

Midland Heart Limited

St Dominics Court

Inspection report

St. Dominics Court
Hartshill Road
Stoke-on-trent
ST4 7SN

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28 February 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

St Dominic's court provides personal care to people who live in the community in an extra care housing complex. The extra care housing complex comprises of 44 flats. The service provides support to older people, including people living with dementia, mental health needs and people with a learning disability.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The values of choice, promotion, independence and inclusion, which the guidance promotes were being provided for people who used the service at St Dominic's Court. This meant the people they supported with learning disabilities and autism were able to live as ordinary a life as any citizen.

On the day of our inspection 33 people were using the service.

People's experience of using this service:

People were safe, processes and practices protected people from abuse, there were enough staff to ensure people's needs were met. However, staff were covering shifts and recruitment of new staff was in progress. The recruitment followed safe practices. We observed staff had time to provide care and support in a positive way. People's medicines were managed safely. Risks to people were identified and managed in a way that did not restrict their freedom. People were protected by the prevention and control of infection.

Staff supported people to make their own decisions and choices. Staff we spoke with were knowledgeable and understood the principles of the Mental Capacity Act. Where people required support with diet this was provided by staff. People were supported to receive a nutritious and balanced diet. Staff received effective training to fulfil their roles and responsibilities and were supported.

People spoke positively about the care and support they received. People told us staff were kind and caring, maintained their dignity and respected them.

People received personalised care that was responsive to their needs. Care plans were developed with the people who used the service and included their decisions and choices. People were supported at the end of their lives.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People we spoke with said they had no concerns but would not hesitate to talk with staff if required.

People's feedback was used to make changes to the service.

The home had a registered manager who conducted a range of audits in areas such as, medicine

management, health and safety, care plans and daily records documentation. Actions raised as part of the audits were addressed.

More information in Detailed Findings below:

Rating at last inspection:

This was the first inspection since the new provider registered with CQC in February 2018.

Why we inspected:

This was a planned inspection based on the registration date. The service has met the characteristics of Good in all key questions.

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 ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

St Dominics Court

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

St Dominic's Court is an extra care housing complex. The service provides care and support to predominantly older people, including people living with dementia, mental health problems and learning disabilities. It provides personal care to people living in their own flats in an extra care housing complex. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. 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.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the CQC by the registered manager. We requested the provider to complete 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 spoke with other professionals who had involvement at the service, to gain further information about the service.

We spoke with twelve people who used the service when they were together in the communal area of the extra care housing complex. We also visited two people in their own flats, discussed their care plans and

observed staff interactions. We also spoke with one relative.

We spoke with five staff including three care support workers, the team leader and the registered manager. We looked at documentation relating to two people who used the service, two staff files and information relating to the management of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they were safe. Comments included, "Staff make me feel safe." "I know I am safe here, the staff are very good."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. We saw safeguarding concerns had been reported appropriately following procedures.
- Staff we spoke with understood the importance of safeguarding adult procedures. Staff were passionate about ensuring people were protected and knew how to recognise and report abuse. They explained the correct procedures to follow if they needed to report a safeguarding.

Assessing risk, safety monitoring and management

- Environmental risk assessments were completed to ensure staff safety in people's own flats. Regular safety checks took place to help ensure any equipment used was safe.
- People had evacuation plans in place and staff were knowledgeable on procedures to follow.
- Care plans we looked at contained assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported. People we spoke with said staff supported them appropriately. This ensured risks were managed. People said, "Staff know what they need to do to support me. I feel safe."

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this.
- There were enough staff on duty to support the needs of people and keep them safe. Although staff said they had been covering shifts as they were short staffed. The registered manager explained, "We now have 24 staff, I am recruiting a further three, I am just waiting for the checks to be complete." This would ensure a full complement of staff.

Using medicines safely

- Medicines were managed safely. We looked at medicine management in two people's own flats when we visited them. We saw medicines were stored safely, appropriate documentation was in place. Staff clearly recorded when medicines were administered. Staff we spoke with understood how people liked to take their medicines.
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines.
- Audits of medicines were robust and identified errors and the registered manager addressed these with staff. We identified a minor error, which was addressed at the time of our inspection appropriately.

- People told us they were happy with the support they received to take their medicines. One person said, "I would forget, the staff always remember."

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection.
- Staff were observed using good infection control and prevention practices. Staff had personal protective equipment's with them at all times including, gloves, plastic aprons and hand gel to use if unable to wash their hands at with soap and water.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences. For example, a medication error had been identified, this was addressed with the staff members. The registered manger also shared the lessons learnt with all staff to ensure it did not occur again.
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence.

Is the service effective?

Our findings

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

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

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

- Staff assessed people before any service was provided, this was to ensure their needs could be met. All people we spoke with told us staff were very good. Staff knew their needs and provided care and support in line with their needs.

