St Dominic's Limited

St Dominic's Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected St Dominic's Nursing Home on the12 and 13 April 2017. The inspection was unannounced.

St Dominic's Nursing Home is registered to provide care to people with nursing needs, such as Parkinson's, diabetes, and heart failure, many of whom were also living with dementia. The home was divided into six units over three floors, Fern, Crocus, Dahlia, Aster and Bluebell and Elderflower. Fern unit was on the lower ground floor and was home to people living with complex dementia needs. Elderflower unit is still closed at this time. The home can provide care and support for up to 91 people. There were 45 people living at the home on the days of our inspection.

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 and associated regulations about how the service is run.

At a comprehensive inspection in November 2014 we rated this service as inadequate and took enforcement action. Breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance by January 2015. During our inspection in February and March 2015, improvements had been made and breaches in regulation had been met. Due to concerns raised with us we inspected in September 2016 where we found that improvements made in February and March 2015 had not been sustained. People's safety was compromised in a number of areas. The overall rating for the service was Inadequate and the service was placed into special measures by the Care Quality Commission (CQC). Seven breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified and we took enforcement action.

In September 2016 people had not been protected against unsafe treatment by the quality assurance systems in place. There were also concerns relating to the management and leadership of the practice, specifically in the well led domain. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance. Due to further concerns we received in December 2016 we undertook a focussed inspection to look at peoples' safety. We found that there had been improvements made. The concerns raised with us were not fully substantiated and that people's health and safety was at that time assured by the deployment and experience of staff.

On 12 and 13 March 2017 we found that whilst there were areas still to improve and embed in to everyday practice, there had been significant progress made. The history of the service has demonstrated that they have not been able to sustain improvements in the past. The service has been taken out of special measures and there are no breaches of regulation. We have rated this service as Requires Improvement overall and at the next inspection we will check to make sure the improvements are embedded and sustained. This is because we will need to see that as more people come to live at the service, the improvements are

continued.

Care plans reflected people's assessed level of care needs and were based on people's care needs. However further development was needed to ensure that the care reflected people's specific changed health and social care needs. Whilst there were activities provided Monday to Friday, they did not reflect everyone's interests and some people in their bedrooms received little interaction.

Mental capacity assessments whilst undertaken were not always decision specific. A clear rationale for continuous bed rest for individual people needed to be developed to ensure that it was in people's best interests.
We saw some very nice interactions between people and the staff working in St Dominic's Nursing Home. However we also saw some staff did not always treat everyone with respect or maintain people's privacy. This was because they did not always knock on doors before entering their bed room despite knowing they had visitors.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff handovers and communication systems had improved and were informative to care changes. Risk assessments that guided staff to promote people's comfort, nutrition, skin integrity and the prevention of pressure damage were in place and accurate. There were behavioural management plans in place for those people who lived with behaviours that were challenging. People identified at risk from pressure damage had the necessary equipment in place to prevent skin damage and this was set correctly to meet their individual needs.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles.

People were protected against the risks of unsafe medicines management. The staff were following current and relevant medicines guidance. We found that previous issues with how medicines were managed and recorded had been monitored and improved.

Staffing deployment ensured people received the support required to ensure their health and social needs were met. There were arrangements for the supervision and appraisal of staff. Staff supervision took place to discuss specific concerns. Staff confirmed that they had regular supervision and yearly appraisals. People we spoke with were complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff were respectful to people and there was plenty of chat and laughter heard.

People were supported to eat and drink in a safe and dignified manner. The meal delivery ensured peoples nutritional and hydration needs had been met and offered a wide range of choice and variety of nutritious food.

The home was clean and well presented. Risks associated with the cleanliness of the environment and equipment had been identified and managed effectively. Emergency procedures were in place in the event of fire or evacuation.

People had access to appropriate healthcare professionals. Staff told us how they would contact the GP if they had concerns about people's health.

The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed including those for accidents and incidents, care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and, they were always made to feel welcome and involved in the care provided.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns, and they had a clear understanding of making referrals to the local authority and CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. People said they felt comfortable and at ease with staff and relatives felt people were safe.

