

St. Dominics Residential Home Limited

St Dominics Residential Home

Inspection report

London Road
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Colchester
Essex
CO5 9AP

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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

We inspected St Dominics Residential Home on the 8 January 2019.

About the service: - St Dominics caters for up to 39 older people. At the time of our inspection 39 people were using the service. The service had spacious living areas and was set over two floors. The service was set in a residential area with easy access to the local community and had a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

People's experience of using this service: People and relatives were very complimentary about the service and staff. One person said, "I am happy here, the staff are doing a good job."

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received the appropriate training. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. Staff were trained to deliver support to people at the end of their life.

The service was well-led. The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: Good (report published 7 January 2017)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

St Dominics Residential Home

Detailed findings

Background to this inspection

The Inspection:

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

Inspection Team:

The inspection was carried out by one inspector.

Service and service type:

St Dominics Residential Home caters up to 39 older people, some of whom may be living with dementia. The service had a registered manager. 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 took place on the 8 January 2019 and was unannounced.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with nine people and two relatives and observed interactions with staff. We spoke with the registered manager, provider, head of care, cook and one care worker. We reviewed care files

and records held in relation to the running of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People felt safe living at the service. One person told us, "I feel safe here and my family know I am safe." A relative told us, "We are delighted, we can finally sleep soundly knowing they are here."
- Staff knew how to keep people safe and protect them from abuse. Staff were trained and able to identify how people may be at risk of harm and what they could do to protect them.
- Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. One member of staff told us that if they had any concerns about people's safety, "I would complete any paperwork and inform my manager, if they did not act I could go to the provider or report to the CQC."

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people. Staff undertook risk assessments to keep people safe. Assessments focussed on supporting people to move safely, prevent falls, have the correct nutrition and prevent pressure sores.
- Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid. One member of staff told us, "We would contact the GP or 111 for advice."
- The service had emergency plans in place and this included guidance to staff on fire evacuation procedures. We saw regular fire drills were held and equipment such as automatic door closers maintained.
- People were cared for in a safe environment. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements there was an on-site maintenance person.

Staffing levels

- People received care from a consistent staff team who had the skills to deliver high quality care. Staff told us there were enough staff available to support people with all their needs. People we spoke to told us that there was enough staff available to meet their needs.
- The registered manager told us that they used a dependency tool to plan staffing levels and always worked above their required numbers. We saw that the service was well resourced with staff.
- One person told us, "There is enough staff at night if I need anyone I use my buzzer and they come quickly to help me."
- The registered manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for. The registered manager had also spent time reviewing staff roles to ensure they were working in the most appropriate roles for their skills.

Using medicines safely

- Only trained and competent staff supported people with their medication. The Head of Care ensured staff training was kept up to date and observed medication practices. Regular audits were completed to check medication was managed safely.

Preventing and controlling infection; Learning lessons when things go wrong

- Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections.
- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices and needs. Care was managed and delivered within lawful guidance and standards.
- People their relatives and advocates were involved in reviewing their care with staff.

Staff skills, knowledge and experience

- People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care.
- The registered manager told us that they invested in ensuring staff had the correct training to fulfil their roles. Training was delivered face to face on site by themselves or the head of care.
- Staff told us that they had been supported to achieve nationally recognised qualifications. One member of staff said, "I am completing my NVQ level 2 and will then do my level 3 in care."
- Staff were supported with specialist training such as end of life care and dementia awareness. One member of staff said, "I attended training on the dementia bus recently. This training lets you role play and experience what it is like for people living with dementia. It gives you a better understanding when supporting them."
- New staff were given a full induction to the service and worked alongside experienced members of staff when they first started. They also completed a probationary period to ensure they were suitable for the role.
- Staff felt supported at the service. Staff told us they had regular staff meetings to discuss the running of the service and people's needs. Staff also had supervision meetings and observations of their practice completed.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink. People were very complimentary about the food. One person told us, "The food is marvellous very well cooked."
- The registered manager employed two cooks at the service. One cook told us, "All the food is cooked fresh and produce is sourced locally. We discuss the menu regularly with people and make changes in discussion with them."
- Where people required support with their nutrition the registered manager had got advice from dieticians and speech and language therapists.
- Staff supported healthy eating and monitored people's weight for signs of changes and sought medical advice where required.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People were registered with a local GP who attended weekly to complete reviews. Staff could also request a GP visit outside of their regular review if necessary.
- People were supported to have all their healthcare needs met and had access to dentists, district nurses, opticians and specialist nurses as required.

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

- The environment was appropriately designed and adapted to support people. The service was spacious and people had their own large rooms. We saw that all the rooms had been individually personalised with people's belongings. The registered manager told us that they continually reviewed the environment and redecorated as needed.

