

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

St Dominics Residential Home

London Road, Kelvedon, Colchester, CO5 9AP

Tel: 01376570359

Date of Inspection: 22 September 2013

Date of Publication: October 2013

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

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

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	St Dominics Residential Home Limited
Registered Manager	Mrs. Jean Dolmor
Overview of the service	St Dominic's is a service where up to 38 people live who may require support with their care, welfare and health due to being older.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 22 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We found that people who used the service were happy with the care and support they received. We examined records, observed practice and found that the care and support was keeping people safe. One person told us, "The food here is lovely, you should stay for dinner. I like that my daughter can visit whenever she likes." A relative said, "I can come here whenever I like. I feel my relative is well looked after and I would recommend this home to anyone".

We found that this service was well led by a manager that was well respected and trusted by people who used the service and staff who worked here. There were systems in place that protected people and enabled people to express their views.

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

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

One person who used the service said, "The carers are wonderful, they are very caring and look after us well." One relative who visited very regularly told us, "There is a good staff group here. The care staff are kind and look after everyone very well." Another relative told us, "I would not hesitate to recommend the home to anyone. I feel my relative is well looked after."

We examined three care plans and additional documents for people who used this service. We found that plans were based on regular updated assessment of needs. We spoke to people who used the service and relatives who told us about the positive care and support they received. We spoke with one individual who described how they preferred their care and support. We found that this matched the information in their care plan. We spoke to another person and their relative and they spoke about the care and support they received and this too was mirrored in the care plan that staff followed. This meant people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We observed staff as they supported people throughout the day. This included staff who used the hoist and escorted people around the service. We saw good interaction and appropriate practice used. We saw that care plans had a variety of risk assessments dependent upon an individual's needs. These included manual handling assessments, assessments and action to prevent sore skin and nutritional assessments to indicate if people were at risk of malnutrition. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We were told by people at the service, staff members and relatives that the service offered plenty of activities throughout the week. This was provided by two people employed, but also several volunteers helped out to provide activities of interest. One person particularly liked the visiting dogs that came to the service. We also saw that the service had developed their own choir that was to visit similar services to entertain people. The service

had good links within the local community and with schools. We saw that all activities on offer were advertised on notice boards and in a newsletter so that everyone knew of the opportunities. These social opportunities on offer enabled people to spend their time in a meaningful way.

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

Relatives and people we spoke to said they felt 'safe' at this service. People told us that they would bring any concerns to the attention of the manager and felt they would be dealt with effectively. We spoke to staff and the manager and they were aware of actions they would take to make sure people were listened to and they had a good understanding of the safeguarding procedure to be followed in incidents of alleged abuse. The manager told us that staff had received training in safeguarding people and staff confirmed this was the case. This meant that people who used 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.

There were currently no matters that related to the safeguarding of vulnerable people at this service. However, the manager was able to coherently describe how they had acted to protect people. This was in line with known policies, procedures and good practice. This demonstrated that the provider would respond appropriately to any allegation of abuse.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We wanted to assure ourselves that there were enough qualified, skilled and experienced staff to meet people's needs. This was because someone whilst we were visiting told us that the service was short staffed the previous day. We looked into this and found that the roster had been prepared well in advance and was based upon the dependency needs and numbers of people that used the service. We saw the dependency tool used by the manager to determine the staff numbers and skill mix required. Currently for 35 people resident the manager determined that seven staff were needed in a morning, six staff in an afternoon evening and four staff at night. We saw that this had been regularly maintained however the previous day three staff had gone off sick on the day. Adjustments were made in staffing over the weekend that deployed other staff and used agency staff. This meant that the staffing levels were maintained on all but one late shift. We spoke with two staff and they confirmed this was unusual. We saw that this was an exception to the rule; therefore this service routinely did deploy enough staff to meet people's needs.

Staff spoken with confirmed that they had induction training and on-going updates and that all staff were offered access to national vocational qualifications in care (NVQ). One person told us that in addition to this they had completed their medication training, end of life care and Parkinson's Disease care and were currently doing NVQ level three.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Two relatives told us that the manager was approachable and one said, "She would do her best to resolve matters I'm sure." A member of staff said that the manager was fair and was committed to running an effective service and promptly resolved any concerns or issues raised. We spoke with the manager and their view was that every concern should be dealt with as a complaint, because if concerns were resolved then bigger complaints did not come up.

We examined all the complaints received at the service in the last year. We found that matters had been taken seriously. Investigations had commenced by an appropriate person within the service. Full responses were given in writing; telling people of the outcome. The manager was very familiar with all the circumstances and could reference everything written in the complaints log. This meant that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

The service had a policy and procedure in place to deal with complaints. The manager stated that the complaints procedure was discussed with people when they visited the service. In addition information on how to make a complaint was in the brochure about the service. The manager spoke of regular service user meetings that were held and the influence and changes that people made. The most recent changes made were to the menus and decisions about outings. This demonstrated that people were made aware of the complaints system, but also people were listened to and changes made in other informal ways.

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.

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