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the registered manager was always available and, they would be happy to talk to them if they had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

St Dominic's Nursing Home was safe and meeting the breach of regulations previously in breach.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Comprehensive staff recruitment policies and procedures were in place.

Is the service effective?

Requires Improvement

St Dominic's Nursing Home was not consistently effective. Whilst meeting the breaches of regulation previously in breach there were still areas to develop and embed in to everyday practice.

Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). However some care practices required a clear rationale for the decisions made on behalf of some people.

Staff received training which was appropriate to their job role. This was continually updated so staff had the knowledge to effectively meet people's needs. They had regular supervisions with their registered manager, and formal personal development plans, such as annual appraisals.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Is the service caring?

Requires Improvement

St Dominic's Nursing Home was caring and was meeting all the legal requirements that were previously in breach. Some areas still needed to be embedded in practice to ensure that improvements were consistently sustained

Staff did not always ensure peoples privacy was protected.

Staff communicated clearly with people in a caring and supportive manner and it was evident that they knew people well and had good relationships with them. We observed that people were treated with respect and dignity.

Care plans were personal to each person and included detailed information about the things that were most important to the individual and how they wanted staff to support them.

Staff were seen to interact positively with people throughout our inspection. It was clear staff had built a rapport with people and they responded well to this.

Is the service responsive?

Requires Improvement

St Dominic's Nursing Home was not consistently responsive.

Care plans did not always show how they responded to peoples individual needs. Some people told us that they were able to make everyday choices, but we did not see this happening for everyone during our visit.

There were not enough meaningful activities for people to participate in as groups or individually to meet their social and welfare needs.

A complaints policy was in place and complaints were handled appropriately. People felt their complaint or concern would be resolved and investigated.

Is the service well-led?

Requires Improvement

St Dominic's Nursing Home was well-led. However we found that whilst meeting the legal requirements that were previously in breach, there were areas that need to be progressed to ensure that improvements were sustained.

Feedback was sought from people, and staff and residents meetings were now held on a regular basis.

A registered manager was in post. There was a strong management team in place.

Staff spoke positively of the culture and vision of the home.

A robust quality assurance framework was now in place and communication within the home had significantly improved□

St Dominic's Nursing 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 checked 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.

The inspection took place on the 12 and 13 April 2017 and was unannounced. The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection the provider had 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 also looked at the action plan supplied by the provider following our last inspection. We considered information which had been shared with us by the Quality Monitoring Team-(social services placement team) and looked at safeguarding alerts that had been made and notifications which had been submitted. We also discussed the progress of the service with Clinical Commissioning Group and Local authority who have been working on a weekly basis with the staff. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

During the inspection, we spoke with 15 people who lived at the home, four relatives, the registered manager, regional manager, two clinical leads, three registered nurses, five care staff and the maintenance person. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms and the lounge.

We contacted healthcare professionals who visit the service. This included the community dieticians, speech and language therapists and tissue viability nurses. We spoke with three healthcare professionals from a local GP surgery, a GP and community matron. We also had feedback from the Quality Monitoring Team.

Some people had complex ways of communicating and several had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way

of observing care to help us understand the experience of people who could not talk with us.

We reviewed records which included quality assurance audits, staff training schedules and policies and procedures. We looked at ten care plans and the risk assessments included within the care plans, along with other relevant documentation to support our findings.

We also reviewed the care pathways of people living at St Dominic's Nursing Home. We looked at the care delivery on the day of inspection and obtained the people's views of the care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us that they felt safe living at St Dominic's Nursing Home. Comments from people included, "I feel that I'm safe," and "I get all the help I need." Another person told us, "The staff make sure I'm safe and well." A visitor told us, "The security of the place is very good, and the staff seem very competent."

As far as possible, people were protected from the risk of abuse or harm. Staff had completed adult safeguarding training within the last year, or were booked to attend. They had an understanding of protecting people from abuse and identified the correct safeguarding procedures should they suspect abuse. One said, "If I had any concerns I would intervene straight away and would report it to the nurse or the manager" and, "I know I can contact the local authority if I have any concerns." Staff told us they had read the whistleblowing policy and, "We can talk to the manager at any time if we have any worries, which is good and I am sure problems would get sorted out." People, relatives and staff said they had not seen anything they were concerned about.

