

St Dominic's Limited

# St Dominic's Nursing Home

## Inspection report

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Date of inspection visit:  
09 November 2021  
11 November 2021

Date of publication:  
10 December 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service:

St Dominic's Nursing Home provides nursing and personal care for up to 91 people with nursing needs, such as Parkinson's disease, diabetes, many of whom were also living with dementia. The home was divided into six units, over three floors, Fern, Crocus, Dahlia, Aster, Bluebell and Elderflower. Fern and Elderflower unit remain closed at this time. There were 43 people living at the home on the days of our inspection.

People's experience of using this service and what we found:

Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place, and had improved since our last inspection. However, there were areas of people's documentation that needed to be improved to ensure staff had the necessary up to date information to provide consistent, safe care. Staff practices regarding medicines needed to be further developed to ensure that staff follow the organisational policy for safe administration and recording of medicines. People's oral health was not consistently monitored to ensure good practice was consistently followed. Many people were not having oral care as they did not have toothbrushes or toothpaste.

A new computerised care document system had improved the content of care plans and risk assessments. However, the improvements had not been sustained due to changes in staffing and a high use of agency staff. There were some people who did not have sufficient information documented regarding their care needs to keep them safe and promote their well-being. Areas of risk management regarding high blood sugar levels and skin infections were not reflected with guidance for staff to follow.

People received safe care and support from staff who had been appropriately recruited and trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "Good staff, but there are new faces and they don't know us as well." A visitor told us, "I have respect for the staff, they have kept going, through everything, we are pleased with the care." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. There were enough staff to meet people's needs, but further staff to deal with unexpected events would be beneficial, staff deployment at busy times needs to be reviewed. Safe recruitment practices had been followed before staff started working at the service.

There were COVID-19 policies in place for visiting that was in line with government guidance. Families told us that they were welcomed into the home and that staff supported them with the lateral flow test and personal protective equipment (PPE). We signposted the provider to resources to develop their approach.

Referrals were made appropriately to outside agencies when required. For example, GPs, community nurses and speech and language therapists (SALT). Notifications had been completed to inform CQC and other outside organisations when events occurred.

The provider and registered manager were committed to continuously improve and had developed

structures and plans to develop and consistently drive improvement within the service and maintain their care delivery to a good standard.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was Requires Improvement (published 04 June 2019)

Why we inspected

This inspection was prompted due to information of risk and concern in relation to staffing levels, communication and safeguarding concerns which had impacted on care delivery. We also used this opportunity to look at the breaches of Regulation 12 and 17 from the last comprehensive inspection in June 2019. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

The concerns raised were looked at during this inspection and have been reflected in the report.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led questions of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Safe findings below.

**Requires Improvement** ●

# St Dominic's Nursing 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

St Dominic's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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 was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, and seven further staff members. This included care staff, housekeeping, administrative, catering staff and maintenance staff.

We reviewed the care records of five people and a range of other documents. For example, medicine records, three staff recruitment files; staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and four health care professionals and completed these discussions on 11 November 2021.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection care and treatment had not always been provided in a safe way. Risk of harm to people had not always been mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements were seen, not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People told us, "I am looked after very well," and "I think it's a good place to live, I'm not able to manage at home now so I'm happy to live here, I feel safe."
- Improvements had been made to care documentation and this included changing to a different computer care planning system. However, in the past three months, due to changes in staff which has been a challenge to manage and an increased usage of agency staff, care plans and risk assessments had fallen behind. One person who arrived in August 2021 for 12 weeks which had extended to a permanent placement had minimum information recorded and lacked care plans and risk assessments to meet their specific needs. This had not ensured staff had the knowledge to keep the person safe. During the inspection process, this persons' care plan and risk assessments were completed and risk mitigated.
- There was evidence of involvement of specialised health professionals. One person had been seen by a speech and language therapist (SaLT) regarding their swallowing difficulties. The SaLT directives were in a paper file, but the instructions and advice had not been entered into the care plan and risk assessment, therefore staff were not following the latest advice which differed from the original plan.
- People who lived with diabetes had detailed care plans with a target blood sugar of their normal levels. For one person their target was between 15mmols and 20mmols. On the 8 November 2021 at 6 pm, their blood sugar was recorded as 30.6 mmols. No record of action taken or evidence was found to show that this was known to all staff, or that staff were aware to monitor this persons' health for signs of hyperglycaemia such as increased confusion, nausea and drowsiness. At 8am on the 9 November 2021 it was still 30 mmols. No action was recorded or any advice sought. There was no reflection of whether this blood sugar was a safe level for that person. Blood sugars that rise can cause diabetic complications and cause organ damage for some people.
- Some people's care plans had not included risk assessments in relation to their specific care needs. For example, some people who had difficulty in eating and drinking had no directives for staff to follow to assist them to eat and drink safely. For example, ensuring they are in an upright position whilst eating in bed or

