

Review of compliance

St Dominics Residential Home Limited St Dominics Residential Home

Region:	East
Location address:	London Road Kelvedon Colchester Essex CO5 9AP
Type of service:	Care home service without nursing
Date of Publication:	August 2012
Overview of the service:	St Dominic's Residential Home has 38 beds and is registered to provide accommodation for people who require personal care only.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

St Dominics Residential Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People we spoke to were happy living at St Dominic's Residential Home. They told us that they would recommend the home to people and that they had nothing to complain about. They spoke positively about the staff team at the home and the care provided. One person said 'If you need help you don't have to look far, you are never left' and another said 'The staff are my friends'.

What we found about the standards we reviewed and how well St Dominics Residential Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider

had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

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

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had systems in place to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:

Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke to three people living in the home. They told us that staff helped them to maintain their independence and one person said 'They let you do things at your own level'.

People told us that the staff team were always careful with their dignity and privacy and one person said 'The staff treat you as their equal'. They also told us that they had choice in their day to day lives and routines, with one person saying that 'There are no rules and regulations in this home'.

Other evidence

We saw and heard that staff interaction with the people living in the home was friendly and caring. People were also offered choices about where and how they spent their time and with regard to food and drinks. Staff were also heard to give people clear and reassuring information about arrangements for hospital appointments.

We found that the care management plans were not very person centred in that they did not contain many personal preferences and individual strengths and abilities in order to guide all the care staff team. We saw that the people living in the home had been supported to have their hair and nails done and were well groomed and able to wear their own jewellery.

We found that a newsletter was available in the home for people that gave them opportunity for input and information on forthcoming events in the home. The newsletter promotes a friendy community feel to the home.

Breakfast times were seen to be flexible to allow people to come down to the dining room when they were ready or have their meals in their own rooms.

Our judgement

People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke to three people living at the home. One person told us that the 'Staff make allowances for you and do not rush you when they are helping you' and another said that 'They are very good at calling the doctor when you need to see one'.

One person told us 'If you need help you don't have to look far, you are never left'.

People told us that they were happy with the social side of life in the home. One person said 'There is plenty to do here, lots of classes and you can choose what you do and what you don't do' and another said 'There is plenty to keep you occupied and we go on outings and we have a lovely garden'.

Other evidence

We looked at the care management plans for three people who were living in the home. The plans showed that people had their needs assessed and planned for and the care management plans were up to date. On speaking to three staff, we found that they knew the people and the level of their care needs well. The care management plans were sufficiently detailed to guide staff in the overall needs of the individual. The provider may find it useful to note that some records require dating to ensure that staff are using the most up to date information, as quick reference records at the front of the plan were not dated and could be misleading.

The care management plans were supported by a range of risk assessments. These were seen to be up to date but in some cases we found that the assessment was

inaccurate, as the staff had not used the up to date information available to them. For example, staff had not taken into account a weight loss, shown in the weight records, when updating a nutritional risk assessment. The provider may find it useful to note that this then gave a misleading result and could mean that people may not always get the level of referral they need. In most cases the risk assessments were linked to care management plans so the management of the risk was clear.

Records showed that the team at the home were proactive when dealing with the health of the people living in the home and they called the doctor appropriately and promptly. People living at the home also had access to healthcare specialists such as physiotherapists and chiropodists.

We saw that people living in the home had access to a range of social activities and people had input from staff and volunteers to the home on an individual and group basis. People were also seen to be able to pursue activities of their choice such as playing the piano and reading newspapers.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07:

Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke to three people living in the home. They told us that they felt safe living at the home. One person said 'Safe and well looked after'.

Other evidence

We found, from the records and staff notice board that the manager had a zero tolerance of adult abuse and that any matters that came to her attention were dealt with thoroughly and in conjunction with the staff team.

We spoke to three care staff and they all confirmed that they had attended training on adult safeguarding in the recent past. On discussion they demonstrated an understanding of safeguarding and whistleblowing.

The manager had policies and procedures in place to manage any safeguarding matters that arise and this included guidance from the local authority.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke to three people living at the home. They told us that the staff team were very helpful people and caring, with one person saying 'They are my friends'.

Other evidence

We spoke to three care staff working in the home. They all confirmed that they had received an induction on starting work at the home. One person described the induction as 'thorough'. We saw records of people who were currently completing their induction to the home.

All three care staff told us that the level and quality of training provided at the home was good. They told us that they were undertaking courses, for example in end of life care and when people came to the home with underlying medical conditions they were provided with training on the subject so they could met the needs of the individual. This concurred with the training records supplied by the manager.

The staff told us that they felt well informed about the needs of the people living in the home. They also told us that they had achieved NVQ qualifications. One staff member told us that the manager was 'hot on ensuring that staff training was up to date'. Training records showed that compliance levels with standard training subjects, such as fire safety, at the home were good.

We discussed staff supervision with the two staff who told us they had been supervised although one said not for some while and the other said it was every three months. Individual supervision records showed that supervision was not consistent. On discussion with the manager she told us that staff always work in pairs and are

encouraged to peer review each other's practice, although performance reviews are held three monthly. The manager also outlined the use of circle leaning where learning is held in small groups at short notice and relates to current topics. The manager told us that she facilitates the staff to identify areas for improvement in the home and promotes the improvement drive coming from them.

Staff confirmed that team meetings were held and they all felt that these were open forums where they could raise and discuss any matters that affected them or the people living at the home. The staff also told us that the manager was supportive and approachable and that they could raise concerns or queries with her.

Our judgement

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

Outcome 16:

Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke to three people living at the home. One person said 'There is really nothing to complain about here' and another said 'They do ask me if I like it here and if everything is alright but its not formal'. One person said 'If things are not quite to your liking then you just say and they put it right' and another said 'I recommend people to use this home, its a lovely place'.

Other evidence

As part of the quality systems in the home the manager aims to have daily morning meetings with all department leads and these are recorded. We saw from the records that these occur most days and a range of items were raised, whether it be about individual care management or an issue with the premises. It showed that this helps to maintain standards and drive improvement in the home. In addition the manager told us that she walks around the home daily and speaks to the people living there and checks for example, for tidiness and health and safety issues.

The manager and her senior care staff had also carried out audits of the care management plans, whereby plans are chosen at random and checked, for example, for accuracy, completion. The manager completed these every month. Records are maintained and these showed that where required action plans were developed and signed off when work had been completed. Medication audits were also in place, primarily completed by an external pharmacist and staff are also expected to check medication record keeping on a daily basis to ensure accurate administration.

The provider had a system in place to obtain feedback from people using the service and their relatives. This had not been completed for people living in the home for over a year and only one survey was available for June 2011. There were a few more from relatives from the same time period that gave very positive feedback.

The provider may find it useful to note that this may mean that people living in the home and relatives/stakeholders may not have fully been able to feedback as they may wish on matters that affect them and the running of the home.

It was possible to see more up to date comments from 2012 in the compliments book, that commented on the very high standards of care provided at the home.

Records showed that the manager and the team had reviewed the care of people living in the home who have had or are at risk of falls. The records also showed that the risks of falls and agreed management of these risks had been brought to the attention of staff. The manager also reviews all incidents of falls every month, or as required, as part of her accident report reviews, again to reduced risk.

Our judgement

The provider had systems in place to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety.*

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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