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. There were detailed plans that told staff how to meet people's needs in a safe way. For example, care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure damage. One person's care plan directed staff to offer a change of position every two hours as they were at high risk from pressure damage. Another care plan directed staff on how to position the person for maximum comfort when siting in their recliner chair in the lounge. Pressure relieving mattresses and seat cushions were used for people identified at risk and were set according to the manufacturer's instructions. Settings for the pressure relieving equipment were checked by staff on a daily basis. The settings were correct on the two days. Risks associated with the use of bedrails were assessed in line with the guidance set by the Health and Safety Executive. All bedrails were checked by the maintenance person on a monthly basis.

Accidents and incidents had been documented. There was a clear follow up of actions taken as a result of accidents and incidents. For people who had unwitnessed falls a record of an investigation or a plan to prevent further falls had been completed. This meant that the provider had put preventative measures in place to prevent a re-occurrence and protect the person from harm.

Medicine records showed that each person had an individualised medicine administration record (MAR), which included a photograph of the person with a list of their known allergies. Records confirmed medicines were received, disposed of, and administered correctly. There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. Records had been completed with details of why they had been given and if it was effective in relieving the pain. Topical creams were signed as being applied following personal care.

People's medicines were securely stored in locked clinical rooms and they were given by registered nurses.

We observed medicines were given safely and that staff signed the MAR once taken by people. The clinical room was well organised and all medicines were stored correctly and at the correct temperature. Medicine audits were being undertaken weekly at the present time to drive improvement in medicine management. There was a clear audit trail that defined what action was taken following audits such as medicine retraining and competency tests. Registered nurses took responsibility on their shift to ensure medicines prescribed were given and the stock left was correct. When a signature was missing, it was marked as missing so as to alert staff concerned to sign on their return to work.

The emergency equipment for use in a medical emergency such as suction machines (used to assist in removing excess saliva and mucus to aide breathing and swallowing) were checked regularly and ready to use in an emergency. Personal emergency evacuation plans were in place with the necessary information for staff to follow in the event of an emergency.

Since the last inspection there had been a recruitment drive to secure clinical leads and registered nurses. The recruitment drive had been successful and the team was nearly complete. The registered manager oversaw the rotas to ensure that the skill mix was matched to people's individual needs.

There were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed to keep people safe. A needs assessment with relation to staffing had been completed for each individual and for the size of the building. This was then calculated to provide a staffing ratio that was deemed appropriate to meet peoples' collective needs.

People told us there were enough staff to respond to their needs although there were some comments regarding some inconsistency when staff were sick. We were informed that the management team kept people and staff informed of the staffing situation at resident and staff meetings. A registered nurse said, "There had been a high use of agency staff because of staff leaving but this is minimal now and we have new staff in post who bring new ideas and new attitudes. This has helped to improve the culture and for staff to gain confidence." Staff told us, "Staffing levels are good, enough of us, it can be busy but we manage really well." Another staff member said, "The staffing levels are much better, safer and we can spend time with people."

There was additional staff in the home to respond to domestic, catering, entertainment, administration, and receptionist duties. The manager confirmed staffing arrangements were flexible and extra staffing was available to respond to any changes in people's needs. We found the staffing arrangements ensured people had their individual needs attended to.

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults. Interviews were undertaken and two staff completed these using an interview proforma. There were systems in place to ensure staff working as registered nurses had a current registration with the nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in September 2016, the provider was in breach of Regulations 11, 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care delivery was not always effective and consistent, and staff had not received appropriate training, professional development and staff supervision. We also were not assured that people's nutritional needs were met.

The Provider submitted an action plan detailing how they would meet their legal requirements by December 2016. Improvements had been made and the provider was now meeting the requirements of Regulation 11, 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst improvements had been made in respect of meeting people's nutritional needs and people's capacity to consent, there were still areas that required further time to be embedded and structured.

Since the last inspection staff had received training about the principles of the Mental Capacity Act 2005 (MCA). Staff told us most people would be able to consent to basic care and treatment, such as washing and dressing. The MCA states that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. Records about people's mental capacity now recorded the steps taken to reach a decision about a person's capacity. However there were some areas of practice that needed to be improved. Two people we met with remained on continuous bed rest. This decision was undertaken automatically without discussion with the person or their representative or a rationale documented. This told us mental capacity assessments whilst undertaken were not always decision specific and were not recorded in line with legal requirements. This was an area that whilst improved still required further time to embed changes.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS forms part of the Mental Capacity Act (MCA) 2005. It aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Where restrictions are needed to help keep people safe, the principles of DoLS ensures that the least restrictive methods are used.

The management team kept a list of DoLS authorisations submitted, and updated regularly to ensure that it reflected the people who lived at St Dominic's Nursing Home. Since the last inspection staff had reviewed practices that may restrict peoples' movement and this included the use of bedrails and recliner chairs. The risk assessments in place had considered if people were able to consent to these measures or whether a less restrictive practice could be used, for example pressure mats.

At the last inspection not all staff had completed training to make sure they had the skills and knowledge to provide the support individuals needed. At this inspection staff training had progressed. Staff and training records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. The training provided was both face to face and DVD training. This training included health and safety, infection control, food hygiene, safe moving and handling, and safeguarding. Staff training was closely monitored to ensure staff had completed required training and the computer

system highlighted if staff had fallen behind. Staff whose first language was not English were supported by the organisation to have English classes.

The training programme was varied and reflected the needs of people living in the service. Staff received training in diabetic care, catheter care and wound care. Additional training was also provided to support staff with developing roles, specific interests and meeting the changing needs of people living in the service. For example, a dignity champion and an infection control lead. The training had been effective in supporting staff to provide safe consistent care delivery. We observed good practice in moving and handling people, assisting people with their food and in delivering person centred care.

Staff felt supported. One told us, "Things have really improved, it's clear now what we need to do and who is responsible." Staff felt that improvements had been made to ensure that information was shared effectively. This kept staff up to date of any changes and ensured they felt involved in the day to day running of the service. Staff were informed of any essential changes during daily meetings and regular departmental or team meetings.

Staff told us the training provided them with the skills they needed and included practical sessions along with time to discuss specific areas of care. Senior staff reviewed staff training at supervision and supported them to complete the required programme. Staff received regular and on-going supervision. It was also an opportunity for staff to feedback any concerns they may have. Staff told us they felt supported at the home. Nurses confirmed they had opportunities to support their professional development as part of their evidence for re-validation to remain registered with the Nursing and Midwifery Council.

There was also specific training for registered nurses (RN) to maintain skills and competencies. Staff told us they had received all the training they felt they needed and that they were aware that further training and updates were planned, to ensure they could continue to carry out their roles effectively. RN's told us they felt supported to maintain the skills needed to meet peoples nursing needs. The provider had worked with RN's when they were required to complete revalidation to maintain their nursing registration. There was evidence of clinical training completed by nurses. All staff felt that appropriate training was in place and "If you identified an area of learning you could discuss this at your supervision or appraisal."

People were supported to have enough to eat and drink to maintain their health and well-being. Most people told us the food was 'good' but we were also told that the evening meal was not to some peoples' liking. This had been discussed and menus were constantly being reviewed and altered to meet people's preferences. A recent resident meal survey showed that most people were very satisfied with the quality and choice of food. We saw that the menu offered choices of well-balanced nutritional food. Staff recorded people's food and fluid intake when it was necessary, the records were clear and accurate.

People's dietary needs and preferences were recorded. People told us that their favourite foods were always available. Diabetic, vegan, soft or pureed and other special diets were available when required.

We observed the mid-day meal and evening meal service. The food was nicely presented by the staff and staff ensured that people had assistance as they required it. Fruit was offered at meal and drink times and there was fresh fruit in all communal areas. We were told that snacks were available during the evening and night if someone felt hungry. One staff member said, "The kitchen is always open we can access bread, cheese and soups."

Staff provided care and support to people with swallowing difficulties, for example following a stroke. The soft diet was prepared and served in divided plates so as to maximise the appearance and segregate the

tastes. For people assessed with a swallowing difficulty, the use of thickened fluids when drinking, was required to minimise the risk of choking. Guidance was readily available in people's care plans about any special dietary requirements such as a soft diet. One person's care plan had a report which identified they required a 'soft, moist diet'. We saw that this was followed in practice. They also told us, "The cook uses full fat milk, cream for soups and adds cream to sauces, they can also make milk shakes if we ask."

Records showed that people had regular access to healthcare professionals, such as GPs, chiropodists, opticians and dentists and had attended regular appointments about their health needs. For example, we saw that advice had been sought for one person from the Speech and Language therapist and the directives had been followed by the staff. This person was now eating well and had gained weight.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in September 2016, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had not always been treated with dignity and respect.

The Provider submitted an action plan detailing how they would meet their legal requirements by December 2016. Improvements had been made and the provider was now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However there were some areas that needed to be embedded in to everyday care delivery.

At our last inspection we found that people were not always treated with dignity and respect and involved in decisions about their care. At this inspection people's preferences were recorded in the care plans and staff had a good understanding of these. Care staff were able to talk about the people they supported and gave us insight into their personalities. There was information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Staff said they had read the care plans and told us each person was different, they had their own personality and made their own choices. We saw some very nice interactions between people and the staff working in St Dominic's Nursing Home. However we also saw some staff did not always treat everyone with respect or maintain people's privacy. On numerous occasions it was observed that staff entered people's bedrooms without knocking or announcing themselves. One person had asked for the door to be closed whilst they had a visitor and were disturbed twice by staff entering their bedroom without knocking. The person stated, "I would just like some privacy at times." It was also noted that at times staff undertook care tasks, such as assisting with drinks with little verbal interaction and prompting. These were areas that still needed to be embedded into everyday care delivery.

People were treated with kindness and compassion in their day-to-day care. People stated they were satisfied with the care and support they received and were fond of the care staff. One person said, "Nice staff and my room is very nice," and another person said, "They're all nice and they look after us well." A visitor said, "The staff have been very kind, friendly and are my family." Our observations confirmed that staff were caring in their attitude to the people they supported.

People were cared for, supported and listened to and this had a positive effect on people's individual needs and well-being. People who found it difficult to initiate contact were given individual time and one to one attention throughout the day. People spoke positively of care staff, "Nice staff, they are kind, and respectful."

Staff ensured that people's dignity was protected when assisting them. We also saw that people's personal care was of a good standard and undertaken in a way that expressed their personality. People were supported to wear make-up and jewellery, and wear clothes of their choosing. When prompting people to eat or drink, staff talked in a quiet manner ensuring that other people did not hear. People's dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were

assisted to wash and get up. Relationships between staff and people receiving support consistently demonstrated dignity and respect.

Staff promoted people's independence and encouraged them to make choices. Many people living in the home were unable to mobilise independently, they needed the assistance of staff to move around the home safely and transfer from wheelchairs to armchairs. Staff observed people discretely as they walked around the lounge and to and from their rooms, as they were at risk of falls, and supported them if required. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. One staff member said, "I am just going to put a film on, shall I move you nearer to the television, is that okay with you." They leant down to talk to the person face to face so they could see their expression, and waited until the person responded with sign language. Comments from staff included, "We try to ensure people are as independent as they can be, we might not agree but it is their choice." "We encourage people to do things for themselves, like eating their own meal, it might take a while but that's okay" and, "giving them a choice in decisions that affect them is important and respectful."

People's equality and diversity needs were respected and staff were aware of what was important to people. One person liked to wear make-up, nail varnish and particular clothing to reflect their lifestyle and staff supported them to do this. Staff said to them, "Beautiful as always, that colour really is nice on you."

Relatives were complementary about the staff saying," The staff are kind," "Staff very kind and caring," and "Seem very focussed and kind." Relatives told us staff were polite.

The management team and staff had worked very hard over the past few months to improve the décor and environment for the people who lived there. Fern unit had been transformed and was a colourful but calming environment to suit people's needs. All lounges and communal areas had been rearranged and brightened with pictures to reflect people's interests. The reception area was welcoming and inviting for visitors.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in September 2016, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not always listened to and involved people in decisions regarding their care delivery or lifestyle choices and this had had a negative effect on people's individual needs being responded to.

The Provider submitted an action plan detailing how they would meet their legal requirements by December 2016. Whilst improvements had been made the provider was not fully meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there were still areas of the regulation that required further time to be embedded and structured.

People commented they were well looked after by care staff and that the service listened to them. One person said, "Things are really good, they are a really good bunch of staff." Another person said, "I am well looked after, they ensure that I get my pills and look after my health." A visitor said, "I think things have really improved, more staff and familiar faces make a difference."

12 of the 15 people we met received care that was specific to their individual needs. The care delivery however was still being embedded into practice but the improvements made had made a difference to people's lives. There were some areas of care delivery that needed reviewing to ensure that staff responded to people's individual needs on a day to day basis. For example one person was observed to be agitated and asking to get out bed repeatedly. Three staff responded over a period of half an hour but the situation was not resolved and the person remained agitated and in bed. Staff said that the person would not be safe as they were restless in a chair and that they were always asking to "get up." This was not reflected in the person's care plan and there were no strategies in place to manage this person's wish to get out of bed. There was also no meaningful activities for this person to interact with to distract and to occupy this person whilst on bed rest. Staff said the person enjoyed music and staff reading to them due to their visual impairment. However there was no written evidence that staff had taken the opportunity to do this on a regular basis. Another person who had a very specific health problem had no care plan to manage the problem. There was little to reflect how staff could support the person to manage their health problem on a day to day basis. This had meant the health problem continued and prevented the person from fulfilling their future wishes.

Activities were an area that the provider was continuously trying to improve. They were aware that there was still work to do to ensure the activity team had the right support and skills to provide meaningful activities for the people who lived at St Dominic's Nursing Home. Activities were provided and a programme was displayed in areas around the home. The programme showed two sessions a day, morning and afternoon of an hour an half duration. The programme showed coffee mornings, craft sessions, pampering sessions and a trip out to a gardening centre. During the inspection there were only a few people that joined the board game session and only six people attended the film session in the afternoon. It was hoped that when the weather improved more people would chose to attend the garden club and outside facilities. New ideas from people, visitors and staff had been taken forward and implemented. For example flowers had been

planted in the garden for people to appreciate. The home were also encouraging visitors to become 'friends of St Dominic's Nursing Home'. We were told that there were ideas for baking classes and exotic fruit tasting afternoons but these had not yet been actioned. However, there were still people that received little in the way of social activity and interaction. We saw that three people on Crocus unit sat all morning with limited interaction with staff apart from being offered drinks and lunch. The provider needs to encourage people to participate in social events as the the range of activities develops to meet peoples needs.

There had been significant improvements in the delivery of person centred care in St Dominic's but there was still improvements to be made in responding to people's individual health and social care needs.

People in the main, received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved if possible in the initial drawing up of their care plan. Where people were unable to contribute, families had been involved. We spoke with one visitor who told us that they were continually involved in the care their loved one received. Care plans provided detailed information for staff on how to deliver peoples' care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity. Care plans were supported by risk assessments as required, such as the mobility care plan was supported by the falls risk assessment.

We were told care plans were reviewed monthly or when people's needs had changed. This was to ensure that people's care plans always remained current. Work to continuously improve care documentation was on-going, and the provider confirmed that staff received support in writing care plans and daily notes especially those whose first language was not English. The daily handover was very thorough and gave all staff the opportunity to discuss peoples care. Daily records provided information for each person, staff could see at a glance, for example how people were feeling and what they had eaten. For people who were on continuous bed rest, staff documented all interactions. This ensured that the care was person centred and not task based. Staff used daily charts for personal care, turns, and food and fluids and these were overseen by the registered nurses at the end of shift. There were still some minor gaps noted on food and fluid charts but this was generally from evening to morning shifts. We saw that senior staff undertook audits on a daily basis and fedback to staff when an entry was not made or was not clear.

The home encouraged people to maintain relationships with their friends and families. One person said, "My friends and relatives visit regularly and are always welcomed." Another said, "I feel the home is welcoming, my family visit regularly, staff always pop in and chat to them and offer them a drink." We saw that visitors were welcomed throughout our inspection and the interactions were warm and friendly. Visitors were complimentary about the home, "Very welcoming, and friendly," and "Lovely home, clean and pretty with the new colours."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the manager or any of the staff, they are all wonderful". The registered manager said, "People are given information about how to complain. It's important that you reassure people, so that they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in." A visitor said, "If I had a complaint, I would speak to the manager, who is so visible and approachable, always there to talk to if I need to." Call bell responses were seen to be timely during the inspection visits and were monitored regularly by the registered manager.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in September 2016, the provider was in breach of Regulation17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because good governance and accurate records were not in place.