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

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. This told us people's rights were being protected.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Everybody we spoke with were very complimentary of the staff and told us that they were happy living at the service. One person told us, "We are very lucky here, all the staff are very nice." Another person told us, "I am happy here all the staff are very kind and helpful."
- We saw that staff had good relationships with people and throughout the inspection we saw staff chatting and laughing with people whilst showing kindness and compassion.
- Staff were able to demonstrate a good knowledge and understanding of people's needs. For example, we saw staff knew what food to offer to one person to encourage them to eat when they originally refused their lunch.

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

- Each person was allocated a member of staff as a key worker to support them and work with them to ensure they were comfortable and had everything they needed to support their needs.
 - People had care plans that had been discussed with them and were regularly reviewed. One person told us, "My key worker is [staff name] they go through my care plan with me."
 - Where appropriate families were involved with decisions about care, along with advocates and other healthcare professionals. An advocate is an independent person who is appointed independently to ensure a person's views and wishes are listened to and their best interest is supported.
 - People were supported to follow their faith and a multi faith service was regularly held. One person told us, "I have not been confirmed but I join in the service and they give me a blessing."
- Staff also supported people to access the local church one person told us, "I go next door to the church."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. People were supported as individuals and had their own routines and activities they followed each day. One person told us, "I follow my own routine, I join in if I feel like it or I just do my own thing."
- People had their own rooms which had been personalised with their belongings. There were signs on bathrooms to show if they were in use and staff used these when supporting people with personal care.
- Staff supported people to maintain their independence and retain their independent living skills. For example, staff helped people to maintain their mobility and a physiotherapist attended the service to support people's mobility.
- People were encouraged to maintain their relationships with family and friends and could receive visitors at any time. One person told us, "I regularly go out with my family when they come to see me."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Personalised care

- Before people came to live at the service a full pre-assessment was completed to identify how people could be best supported. People and their relatives were also encouraged to visit the service to see if they thought they would be happy living there. A relative told us, "As soon as we saw here it felt right, we have been really happy with the care."
- People's care plans were detailed and had information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- The service remained responsive. We saw the registered manager had been very proactive in arranging equipment and specialist appointments with other health professionals when people's needs had changed to ensure they received the support they required.
- The registered manager had considered how to meet people's information and communication needs and was complying with the Accessible Information Standard. Staff were able to explain people's communication styles and we saw people were able to express their needs.
- People enjoyed varied pastimes and engaged in meaningful activities. There were three activities coordinators working at the service to support people with activities. We saw throughout the day a number of activities which people were enjoying including quizzes, board games, and discussions. People told us that they had plenty of ways to keep themselves occupied at the service and that they also went out for trips.
- We saw that the activities staff arranged a varied program for people and also arranged for external entertainers to visit the service.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place and responded to any complaints in a timely way. We reviewed the complaints registered and saw there were not any themes and complaints had been responded to and acted upon.
- People and relatives told us that communication at the service was good and that they did not have any complaints. One person said, "I have not got any grumbles."

End of life care and support

- The registered manager had trained staff to deliver end of life care. They sourced training from a local hospice and worked with them for support and guidance on delivering end of life care.
- The staff had received end of life training under the Gold Standard Framework and the service was awaiting reassessment to renew their accreditation from them.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had a good oversight of what was happening in the service, and demonstrated an in-depth knowledge of all areas.
- There was a positive management structure in place which was open and transparent. The provider visited the service daily and was very visible at the service for people relatives and staff to talk with.
- Staff shared the registered manager's vision for the service to give people the best possible care that is safe and promotes well-being. One member of staff told us, "We want people to have a good standard of living every day."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- People and relatives were very complimentary of the service. One relative said, "They do a good job here we are delighted."
- The registered manager understood their registration requirements including notifying us of significant events that happened at the service and displaying their latest report and rating. They were also aware of their duties under the new General Data Protection Regulations. We found people's information was kept secure and confidentiality was maintained.
- People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt supported by the registered manager and head of care and said they felt they had a good team. Staff told us that they had regular team meetings and handovers to discuss people's care.

Engaging and involving people using the service, the public and staff

- People were actively involved in improving the service they received. Staff gathered people's views on a daily basis through their interactions with people.
- People's opinions had been sought on activities, menus and the running of the service during meetings. People also discussed their care plans regularly with their key workers.
- The registered manager sent out questionnaires to people, relatives, staff and other health professionals to gain their feedback.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on health and safety and care records this information was used as appropriate to continually improve the care people received.
- The registered manager had made links with the local community and was continuing to expand on these.