

Care South

Dorset House

Inspection report

Coles Avenue
Hamworthy
Poole
Dorset
BH15 4HL

Tel: 01202672427

Website: www.care-south.co.uk

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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?

Good ●

Summary of findings

Overall summary

About the service

Dorset House is a residential care home providing personal care to older people. The service can support up to 52 people. At the time of the inspection 42 people were living there.

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

People's needs around intimate relationships were not always met. Care plans did not reflect positive outcomes or give clear support guidance to staff on how to meet people's needs in this area.

We have made a recommendation about relationships and sexuality in social care.

Improvements had been made to the management of medicines which meant medicines were now managed safely. Improvements had also been made to quality monitoring systems to ensure the delivery of care was both safe and of high quality.

People told us they were happy, felt safe. Relatives said that staff had a good understanding of their loved one's needs and preferences. Risks had been identified and measures put in place to keep people safe from harm.

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.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, diversity and human rights (EDHR) were promoted and understood by staff.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

Care plans were personalised and updated in response to people's changing needs. Staff listened to what people wanted and acted quickly to support them. Staff looked to offer people solutions to aid their independence and develop their skills.

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

Rating at last inspection

The last rating for this service was requires improvement (published 22 January 2019) and there were two breaches of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dorset House

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 Care Act 2014.

Inspection team

This inspection was completed by one inspector and an Expert by Experience on day one and one inspector on day two. 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

Dorset House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives. We met with one professional who had experience of working with the home.

We spoke with the registered manager and deputy manager. We met with seven staff including care team leaders, a kitchen assistant, care staff and the activities coordinator. We reviewed a range of records. This included six people's care records and three medication records. We looked at four staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including quality audits, the service improvement plan and complaints.

We walked around the building and observed care practice and interactions between support staff and people.

After the inspection

We asked for training records, data and policies and reviewed the information to make our judgements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to protect people against the risks associated with the unsafe management and use of medicines and systems and procedures to keep the home clean and prevent and control the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

Using medicines safely;

- Improvements had been made which meant medicines at Dorset House were now managed safely. Medicine Administration Records were completed. New auditing systems had been introduced and were working effectively.
- The service had safe arrangements in place for the ordering and disposal of medicines.
- The staff that were responsible for the administration of medicines were all trained and had had their competency assessed.
- Where people were prescribed medicines they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Preventing and controlling infection

- Improvements had been made and all areas of the home were tidy and visibly clean. There was a domestic team and we observed these staff cleaning bedrooms, corridors and communal areas throughout the inspection.
- An infection control policy and cleaning schedules were in place to ensure risks to people, staff and visitors from infection were minimised.
- Staff had received infection control training and understood their responsibilities in this area.
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. We observed staff wearing these during both days of the inspection. The deputy manager completed regular hand washing audits which involved observations of staff.
- The service ensured a high level of hygiene was maintained and checks were completed. Regular infection control audits were completed by the dedicated domestic lead.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- Risk assessments were in place for each person for most aspects of their care and support. These were reviewed regularly and in response to people's needs changing. However, risk assessments were not in place for people who displayed behaviour that challenged staff and the service. We discussed this with the management team who told us they would address this promptly.
 - On day two the registered manager showed us revised positive behaviour support plans for those who required them. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge or pose risk to others or the service.
 - Regular fire and health and safety checks were completed by the home's maintenance person. However, during a tour of the home we observed some equipment being stored in a bathroom. The registered manager told us this is not usual practice and asked the housekeeping staff to remove it.
 - Learning was shared through staff meetings and handovers. Staff told us they communicated well together, and they were supported with this by the management team.
 - Annual safety checks were completed by external professionals such as gas safety and portable appliances.
- People had Personal Emergency Evacuation Plans which guided staff on how to help people to safety in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People, relatives, professionals and staff told us Dorset House was a safe home to live in. For example, external doors were secure, policies and risk assessments were in place and care plans were clear.
- We asked people if they felt safe living at the home. Comments included; "I feel very safe living here now that I am helped with a wheel chair" and "I feel safe enough here...Yes very safe".
- Relatives comments included: "I certainly feel my dad feels safe living in this home" and "I feel [person] feels much safer and I feel more confident that she is safe here with the support provided".
- Staff could tell us about different signs of abuse and who they would report concerns to, both internal and external to the home. There were posters around the home giving the telephone numbers of the local safeguarding team.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Staffing and recruitment;

- Staff told us there were not always enough staff during the morning. However, people, relatives and professionals told us there were.
- Staff comments included; "Staffing levels are debatable. Needs are met but it can be difficult at times and we can feel we rush people" and "We can be short on staff at time. This can be stressful. I think we could benefit from more staff".
- People, relative and professional comments included: "There are always plenty of staff around if I need them", "Staffing levels have much improved over the past two years since [relative] has been a resident... they are now very good" and "Staffing levels have been very good. I have peace of mind when leaving [relative]".
- The registered manager told us they regularly reviewed people's dependency levels and occasionally used agency staff. They also confirmed that they were looking at having an extra care worker in the mornings from February 2020 and another night worker once occupancy levels had increased. We were told that this had been reflected in the recent staff survey.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed were safe to work with vulnerable adults, had satisfactory skills and had the

knowledge needed to care for people.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The home met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs including consent for photographs. This meant that people's rights were being protected.
- The home held best interests meetings for people. Records showed involvement of the person, family members, professionals and GP.
- Applications had been made under DoLS as necessary. The registered manager had a DoLS tracker in place to ensure applications were made before authorisations expired.
- People and their relatives told us staff asked for their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection, particularly in relation to medicines.
- Staff had received MCA training and were able to tell us the key principles.

Staff support: induction, training, skills and experience

- Staff told us they received appropriate training to enable them to fulfil their roles. A staff member told us, "I receive good training and am well supported. I recently completed stepping into dementia training which was really interesting and gave me new ideas and approaches to use."
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff told us they felt supported and received regular supervision meetings. New staff told us they attended meetings during their probation, which they found useful.
- A new staff member told us, "I started two days ago. My induction is going well. I am currently shadowing

and helping where I can. My training has been interesting, and I am now being able to use it in practice."

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

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at Dorset House. One person told us, "Food isn't bad at all here good".
- We observed a positive meal time experience. The dining room was light and airy. However, lunch appeared to take a long time to be served. One person said, "It's been a long time hasn't it" and a relative told us, "Today's meal took far too long to be served and the chicken was very hard". We discussed this with the registered manager who told us they will be starting to carry out meal time experience observations and eating with people to obtain feedback.
- The food was cooked on the premises. There was a large blackboard with options written at the end of the dining room. However, this was difficult to read. People were shown plates of food to enable them to choose which they would prefer. We heard people being offered alternatives to what was on the menu. There was a choice of two mains and several deserts.
- We were told that visual menus will soon be available on each table to help people make choices.
- Staff understood people's dietary needs and ensured these were met. Where nutritional needs had been assessed, clear guidelines were in place.
- The home employed a chef and a kitchen assistant. They were aware of people's needs and safe swallow plans were in place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The home worked closely with other agencies. Records showed this had promoted effective care and had a positive effect on people's wellbeing.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.
- Staff were knowledgeable about people's needs and the importance of working with others. We were told that professional advice was sought promptly, and advice was followed.
- The registered manager said they worked well with all professionals and were comfortable seeking their input when needed.
- Records showed that instructions from health professionals were carried out and the home supported people's needs well.
- Instructions from medical professionals were recorded in people's care plans and they were communicated to staff during handover. This meant people were receiving the most up to date support to meet their health needs.

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

- Dorset House was accessed by people across two floors using a lift. It had been adapted to ensure people could use different areas of the home safely and as independently as possible.
- The home had several lounges on the ground floor and a large living area on the first floor. There was a large patio and garden area which all had level access. We observed people being supported to access the garden by the activities lead.
- People were encouraged to bring their own belongings and furniture into the home. A relative said, "I do

believe this home has a lovely atmosphere. It's very homely and the staff are just very attentive to mum and myself when I visit."

- People's bedroom doors only had small numbers and their names written on them. We were told that memory boxes had been purchased to be placed outside each person's room to hold memorable objects and photos to help people know where their rooms were.
- The registered manager told us they were also in the process of ordering dementia friendly signs to assist people to access certain rooms such as the bathroom, dining room and lounges. We were told these would be in place by the end of February 2020.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. Comments included; "I feel staff are very kind and wonderful... they always go the extra mile in their support to me", "Staff are so kind and caring" and "They [staff] are so kind".
- Relatives and professionals' comments included; "I can tell that the staff are genuine in their day to day tasks as they are so kind in their tone of voice and all interactions with [relative]" and "I genuinely believe that staff are here because they care and want to be".
- We observed very positive, caring and compassionate interactions between staff and people. Staff got down to people's eye level when communicating. They walked at people's paces when supporting them mobilise and always acknowledged people as they walked past them.
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. Training records showed that all staff had received training in equality and diversity.
- The registered manager told us they had received several compliments. We read some that were recorded. One, from a relative read, 'Words cannot express how grateful [relative] and I are to you all for your kindness, patience and professionalism in caring for [relative]'.

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

- People were able to express their needs and choices and staff understood their way of communicating. A staff member said, "We give people information and options to help them make informed decisions for themselves."
- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of the day and their care. This was with meals, meetings and activities.
- Relatives were pleased with the care their loved ones received. One relative said, "My loved one receives a good level of health care support."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- A staff member said, "We always tell people what we are doing when delivering personal care, close doors and curtains."
- Promoting independence was important to staff who supported people to live fulfilled lives. A staff

member told us, "Independence is important to us all. I would hate to take that away from people." Another staff member said, "Independence is what make us all individual people. We promote it ."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's needs around intimate relationships were not always considered. Care plans did not give clear support and guidance for staff on how to support people's needs in this area. The home had involved external professionals in discussions. However, the discussions and outcomes did not fully consider people's needs.

We recommend the provider considers current guidance on relationships and sexuality in social care and take action to update their practice accordingly.

- The home employed an activity coordinator and had a programme of activities for people to enjoy. This was organised into a daily planner and the activities were advertised in the home.
- People and staff told us they enjoyed the activities. People's comments included, "I like the days we have music, singing, quizzes and the odd crossword or two" and "The only activity I really enjoy is the music and singing, especially when they bring in the singers".
- There were several different lounges and we observed the activity coordinator trying their best to spend time in each. The coordinator told us it was difficult to do activities in each lounge and that it would be helpful to have another coordinator. The registered manager told us that they were looking into activities and plan to meet with the coordinators to discuss how this area can be improved going forwards.
- Family members were welcomed, and staff knew them well. A relative said, "We are always made to feel welcome and can visit at any time".

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. A relative said, "My [relative name] was very withdrawn and had sores when they arrived here. Now they don't have the sores, enjoy socialising and using the garden. It's lovely to see".
- Outcomes were clear and guidance for staff was in place to enable people to meet those outcomes. A professional told us, "Care plans are easy to navigate. They hold the information they need to."
- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and treatment. A relative said, "[Relative] had a care plan review in December 2019. There were no changes to their care plan. A training need was identified for staff and this has been delivered."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. People's identified information and communication needs were met.
- Staff understood people's communication needs and ensured glasses were clean and hearing aids were maintained.

Improving care quality in response to complaints or concerns

- The registered manager told us they welcomed complaints and said, "Complaints are positive. They give us an opportunity to learn and improve."
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome.
- Complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made.
- Each person and relative stated when asked if they had any concerns who would they feel safe in reporting these to, responded by stating they would speak to the registered manager or deputy.

End of life care and support

- People's end of life wishes had started to be explored by the service. However, we found one end of life plan was out of date. We discussed this with the registered manager who told us they would update it as a matter of priority.
- At the time of our inspection no one was receiving end of life care.
- The home had received compliments from relatives following the loss of their loved ones. One read: "We really appreciate the attentive and sympathetic care you gave [name]. This enabled them to pass away in comfort and dignity".

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure that effective systems were in place to monitor the quality and safety of services provided. 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 enough improvement had been made and the provider was no longer in breach of Regulation 17.

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

- Improvements had been made to quality assurance systems that were in place to monitor the standard of care provided and ensure people were safe. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- Staff told us they felt the home had improved since the last inspection. Comments included: "There have definitely been improvements since the last inspection. One of these has been the new registered manager. They are the best here in a long time" and "The registered manager has made some good changes. Happier staff, better systems and more support".
- Regular audits were now being completed. These covered areas such as: care files, staff records, health and safety, medicines and infection control.
- The registered manager told us the operations manager visited the home regularly and supported them well.
- Regular staff meetings took place, which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting. Reflective learning took place in these meetings.
- The management and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions, which were included in personnel files. The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

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

- Staff and professionals spoke highly of the management team. Comments included: "I really like the registered manager. They get things done and are competent. They are firm but fair", "I have a good working relationship with the registered manager, we make a good team", "The registered manager and deputy are

both supportive and flexible. I can always talk to them and they lead by example" and "The management care about people and provide us with the information we need".

- Staff felt valued and listened to by the management team. Staff told us that they could discuss concerns, give ideas and suggestions in staff meetings and supervisions.
- Staff told us they were proud to work at Dorset House and that the care team respected each other and worked well together.

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

- The registered manager understood the requirements of duty of candour. The registered manager was able to tell us when it would be necessary to follow this. A professional said, "The home is very open and transparent with us".

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

- People informed us that there were residents and relatives meetings. However, the registered manager told us that attendance to these was not always high. The registered manager told us they were going to send out people and relative feedback questionnaires to check how satisfied people were with the service and see if any improvements were needed.
- Staff told us that they had recently completed staff surveys. The registered manager told us that the results of these had been analysed and changes were about to be introduced. These included improvements to the staff room, staffing levels and new lockers.

Working in partnership with others

- Dorset House worked in partnership with other agencies to provide good care and treatment to people.
- Professionals fed back that partnership working was positive. A professional said, "The home works well with me as a professional. They are always happy to answer questions and share information if required".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.