An action plan was submitted by the provider detailing how they would meet the legal requirements by December 2016. Improvements had been made and the provider was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The history of the service since 2014 has demonstrated that the management team has not been able to sustain improvements in monitoring the delivery of care. Whilst the quality assurance systems were now established to drive continuous improvement, we need to be assured that this can be sustained over time. This is an area that requires sustained improvement.

People told us they liked living at St Dominic's Nursing Home. Visitors said that although there had been a lot of changes they were satisfied that the home was being well managed now. One relative said, "Lots of change, but that's a good thing." Another visitor said, "Yes I know who is in charge, very visible and approachable." Comments reflected on the approachability of the managers and senior staff working in the home and the belief that they listened to their feedback.

St Dominic's Nursing Home had management structures in place that staff were now familiar with. This included an area manager, registered manager, registered nurses and senior care staff. The staff were complimentary about the changes and the leadership within the home. One staff member said, "She has worked so hard, totally committed to improving, and she's fair and honest." Another said, "It really has improved here, we work together and we are listened to."

Organisational audits were now being completed routinely. Quality monitoring systems had been developed. These included audits for care plans, which had identified that additional training and support was required to ensure care staff updated the care records when people's needs changed. Medicine audits looked at record keeping and administration of medicines and the registered manager said action would be taken through the supervision process if issues were identified. Feedback from a visiting pharmacist confirmed that the audits had driven improvement and the staff now audited each other on a daily basis and medicine errors had significantly decreased. Staffing levels had been reviewed, although a recognised tool was not used, and an active recruitment programme was in place. Audits for accidents, incidents, falls and skin tears were undertaken monthly and had led to a decrease in repeated falls and accidents.

The provider and area manager had been working with the registered manager to develop the support and care provided at the home. The organisation had also received additional support from the Local authority and the Clinical Commissioning Group and they continue to work closely with the registered manager. From their reports we saw a record of some of the improvements we identified, such as the care plans and staff recruitment as well as areas for further improvements, with action plans to address them.

Relatives felt they were able to talk to the registered manager and staff at any time and the relatives meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One relative said, "If I have a problem I just talk to the staff or manager and they deal with it."

Staff told us they were involved in discussions about people's needs and were encouraged to put forward suggestions and opinions during the daily meetings and the monthly staff meetings. Staff said, "We are really encouraged to be involved in developing ideas for people, to ensure they are."

The registered manager said she used the notification system to inform CQC of any accidents, incidents and issues raised under safeguarding and we were able to check this on our system. We found information had been sent to CQC within an appropriate timescale.

Staff told us that they were clear on who they reported to and had access to the manager if needed. They felt there had been a lack of leadership in the past but was more confident with the current management arrangements. They told us that the changes in the management structure had been a positive development and that they were more supported. Three staff members when asked if they felt supported said, "It's better, we know we will be listened to." Staff were aware of the whistle blowing procedure and said they would use it if they needed to.

The management structure had responded positively to a number of concerns raised by local authority. Staff had been supported through the resulting investigation process and told us they had learnt a great deal from this. The management and staff had been open and honest where problems had arisen and were looking for ways of improving the service further. This proactive response to information was also evident throughout the inspection process where improvements were progressed immediately following identification. For example, reassessing a person who had been on continuous bed rest and showing us the next day that the person was up and socialising with others in a really positive way. The staff were really enthusiastic about this change. Staff were involved in the decision making as a team.

St Dominic's Nursing Home had clear values and principles established at an organisational level. All new staff had a thorough induction programme that covered the organisation's history and underlying principles, aims and objectives. These were reviewed and discussed within supervision sessions with staff.

The provider sought feedback from people and those who mattered to them in order to improve their service. Meetings were used to update people and families on events and works completed in the home and any changes including those of staff. People also used these meetings to talk about the quality of the food and activities in the home. Meetings were minuted and available to view.

Staff meetings were now regularly held to provide a forum for open communication. Staff said meetings were an important part of communication as they could raise ideas, concerns issues and feel supported by the staff team.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.