Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Dorset House

Blackfriars Avenue, Droitwich, WR9 8DR

Tel: 01905772710

Date of Inspection: 23 January 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	The Royal Surgical Aid Society
Registered Manager	Mr. Gence Lassar Mekkunnel
Overview of the service	Dorset House is registered to provide accommodation for up to 42 older people who need nursing or personal care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with three people that lived at the home. We also spoke with six staff, the registered manager and four relatives of people who lived there. We looked at some people's care plans which provided information on the needs of each person. We also observed how staff cared for people who lived there.

We found that people were supported to make choices and decisions about the care that they received. Where people were unable to make decisions for themselves the provider had involved the people that knew them best to make decisions about the care they received.

We saw that people appeared relaxed and comfortable. They were cared for in a way that they preferred. The people we spoke with were positive about their experiences of the care that had been provided. One relative told us it was: "Absolutely golden". A person that lived there told us: "I could be in no better place".

We found that medicines were appropriately stored and administered.

We found that staff had enough support and training to enable them to do their job roles effectively. One relative told us: "I have absolute confidence in the skills and knowledge of all the staff here".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

All of the staff we spoke with demonstrated knowledge of consent and what to do if they were unable to gain consent. This meant that where people did not have the capacity to consent, the provider acted in accordance with the best interests of the people that lived in the home.

Staff told us that support had been obtained if people had been unable to consent to their care or where decisions needed to be made on their behalf. For example, the provider had been involved in best interest meetings when required and had also support from specialist teams had been sought. We saw evidence of this in the care records. This meant that the decisions about the person's care were made by the people that were closet to them and knew them best. Treatment was agreed to be in the best interests of the person.

We observed a person who lived at the home had been supported to make choices about what activities they were about to do. We also saw written in the care records the choices that people had made regarding activities that they had chosen to do. A person that lived there told us: "They always listen to the choices you make". A relative also told us: "People are respected and given choice all of the time". This meant that people had been given choices around the care and treatment received.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at care plans for five people who lived at the home. They covered a range of needs and had been reviewed regularly to ensure that staff had up to date information. There were also detailed assessments about the person's health that included specific care plans. The staff we observed were able to help and support people. A relative told us: "If you could rate the care above excellent they would be there". Another relative said: "The care is very, very good. You cannot fault the staff".

We saw that the daily record sheets at the home were up to date. Care files indicated that a range of external health and social care professionals had made visits to people. For example a person's eating and drinking needs had started to change. This was identified by staff and a referral was made for a speech and language therapist. The person's eating guidelines were reassessed to meet their needs. Staff told us that the person's eating had now improved. This ensured that staff had up to date information about people's care and support needs, and the people who lived there would continue to have their individual needs met.

All the staff we spoke with had knowledge of the needs of the people at the home. We saw that staff helped and supported people. Staff told us that the amount of support that a person required was always based on an individual's needs. We asked staff about some of the health needs of the people who lived there. What staff told us matched what was in people's care records. This meant that people who lived at the home had received care and support that met their needs.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that when medicines were administered the Medication Administration Record (MAR) was signed by the staff member to confirm that the person had received the correct medicine. We carried out an audit of the medicines of those people whose care files we had looked at. We found that people received their medicines as prescribed by their doctor. Each one we counted had the correct number of tablets for the number that had been dispensed and administered.

We observed one staff member administer people's medicines. They told us: "All staff have to complete medicines training and be a registered nurse to administer the medicines". We also found that the provider carried out weekly medicine counts to check that there were the correct amounts of medicines to match what had been dispensed and administered. This ensured that people were protected against unsafe management of medicines.

We found that medicines were kept safe and secure in a locked medicines cabinet. This meant that medicines had been stored appropriately.

The provider had written policies and procedures for the management and administration of medicines. These were comprehensive and included clear guidance for staff to follow for the safe administration of medicines. For example, we found that where people had been prescribed emergency medicines, up to date protocols were in the care records. These provided instructions on when these medicines could be given. The staff we spoke with understood when these medicines could and could not be given. This meant that medicines had been given appropriately and at the time according to a person's need.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We found that there was a structured programme of induction in place. New staff were given additional support and supervision for the first three months. A new member of staff told us that this meant they felt: "Supported and valued. The managers really make sure you have the full support to do the job properly". A staff member told us: "There are lots of training opportunities". Every member of staff had access to dementia awareness training. The registered manager told us that this was really important as it: "Provides staff with an understanding of the needs of the people that live here". One member of staff said: "I think we (staff) all have the skills to provide a good quality service here". This meant that staff had received appropriate training and support to enable them to deliver care to an appropriate standard.

The training charts that we looked at showed that staff regularly attended training around areas such as, infection control, safeguarding, medicines and other training relevant to their roles. A relative said: "They (staff) all definitely know what they are doing". We observed that staff helped a person who appeared anxious to relax. We observed that the staff were knowledgeable and confident in carrying out this task. This showed that the staff had the relevant qualifications, skills and knowledge to meet the needs of the people who lived there.

Staff said that they felt supported by the registered manager and other staff. There was a formal structure of supervision which occurred regularly. Staff also said that this could happen more frequently if they identified a need for it. There were also frequent staff meetings, which the staff told us were useful. One member of staff said: "The meetings give everyone the opportunity to talk together and support each other". This meant that staff had been appropriately supported to deliver care and treatment to an appropriate standard.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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