checking that food was swallowed and not stored in their cheeks. We met with one person who was being assisted and they were lying semi prone and not upright.

- Food and fluid records were not completed consistently and there was no evidence that staff monitored daily intake. One person who could not drink independently, had on five days consecutively prior to 11 November 2021, where minimal amounts of fluids were recorded and they had not reached the hydration target set. This had not been picked up by staff and no action had been taken or recorded.
- For some people who lived with dementia or a mental health illness, there was no risk assessment or care plan to guide staff in managing them. Not all staff spoken with had knowledge of peoples' mental health needs and how to manage them safely. People with specific needs for their emotional and sexual well-being were not documented and therefore not known by agency staff and visitors. The registered manager confirmed after the inspection that the care plans and risk assessments had been updated to ensure their safety.
- Risks associated with a contagious skin complaint had not been managed in a way that mitigated risk of transference within the home. Whilst residents and staff were prescribed creams, these were not all recorded on individual care documents and the management of deep cleaning in peoples' room was not clear and lacked overview to ensure it had been undertaken. One person who had re-presented with signs and symptoms was not being isolated therefore heightening the risk of re-infection to other people. During the inspection we were informed that this had been taken forward to mitigate risk to staff and other people.
- Not all bruising was documented in the daily records or care plans. One person had a large bruise which was not recorded and staff were not aware of the cause. The person felt it may have been caused by the hoist.

The provider failed to provide safe care and treatment to people, including failing to assess and mitigate risks. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues identified above, we saw some improvements had been made to people's care plans and risk assessments since the last inspection. Care plans set out the risks and control measures to mitigate the risks. For example, people with mobility problems had an assessment that was used to give clear guidance for staff to follow. This included specific equipment to be used, such as hoist, type of sling and sling size. We also saw that pressure relieving mattresses were checked daily and were set correctly according to peoples' weight.
- The environment and equipment continued to be well maintained. People told us that any issues were dealt with straight away. One person said, "They clean my room for me, everything is looked after."
- There were detailed fire risk assessments, which covered all areas in the home. People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.
- Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

#### Using medicines safely

- We asked people if they had any concerns regarding their medicines. One person said, "I have no worries, I get my pills." Another said, "The staff tell me of any changes, and I know my GP is involved."
- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- Staff signing in people's medication administration records (MAR) had used a sticky tape to cover errors, which is not in line with good practice guidance as a MAR is a legal document and any errors need to be legible. The registered manager was to investigate these errors and take the appropriate action with the staff



members.

- Staff were not always countersigning medicines at the time of dispensing and giving. During the inspection we saw a countersignature being written six hours following the medicine being given. This is not in line with the National Institute for Health and Care Excellence (NICE) good practice guidance
- Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine. However, not all were in place and were being worked on at the time of the inspection, as this had been identified in the recent audit.

The provider failed to ensure medicines were managed safely. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- Staff who administered medicines had relevant training and competency checks that ensured medicines were handled safely. When poor practice was identified, a performance review was held with the staff involved and a plan put in place to monitor to improve practice.

#### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. There were systems in place for visitors and agency staff to follow. However, these were not followed during our inspection visit. For example, not all professional visitors were asked evidence of a negative COVID test, and temperatures of staff and visitors were not being recorded.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning records reflected that frequently touched were assured that the provider was meeting shielding and social distancing rules. Areas were being cleaned on a regular basis.
- We were assured that the provider was admitting people safely to the service. People admitted or returning from hospital were supported to self-isolate for 14 days in their bedrooms. If the isolation was impacting negatively on the person a risk assessment was undertaken and the staff would support the person to take a walk or spend time in a communal area with the necessary precautions.
- We were assured that the provider was using PPE effectively and safely. Staff were wearing PPE in line with government guidance. Staff had received training in how to safely put on and take off PPE and management staff completed competency checks to ensure that staff were doing this correctly. PPE stations were found throughout the premises.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff had received training in infection prevention and control. People had risk assessments in place to assess whether they would be at increased risk from COVID-19.
- We were assured that the provider's infection prevention and control (IPC) policy was up to date. Staff had risk assessments in place to determine whether they would be at increased risk from COVID-19. Infection control audits were completed regularly, and actions taken as a result were clearly recorded.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel safe here," "Staff are thoughtful and kind," and "I came here to live as I wasn't able to care myself, here I am supported to live and I manage here."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff

were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.

- A staff member said, "We get safeguarding training, we get updates of any changes to the procedures, especially during the pandemic." Another staff member said, "I would definitely raise it with my manager."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

### Staffing and recruitment

- Comments from people about staffing included, "Staff are kind to us," and "The staff are all nice, it can be busy but staff are generally quick to answer the bell when I ring."
- Rota's confirmed staffing levels were consistent, with a number of agency staff filling in shifts at this time. We looked at accident and incident records, and there was no indication that staffing levels had affected people's safety at this time.
- However, from using the SOFI tool whilst in the service, we found there were times when staffing levels were stretched and resulted in people receiving inconsistent support and people were found searching for staff.
- The nominated individual and registered manager acknowledged staffing had produced challenges over the past three months. They shared their plans for recruiting new staff, which was underway, and of deployment of staff. Due to the staffing challenges the registered manager has at this time decided to stop admissions at 50.
- Staff shortfalls had been planned for and regular agency staff booked. There was an agency file that contained information in respect of their training and Disclosure and Barring Service (DBS)-which are police background checks. The registered manager told us "It's always difficult when we use agency and new staff, but we do try to get the same agency staff for consistency."
- There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview online, so their knowledge, skills and values could be assessed.
- New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a DBS check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

### Learning lessons when things go wrong:

- Accidents and incidents were documented and recorded as they occurred. Incidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as safeguarding teams and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had a fall, staff looked at the circumstances and ensured the person had a sensor mat to alert staff immediately. This meant staff were able to support the person safely.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not always operated effective systems and processes to make sure they assessed and monitored the service.

- At this inspection systems and processes to assess, monitor and improve the quality and safety of the service provided had improved. However, further improvements to record keeping, including care plans, needed to be completed, fully implemented and embedded into everyday practice. Discussions with the registered manager showed they understood that further work was needed.
- We found records relating to individual care delivery were not all complete and up to date. For example, people on a short term stay who then chose to stay long term did not have care plans and risk assessments to keep them safe.
- Food and fluid charts were not consistently completed for those people at risk of weight loss and dehydration. There was a need for staff to clearly document when a person was drowsy, asleep or refusing which would then inform the staff team to prompt later on.
- Staff were not always following the organisational policy regarding medicine administration and the NICE guidance for record keeping and countersigning specific medicines.
- Oral hygiene was not being undertaken in a consistent way. We found evidence that people were not always offered the opportunity to brush their teeth and there was no evidence that staff revisited this if someone had refused. The registered manager confirmed that this has been taken forward as a priority.
- Staff talked positively of the service. Comments included, "We work as team, all staff are very supportive and knowledgeable," "Very good to work here," "We feel supported, the manager works with us," and "We believe in good care."

The provider had not ensured that there were effective systems to assess and quality assure the service and had failed to maintain accurate, complete and contemporaneous record in respect of each service user. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Working in partnership with others

- The provider was working with external professionals from health and social care services to improve and

develop the service. This included the Continuing Health Care (CHC), local authority and the medicines optimisation for care homes team to make and embed improvements in the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care:

- The provider understood duty of candour, working openly and honestly with people when things went wrong. The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. One health professional told us, "The manager is open and transparent and works alongside us."
- The registered manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with. Staff told us, "We are really working hard to improve, there is now real team work and we learn all the time, We are not perfect but getting there," and "The manager keeps us well informed of safeguarding's and complaints and we all get involved in finding solutions"

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1) (2) (a) (b) HSCA RA Regulations 2014 Safe care and treatment.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had not ensured that there were effective systems to assess and quality assure the service. Regulation (17) (1) (2) (a).</p> <p>The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (2) (c).</p>