow up checks were completed for up to 24 hours to observe for any adverse effects or further injuries and bruising One person had an unwitnessed fall, we saw that they received hourly checks and observations, this information was recorded by staff and reported to the persons GP or other health professional if needed.

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.

Staffing and recruitment

- People told us the staff were "Friendly" and "Lovely."
- Staff felt staffing numbers were appropriate to meet people's needs. Staff responded to people promptly and were available when people requested support.
- Safe process were being followed to ensure recruitment of new staff included all relevant checks. References were sought and Disclosure and Barring Service (DBS) checks were completed. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicine policies and procedures were in place.
- The home was working with the Medicines Optimisation for Care Homes (MOCH) team, who had recently visited to review medicines and support the home. A number of changes had been implemented following the visit including reducing some anxiety medicines and adding 'as required' or PRN medicines.
- PRN protocols were in place. This included information for staff regarding how and when these should be given. When PRN medicines were given, this had been recorded including the reason, for example, headache or pain.
- Staff administering medicines had competencies checked and further training and support provided when needed.

Preventing and controlling infection

The home appeared clean and tidy throughout. Relatives told us, "The few times I have been in everyone seems happy and all looks clean and tidy, including my relative's bedroom." and, "The home is clean and tidy, their bedroom is basic but functional and is clean and hygienic as is their ensuite bathroom."

- 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 admitting people safely to the service.
- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

The home was open to visitors and people told us they were able to visit their relatives whenever they wished.

Learning lessons when things go wrong

- The registered manager and manager worked to continually improve. Any feedback or improvements identified in audits or following safeguarding investigations was used to help improve the service.

- Relatives told us, "I have not had to raise any concerns about the home, the staff or the care my relative receives. Furthermore, I have the fullest admiration and respect for the job they do."

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 good. At this inspection the rating has remained as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke positively about the home. Relatives told us, "I am conscious that the managers are making a big effort to spruce the place up in various ways to make it a more convivial place for the residents. The redecoration has made it look more cheerful and homely than it was when my relative first went into the home."
- People were seen to be chatting and spending time together in the lounge and dining areas. Some chose to walk around the home or return to their rooms. Staff supported people to spend time how they chose. A relative said, "All the staff are great and most times when I pick my mum up or drop her off they are laughing and joking with her, and she seems to get on well with all of them."

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

- Relatives told us the management were open and engaging. One said, "If they have any concerns regarding my relative, they always speak with me either when I visit or they call me and if I have any concerns they always listen and keep me updated, not that there has been many."
- The manager understood duty of candour and their responsibility to report any concerns if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had an improvement plan in place. This was used to document improvements needed and demonstrate when these had been actioned. This included ongoing improvements to the environment. We saw that redecoration had taken place in communal areas, with further improvements planned.
- Quality assurance systems were robust. The registered manager was supported by a second home manager. Both managers carried out a number of reviews and audits. The registered manager worked more on the floor observing and supporting staff. The home manager carried out audits and reviews.
- There was a programme of regular audits to monitor all aspects of the day to day running of the home, this included health and safety, fire, food provision and Infection Prevention Control (IPC). A daily walkaround was completed by a member of the administration team, this was used to identify any issues or areas of improvement. Findings were fed back to management who actioned the findings.

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

characteristics

- Comments we received about staff and the home were positive, including "The staff are very kind and patient. They relate well to my relative and she is happy in their company and responds positively to their guidance and management. They are fully aware of their needs and try their very best to meet them. When I telephone, they know her to call to the phone. I am regularly called and updated with any issues and, if necessary, the managers always update and advise me on concerns in person when I visit."
- Feedback was sought from people. This included a residents and families survey. Recent feedback included that families wanted the homes Facebook page to be updated more often so that they could see photos and read updates. Work was in progress to ensure this was done. The manager also sent out a newsletter to relatives.
- Staff had one to one meetings with management and regular staff 'huddle' meetings took place. Minutes of these were documented for any one unable to attend. Meetings were used to share any information or changes and for ongoing learning. Staff told us the meetings were very useful and meant that everyone received the same information.

Continuous learning and improving care; Working in partnership with others

- The registered and home manager were working hard to make improvements and to empower and support the staff. Since the last inspection staff confidence had grown and staff appeared more confident. One told us, "I was shy and nervous before, but now I am fine, I am happy and love my job."
- Staff worked closely with other healthcare providers involved in people's care. This included GPs, mental health teams and community nurses. Referrals to Speech and Language Therapy (SALT) had taken place when needed to support people's nutritional needs. The home was working with the MOCH team to improve medicine processes.
- Relatives told us, "I believe the staff understand my mum's care and support needs and are proactive in calling for medical and associated support for her. I am fully confident she is receiving the best possible care."