Staff skills, knowledge and experience

- Staff were trained to be able to provide effective care. All staff told us the training was very good. One staff member said, "The medication training is very intense, but it is very good." Another said, "The training with the new provider is much better." Staff were encouraged to attend additional training to develop their skills.
- People we spoke with were confident in the abilities of staff. One person said, "The staff are lovely."
- Staff were supported and supervised. This ensured they had the skills and knowledge to support people. Staff said, "We are very well supported and listened to."

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

- People's care files contained information about their dietary requirements. This included what they liked, disliked and any foods which should be avoided. Staff supported people with meals where required and ensured any concerns were highlighted and advice sought. For example, one person's weight had been monitored and advice from the dietitian had been sought. The person was given fortified meals and supplements. They had gained weight so the advice had been followed and was effective ensuring the person nutritional needs were met.
- People told us the staff supported them with their meals. Some people had their meals in the communal areas provided from the kitchen in the extra care housing complex. We sat with people during their lunch time meal. We saw people were supported to receive a balanced, nutritious diet.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were aware of procedures to follow if they identified a person was unwell or had deteriorated. We found if someone needed to go to hospital a system was in place to ensure all the relevant information would be sent with them.
- Health care professionals told us the staff worked well with other organisation to ensure people's needs were met. Staff explained to us how they contacted and liaised with health care professionals to ensure people's needs were met.

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

- People were supported in their own flats; therefore, the design and decoration were not relevant to this service as CQC do not regulate the accommodation.

- Staff ensured specialist equipment was available when needed in people's own flats to deliver safe, effective care and support.

Supporting people to live healthier lives, access healthcare services and support

- When people required support from healthcare professionals this was arranged by staff with the person they were supporting or their relatives. The provider employed a well-being advisor who worked across two sites. They told us they liaised with health care professionals to ensure people were appropriately supported.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity

- Staff were kind and spoke to people in a respectful manner. Staff spoke about people like family. It was clear from speaking with staff they were passionate about providing person-centred care. One staff member said, "I treat them as I would my family."
- People told us staff respected them. We saw staff spoke to people in a respectful manner and knew how to communicate effectively to meet people's communication needs.
- People told us they were very happy with the staff. People we spoke with all told us the staff were kind and caring. One person said, "I have no qualms, I am very happy."

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them. Staff explained to people what they wanted to do and why. All people we spoke with said they were always involved in decision making. One person said, "We have a chat, and they [the staff] look after us very well."
- People's diverse needs were recorded and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them. One staff member said, "They are like family, I have got to know them."

Respecting and promoting people's privacy, dignity and independence

- All people told us that staff respected their privacy and dignity. One person said, "Staff are very good, they take their time. They even stay longer if they need to. I am not rushed." We observed staff respecting people's privacy and dignity. Staff closed curtains and doors in people's flats while providing personal care and support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

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

Personalised care

- People's care plans recorded their likes, dislikes and what was important to the person. The plans were being reviewed and updated at her time of our inspection as the registered manager had identified lack of consistency and needed to be more person-centred. The reviews were being carried out with people and their families.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with this information. Staff told us the care plans were in people's flats to follow and were aware they were being updated.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs. We observed staff communicating effectively with people they supported.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service told us they would feel able to raise any concerns with staff. One person said, "I would speak with the staff if I had any concerns." Although all people we spoke with told us they had no concerns.
- The provider and registered manager had put systems in place to make sure any concerns or complaints were brought to their attention. This was because they were committed to listening to people to ensure continuous improvement of the quality of the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care if they wished. Care records showed discussions had taken place with the people and their relatives. Their wishes had been recorded.

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

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

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

- The registered manager had shared their vision and values with staff. Staff understood these. Staff spoke highly about the new registered manager and embraced the changes. Staff told us they were treated fairly and there was an open culture. One staff member said, "The manager is very approachable, her door is always open."
- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement.
- The service was well run. The provider and the registered manager were committed to providing high quality, person-centred care.
- The registered manager and staff were passionate about providing care and support that achieved positive outcomes for people.

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

- There was a registered manager who was supported by team leaders. The registered manager was registered at two locations but had only registered at St Dominic's Court on 17 January 2019.
- People who used the service received good quality person centred care.
- There was an open and honest culture in the service. People we spoke with knew the new registered manager and felt confident to talk with them if required. staff. One person said, "All the staff are lovely."

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

- People who used the service were involved in day to day decision about the service and their support.
- The registered provider sent out quality monitoring questionnaires every three months. People using the service and relatives had completed these surveys. We saw the last returned surveys and the feedback was positive.
- The registered manager told us that feedback was used to continuously improve the service.
- Staff meetings were held to get their views and to share information. Staff told us meetings were held regularly and were very effective. Staff told us communication was very good.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements.
- The registered manager demonstrated an open and positive approach to learning and development.

- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The registered manager had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives.