

St. Dominics Residential Home Limited

St Dominics Residential Home

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Requires improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We inspected this service on 28 September 2015 and the inspection was unannounced.

St Dominics Residential Home provides personal care for up to 39 older people, some living with dementia. There were 34 people living at the service on the day of our inspection and two people were in hospital.

During our last inspection carried out over two days, 25 April and 2 May 2014, we found that this service was not compliant in some areas. There were concerns around arrangements for gaining people's consent, care plan reviews, staffing and the use of door wedges which might impact swift evacuation of the building in the event of a fire, and quality assurance processes.

Summary of findings

During this inspection we found that the manager had taken action and was offering a good service overall. Although we found the service continued the use of door wedges and had risk assessments around their use to safeguard people. However, we had concerns about the quality of the risk assessments. We asked the fire officer for their opinion, they told us that it was recommended that an automatic closure device suitable for the intended occupancy should be fitted to all bedroom doors.

You can see what action we told the provider to take at the back of the full version of the report.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff to support people safely and staff knew what to do if they suspected someone may be being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care.

Medicines were managed and stored properly and safely so that people received them as the prescriber intended. Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before delivering their care or treatment. Staff were clear about their roles. Where people were not able to give informed consent staff and the manager ensured their rights were protected.

People had enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who were becoming unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's needs and references so that they could engage meaningfully with people. Outings and outside entertainment was offered to people and staff offered activities on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that they were confident that any complaints they made would be addressed by the manager.

The service had consistent leadership. The staff told us that the manager was supportive and accessible if they wanted to talk with them. There was an audit system in place to check that the service was offering a good quality service. The audits were in place but some lacked detail. The provider visited the service several times a week to check that the quality of the service was maintained and spoke with people who used the service to pass time and to give them the opportunity to give their view of the way the service was managed. But the provider did not record the visits. We have asked for the audits to become more detailed and suggested that the provider recorded their visits, we have been told that both have been put in place.

People were also given the opportunity to voice their views in an annual survey, we saw the last survey and noted that only positive comments were recorded.

Summary of findings

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 because of their practice of propping fire doors open during the day and at night time.

Staff had received training in how to recognise abuse and report any concerns and the provider helped to maintain safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to help keep people safe without reducing their ability to make choices and self-determination in day to day activities. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

Requires improvement



Is the service effective?

The service was effective.

Staff received the training they required to provide them with the knowledge they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to help them meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Good



Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs.

People were involved in putting their care plans together and were actively involved in making decisions about their care treatment and support.

Relatives were also involved in and consulted about their family member's care and support.

Good



Is the service responsive?

The service was responsive.

People's choices preferences were respected and taken into account when staff provided care and support.

Good



Summary of findings

Staff understood people's interests and assisted them to take part in the activities and pastimes they preferred to do. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Is the service well-led?

The service was well led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

Good



St Dominics Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 September 2015 and was unannounced. The inspection was carried out by two inspectors and an expert by experience, their expertise was gained as they supported an elderly relative living with dementia.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last

year. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service throughout the day, including during lunch. We spoke with 13 people who used the service and six of their relatives and visitors.

We also spoke with the provider, the manager and deputy manager, a senior care staff and five care staff. We also spoke with the chef, a kitchen assistant and the administrator.

We also looked at six people's care records and examined information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

During our last inspection carried out over two days, 25 April and 2 May 2014, we found that the service used door stops to prop doors open during the day and at night time, these included people's bedrooms. This practice is unsafe as it leaves people at potential risk from smoke inhalation and the danger of fire. After the inspection the service sent us an action plan to tell us what action they were going to take to ensure they were meeting the regulations and were keeping people safe. In the action plan the service told us that they had risk assessments in place setting out what action they would take in the event of a fire.

During this inspection on 28 September 2015 we saw that door stops were still in use. The risk assessments in place stated that some people, mainly those who spent long periods in their bedrooms, had their doors wedged open, 'As the resident is bedbound and to enable close monitoring of condition and reduce feelings of isolation.' Or similarly, that a person had reduced upper body strength and has difficulty opening the door. During the night there are some people who were assessed as needing or wanting the door open all night.

The bedroom doors were fire doors, which are designed to delay the smoke and fire getting into the room, giving time for the fire to be put out before reaching that room. There are devices available that keep doors open and deactivate to allow the doors to close when the fire alarm is sounded. These devices were fitted to other fire doors in the service but were not fitted to people's bedroom doors. Their use on people's bedroom doors would allow people to have their doors open whenever they wanted without increasing the danger to them in the event of a fire.

The service used risk assessments to mitigate the risk present to people by using door stops. The risk assessments stated that door stops would be used and staff would immediately, on hearing the fire alarm, go to those rooms where the door stops were in use and remove them. We asked for the risk assessments to be strengthened, but continued to be concerned that they were not sufficient to safeguard people, especially at night when there would be fewer staff on duty. Expecting staff to remove the door stops would prolong the amount of time before people were protected from ingesting smoke and could present a risk to the staff of going towards the fire.

We told the manager that we would be contacting the fire officer for their opinion of the risk assessments and the use of door stops. When we did, the fire officer told us that it was recommended that an automatic closure device suitable for the intended occupancy should be fitted to all bedroom doors. They told us that they had arranged to visit the service to discuss their concerns with the manager.

The use of door stops contravenes fire safety guidance and good practice and is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People we spoke with told us that they felt safe living in the service, one person said, "Yes I am safe here and they are very kind to me, they are all very nice." A person who chose to sit in the main lounge and told us that they would use the call bell to call staff if anyone needed help. They told us, "I am the eyes and ears in here, staff come quickly enough."

During our last inspection carried out over two days, 25 April and 2 May 2014, we found that there was a high use of agency staff, due to a large turnover of staff over a short period. During this inspection we found that there were sufficient staff on duty to keep people safe and help protect them from harm. One person told us, "They do their best and they do look after me, they are rushed when people are getting up and going to bed and at meal times. But if I need help they come to me when I press the buzzer." Another person told us, "I have never felt unsafe, they were short of staff the other day but it didn't matter, the manager helped out."

A relative told us that they felt their family member was safe and well cared for. They said, "I have had no worries about my [relative] they fell out of bed once and now they have a mattress by the side on the bed." They said they felt that the staff took action to keep their relative safe. Another relative told us, "The staff are very good, there are the busy times of day when they are pushed, but most of the time they are there whenever my [relative] needs them, you can't fault them."

The manager told us that there were no staff vacancies except for a cook and that they had bank staff who could pick up shifts as required. They also told us that at busy times staff would be redeployed to help including the ancillary staff, who all had the same level of training than the care staff.

Is the service safe?

Staff told us they felt there were enough staff to meet people's needs. We observed this throughout the day with all staff pulling together to ensure people's needs were met. At lunch time the chef served the meals and staff worked together to ensure people received their meal in a timely way. Staff told us the same level of staffing was maintained at the weekend and the only thing that compromised staffing levels was if staff called in sick at the last moment.

The manager also told us that they felt the staffing levels were good and explained how they regularly assessed people's care needs and changed the number of staff on duty if assessments showed that more were needed to support people's needs. For example, someone may move into the service that had complex needs and needed a higher staff ratio to ensure their safety.

Ensuring that there was sufficient permanent staff on duty at all times helped to ensure that people received care and support from staff who knew them and were familiar with their needs.

Processes were in place for the safe storage, ordering and administration of medicines. Staff we spoke with told us they had received medicine training and they were seen to be competent. There was a medicine policy and procedure in place. We observed staff administer medicine and saw that they followed safe medicine practice, which meant that people received their medicines as prescribed.

The staff member showing us the medicines was confident in what they were doing. They told us they received some initial training from the supplying pharmacist and then were shadowed for a week by a more experienced member of staff. They said they received regular update training and assessments.

The supplying pharmacist carried out annual audits and these were available. The seniors told us they also carried out weekly audits checking the stocks and ensuring they tallied with the medication records, checking that medicines were in date and all signed for. However, these audits were not recorded. In addition the assistant manager conducted monthly audits but these were not sufficiently robust and we were unable to see if identified actions had been fully met. This was because we saw the same issues being identified with each monthly audit, mostly relating to recording. This was discussed with the manager who agreed to deal with this.

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the manager would take action if they reported any concerns. One member of staff said, "I would tell the manager, head office, the local authority or CQC." Staff were also aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary.

The manager demonstrated an understanding of keeping people safe from abusive situations. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example, the risk of falling. There was guidance for staff on what support people required to reduce the risk. Records also showed that people assessed as being at risk of developing pressure areas were receiving the care they needed to prevent deterioration. Their risks were outlined in their care plans and specialist equipment was being used, such as pressure relieving mattresses and seat cushions to prevent skin breakdown.

The manager explained how they managed risks to people's health and welfare such as accidental falls or the risk of pressure ulcers. Incidents were managed promptly and actions were taken to prevent or reduce the risk of further occurrences. For example, if people fell out of bed a falls mattress was put in place to protect them from hurting themselves.

Recruitment files showed that there were robust processes in place to ensure only suitable staff were employed at the home. The files showed that recruitment checks had been carried out before staff were given a contract of employment. There were references including one from the last employer, a job application form including work history and proof of identification and address. Disclosure and Barring Service (DBS) checks were completed to determine

Is the service safe?

if the applicant had a criminal conviction that prevented them from working with people who used the service. Interview notes were seen confirming robust interviewing processes. The assistant manager told us that when they

employed agency staff they made it clear what their expectations were asked for a pro-forma for the staff member to show the agency had recruited the person correctly and they had all the necessary checks.

Is the service effective?

Our findings

During our last inspection carried out over two days, 25 April and 2 May 2014, we found that the service did not have suitable arrangements in place to obtain consent of people in regards to receiving flu jabs.

During this inspection the manager explained that prior to the planned inoculation visit, the doctor asked the manager to check who wanted to have it. Those people who were able consent to receiving the jab did so. The health practitioner giving the inoculation would assess people's consent at the time of treatment for those who couldn't and make a decision as to whether it was in their best interest to be given it. They would take into account the person's past history of whether or not they routinely chose to have the flu jab and would consider whether a person gave implied consent; did the person seem relaxed and freely offer their arm for the injection when it was explained what was about to happen for example? The manager assured us that if people changed their mind or became apprehensive or refused to cooperate, they would not be forced to have the inoculation.

We saw many examples of staff seeking consent from people as they carried out their day to day duties of supporting and helping people to live their lives. For example we saw staff asking people if they wanted to go through for their dinner and if they were ready to go to bed. They did not assume that a person would want a drink or support they asked before starting and action.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to registered care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at the records and discussed (DoLS) with the manager. They told us that (DoLS) records and assessments were in place and we found the provider was following the necessary requirements. One person was subject to a DoLS authorisation by the local safeguarding authority because they were not free to leave as it would be unsafe for them to do so.

We spoke with staff about mental capacity and asked staff how they supported people who were unable to make

decisions about their care and welfare. Staff had completed basic training and most felt people could make their own decisions. They also felt and staff offered people choice and gave care according to people's preferences. Staff said where people could not make decisions these would be made by the next of kin. We spoke with the manager about this as under the MCA next of kin cannot automatically make decisions on people's behalf. The manager had a good knowledge and knew how to support people lawfully and had said additional training for staff was going to be provided.

The service directed people who had capacity to a lay advocacy service for support and guidance with making decisions if they did not have family or friends to help them. Lay advocates are independent of the MCA and are able to support people with decision making.

We saw that there were fact sheets prominently displayed in the services' entrance hall for people using the service, family members and visitors to take a copy of. It clearly explained the MCA and DoLS, why they were put in place and how the Act protected people.

Records showed that staff received training and support from the management team which helped them to do their jobs effectively. Staff told us they were provided with training, supervision and support which they felt gave them the skills, knowledge and confidence to carry out their duties and responsibilities. The organisation's training matrix, which was how they tracked staff's training, showed us that a high percentage of staff had completed their training, enabling them to develop the skills they need to carry out their roles and responsibilities. We saw that staff had to carry out knowledge checks after they had completed their training, in the form of short questionnaires.

The assistant manager told us they had recently assumed responsibility for staff supervision, which included direct observations of practice and formal supervision to discuss what had been observed and how it could be improved upon if necessary. These observations were detailed and the assistant manager said they were completed every couple of months or as required.

Staff in the kitchen told us they had exactly the same training as the care staff and all the staff worked as a team.

There was a detailed induction process for new staff, which included a period of shadowing by a named member of

Is the service effective?

staff who acted as a mentor for about two weeks. Staff completed an induction which covered all the pre requisites required. Staff told us about their induction and told us that they went at their own pace.

One staff member said, "I like working here the staff are supportive to each other." One person's relative told us, "Staff are good at picking up on things."

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with the GPs that provided support and assisted staff in the delivery of people's healthcare.

We asked people about their health care needs, several people told us they saw the chiropodist regularly. Staff told us they had a good rapport with the GPs and the district nurses who visited the service daily. Staff were knowledgeable about people's needs, they were able to tell us if anyone had an infection and how the person was cared for and checked to ensure antibiotics were effective in clearing up the infection. Records also showed that people were supported to attend hospital and other healthcare professionals away from the service. For example, specialist diabetic clinics and diagnostic tests.

Healthcare professionals were complimentary about the service and said that they worked well with them and the staff were knowledgeable and helpful. One professional commented, "The staff are always able to give me an up-to-date report of my patient's progress and current condition. The Manager is passionate about providing the best palliative care for their patients." Another told us, "St Dominics offers a high level of care with a team that have been nothing other than engaged and responsive to both need and advice."

People were supported to have sufficient amounts to eat and drink. They told us that they enjoyed the food offered to them, had enough to eat and they were able to make

choices between different main meals offered at dinnertime. We were told, "I went to the garden room for lunch and had an omelette with broccoli and potatoes. I liked it, it was nice." Another person told us, "I am never hungry here, I am putting on weight and the food is good." A relative told us, "My [relative] loves the food and since they came here from the hospital they have put on weight and my [relative] said to me this morning that the meat yesterday was very tender, all of the food is freshly made here"

We observed that lunch was well managed with people being given their meals in a timely way. Choices were promoted and a range of different meals were offered according to people's individual tastes and preferences.

People were encouraged to drink and some people had wine with their meal. Plate guards and specialist utensils were available for those who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. We spoke with the cook and the person who assisted with breakfast. They were very knowledgeable about people's dietary needs and gave us examples of how they promoted weight gain for people who needed this support. Meal times were flexible and they told us finger foods and snacks were provided as people required them.

The cook told us they had everything they needed to do their job and a generous budget for food. They used local produce and were able to provide well balanced meals and choice. The kitchen had been awarded 5 stars during their last environmental health check and we identified good infection control procedures.

Is the service caring?

Our findings

Without exception every person told us staff were kind and caring. They said that staff were respectful of people's needs and supported them with their independence.

One person told us, "I would sooner be here than at home, there is nothing nasty about the staff and they are always very good to me and I cannot point the finger at any to say that I don't like them, they are all respectful to me and I am to them."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "The carers here are very good and very kind and understanding and you can talk to them. They always have a little chat with my [relative] when they help them."

We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. Staff sat in the lounge chatting and being sociable. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered alternatives drinks or snacks if they were unable to voice a preference. We saw genial banter and laughs between people and staff. Staff were able to tell us about people's needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with people.

For example, we saw a staff member sitting with one person, stroking their hand and then use one of their own

hair clips to keep the hair of the persons face, because their hair clip kept slipping and was annoying the person. This showed that staff had built up a good relationship with the person they were supporting.

One person told us "I have never regretted moving in here." Another told us, "The light was flashing in the night and a girl came and explained that there was nothing to worry about, go back to sleep, they are always so kind."

We observed staff supporting people with mobilising and this was done sensitively with staff reassuring and telling the person what they could expect.

We saw staff preserve people's dignity and cover people's knees with a blanket where appropriate. Staff gently persuaded people with their day to day tasks, we observed staff knocking on people's doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people's dignity and we regularly observed staff discreetly and sensitively asking people if they wished to use the toilet. One relative told us, "I cannot fault them, they pull out the bed to move [my relative] and they always knock on the door and ask can we come in, they definitely show respect and when they move [my relative] they are gentle and there are always 2 carers," Another relative told us that, "I am often here, but the staff work around me and make me feel welcome."

The manager told us that people were encouraged to be involved in planning their care where they were able and relatives also told us they were consulted about their family member's care. One relative said, "They [the staff] make sure they let me know anything I need to, they call me if something happens."

Is the service responsive?

Our findings

During our last inspection carried out over two days, 25 April and 2 May 2014, we found that not all of the people's care records were kept up to date when people's needs had changed. During this inspection we found that the care plans we looked at were up to date and had been reviewed regularly.

People told us that they thought the service responded to their needs. One person said, "We can do what we want, no one tells us what to do." Relatives told us they were happy with the standard of care their family members received and it met their individual needs.

Relatives also told us that they had been provided with the information they needed during the pre-admission assessment process before their family member moved in. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs. Care plans were detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in choosing their own clothes and maintaining personal care when they could. One person said, "I prefer to dress myself and I choose my own clothing and the staff don't fuss and let me get on with it."

When we first arrived we were shown around the service by the deputy manager and we found that the people who lived there were fully engaged with what was going on around them. We were often stopped by people who asked who we were and responded positively when we explained why we were at the service. People were full of praise about the staff and the home and shared their experiences with us. One person said, "I always have something to do and the girls [the staff] always make sure I get the right help to get it done." Another person said, "I'll tell you the truth, I couldn't ask for better. They [the staff] make sure things get done the way I like it."

Staff told us that they always consulted with people to ask their views when care plans were reviewed and updated. Care plans were clearly written and had been reviewed and updated.

Staff were encouraged to support people with activities that reflected their interests and pastimes, the focus was

on what the individual wanted to do. We spoke with people about how they occupied themselves. One person said they liked to read and had a steady supply of books in large print. Another person was sitting with others, including a volunteer to the home, they were going through gardening books and socialising. They told us, "My garden was really important to me, I enjoy the garden here, it's lovely." Another person told us they regularly went to the church services and enjoyed the entertainment provided at the home. They told us, "There are lots of trips out, but I prefer to stay at home."

We observed a member of staff facilitating an activity of bowling where ten people were joining in. The activity person said it helped people with their eye and hand coordination and people were given sufficient encouragement and praise to join in.

Around the home there were photographs of different things that had taken place and planned future events. Each day there was something planned and the home provided specific activities according to people's wishes and gender. One gentleman told us, "Due respect to the ladies in the lounge but I cannot sit with the elderly ladies, I am quite happy here in my room. I go to the Men's club on Mondays and play dominoes and we have fun and have a joke." People could get access to the internet and one person told us, "I've got my own computer, broadband, printer, phone line and TV. The maintenance guy put up two pin boards for my photos."

There was a monthly newsletter produced and fundraising events to share information with people and their families. The home had a number of volunteers to support activity and provide companionship to people, we saw a volunteer spending time with a person, "Just passing the time of day."

People told us they were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were always made welcome when they visited. One relative told us, "I come in virtually every day but when I am away on holiday I leave [my relative] a list of where I am each day so they know and [my relative] tells the staff each day and they chat about where I am. I was on a cruise for two weeks and [my relative] knew each port I was visiting and spoke to the staff about it."

Is the service responsive?

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed in the lobby so that people would know how to make a complaint if they needed to. The manager said that they always made themselves available if people wanted to talk with them and encouraged people to raise concerns at an early stage so that they could deal with people's worries before they became formal complaints. One relative said, "There isn't much to moan about, when I do the staff listen and make

changes." People told us they had no reason to complain, one person told us, "We have a residents/relatives meeting in January and in June where we can talk about any problems. If you have any issues in between you can contact either of the managers and it is dealt with." Neither were relatives concerned about how complaints were dealt with, one relative told us, "I don't, but if I did have a complaint or worry I would go straight to the manager, I know she will see to it."

Is the service well-led?

Our findings

During our last inspection carried out over two days, 25 April and 2 May 2014, we found that although health and safety checks were carried out we found some records were incomplete. During this inspection on 28 September 2015 we saw that health and safety records showed that safety checks and essential maintenance tasks were carried out, on the lift and hoists for example. Fire drills were carried out regularly and checks were done on the fire safety equipment, such as the extinguishers, fire bells and fire panel. They were up to date and regularly scheduled.

We saw that audits of records and practices were routinely carried out by the manager and deputy manager. However, although we did not find any areas of concern that had not been identified or rectified, some of the audits lacked detail. For example, the care plans were audited monthly but the records did not name the care plans that were reviewed or give details of the action taken to update them. Some of the other audit records were similar, the medicines for example. Also, staff had told us that they audited the medicines every day, but these audits they were not recorded. Without detailed, relevant information the audit's information may not properly analysed or used to identify, monitor and address any trends. The manager has since informed us that they have redesigned the audits so that they capture more information and have instructed staff to record their daily medicines checks.

The provider monitored the quality of the service, this is a small organisation, with St Dominics Residential Home being the provider's only service. The provider spent several days a week at the service, they were there when we arrived to start our inspection and we saw them sitting with people, chatting and making conversation during the day. When we spoke with them they were very aware of what was going on at the service and talked with us about some of the people who lived there and their needs. They told us that they did some of the lighter maintenance tasks themselves as well as small favours and chores for people who lived there. The provider told us that they invited people to help them in the garden to do some light gardening, which people enjoyed. One person told us, "The boss man [the provider] spends time with me, we have some interesting chats." People and relatives told us they had a high regard for him.

The manager told us that they felt well supported by the provider, who oversaw their work. They talked on a daily basis, either face to face or over the phone when they would discuss the way the service was run, areas of improvement and future plans. These conversations and visits to the service were not recorded. We had discussions about the importance of evidencing the actions the provider took to check that the quality of the service offered to people was maintained and they told us they would put a system in place to record the visits more formally.

The provider later told us that they have decided to put plans in place for one of the directors of the organisation to carry out regular provider visits to check the quality of the service given to people. They will report on the visits, develop action plans and check the actions had been undertaken on their next visit. This will strengthen their quality assurance system.

Relatives told us that the manager and the provider were approachable and made themselves available if they wanted to speak to them. One relative told us, "The manager is very good and is a very nice woman and I chat with the owner." Another relative told us, "The manager has a tremendous knowledge... she knows about pain and that makes a difference. She is what makes this place what it is. She was here until gone 1am the other night as someone was unwell."

The manager told us that they had maintained their registration with the Nursing and Midwifery Council, which we authenticated, and that they updated their training regularly, including their train the trainer qualifications. They were knowledgeable about the people in the service and they spent time monitoring staff and the delivery of care closely.

A relative told us, "I am happy and the staff are good, the manager is lovely and chats with me and helps me when I need it." Another said, "I would definitely recommend this place and I cannot praise it or the manager enough and if anything happens to me I shall be coming here."

All the staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems, and that they would

Is the service well-led?

listen to their concerns. Staff told us they enjoyed their job and seeing people well cared for. They told us they worked in an atmosphere of trust where they could challenge each other if they needed to.

A staff member said, “The manager put the people’s needs using and the staff above their own.”

There were regular staff meetings, which enabled staff to exchange ideas and be offered direction by the manager. For example staff were reminded to stop to spend time with people as they did their job. Also they were told to make sure they followed infection control procedures at all times.

Staff told us there was a detailed handover after each shift. There was also an eleven o’clock meeting, when senior staff and heads of department met to handover and share any necessary information. Records were kept of these meetings, which evidenced that information was shared daily so that staff were aware of any appointments, who needed extra support and gave them an opportunity to find solutions for any difficulties raised.

The manager told us how they had changed their quality assurance processes to keep it robust. They were using surveys linked to the key line of enquiries (KLOS), developed by the Care Quality Commission, to measure how effective the service was. Surveys were circulated to people using the service, their relatives, staff and visitors. The manager said they would then compile the results to see how they were performing and how they could improve their service. All of the responses to the last surveys received were positive.

People were also given the opportunity to attend resident meetings and give their comments about the running of the home. A copy of the meeting minutes were posted in the entrance lobby for people and visitors to see along with other information of interest about the service, such as notices about upcoming events happening at the service. A newsletter was produced every month by the activities coordinator to keep people informed, it contained bits of news about the service, what people had done, what activities and outings were planned in the near future and reports of how they had gone in the past.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The use of door stops contravenes fire safety guidance and good practice.