

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?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

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 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, Bluebell and Elderflower. Fern unit was on the lower ground floor and was home for people living with complex dementia needs. Elderflower unit remained closed. There were 55 people living at the home on the days of our inspection.

People's experience of using this service:

The providers' governance systems had not identified the shortfalls found at this inspection.

There was a lack of clear and accurate records regarding some people's care and support.

The provider did not have an overview of staff training as the training programme was inaccurate and had not been updated. We found not all staff had had fire training and training in moving and handling.

Registered nurse competencies were not up to date according to the provider's records.

People's health, safety and well-being was not always protected, because not all people who lived at St Dominic's Nursing Home had a specific care plan and risk assessment that reflected their identified needs, such as pressure sores, diabetes and bony injuries.

Weight loss and weight gain had not always been highlighted and there was no evidence that stated further action had been taken to mitigate people's risk. Wound care was not always accurately documented and did not follow the person's wound care plan. This meant that people's safety and welfare had not been adequately maintained at all times.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs had not always been met and the meal delivery had impacted on people's meal time experience. Staff knew people's likes and dislikes. Comments from people about the meals included, "Good food," "I like the food" and "Not bad, large portions, plenty of food."

There were sufficient staff to meet people's individual needs: all of whom had passed robust recruitment procedures which ensured they were suitable for their role. However, the deployment of staff impacted on the care delivery. For example, on Fern unit there was no clear leadership and two inexperienced staff members were delivering care.

Whilst there were areas of care planning and assessing risk to people that needed to be improved, there

were systems to monitor people's safety and promote their health and wellbeing, these included personalised health and social risk assessments and care plans for most people apart from the ones mentioned above.

The provider ensured that when things went wrong, these incidents and accidents were recorded, and lessons were learned.

People and relatives told us staff were 'kind' and 'caring'. They could express their views about the service and provide feedback. One person said, "We are looked after very well and another said, "Really lovely staff."

People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families. One person told us. "Staff help me to ring my family, so I can keep in touch with them."

People's care was designed to ensure their independence was encouraged and maintained. Staff supported people with their mobility and encouraged them to remain active.

People and families were involved in their care planning as much as possible. End of life care was planned for and staff confirmed they received training in this area.

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.

Staff told us there was a good workplace culture. One staff member said, "I enjoy working here, it's not easy but the residents make it."

The service met the characteristics for a rating of Requires Improvement. We found two breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This is not the first time that the service has been in breach of the regulations. The service had not been able to sustain the improvements made since the last inspection.

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: Good. (Report published on 18 April 2018.)

Why we inspected:

This inspection was brought forward due to information of risk and concern. CQC received concerns in respect of staffing levels, lack of training, quality of food and care delivery. The concerns raised were looked at during this inspection and have been reflected in the report.

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 effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 team consisted of an inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and those who live with mental health disorders.

#### The service is required to have a registered manager:

The service had a manager who was 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.

#### The service type:

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

#### Notice of inspection:

We did not give the provider any notice of this inspection.

#### What we did:

Before the inspection we reviewed the information we held about the service and the service provider, including the previous inspection report. The registered 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 looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is

required to send us by law.

During the inspection we spoke with:

24 people and observed care and support given to people in the dining room and lounges

Ten people's relatives/visitors.

16 members of staff

Five external healthcare professionals.

We also reviewed the following documents:

Eight people's care records

Records of accidents, incidents and complaints

Four staff recruitment file, induction booklets and training records

Audits, quality assurance reports and maintenance records

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management:

- People had pre-admission assessments before they moved into St Dominic's Nursing Home. This meant they knew that the service and staff could cater for people's care needs. We saw professionals' involvement in these assessments, including social workers and GP's. Risk assessments covered areas such as people's physical health, mental health, medicines, mobility and safety, nutrition and social needs.
- Some people's care plans had not included risk assessments in relation to their specific care needs. For example, not all people who lived with diabetes had a care plan or risk assessment for monitoring their diabetes.
- The registered manager had a 'tracker' which noted people's weights and malnutrition scores. These could be traced over time to check whether there were any risks and flag staff to request a dietitian's input. However, the tracker identified some people with weight loss that had not been highlighted or documented any action taken. For example, one person weighed 77kgs in March 2019 but when weighed in April 2019 weighed 65kgs, a loss of 12kgs. There was no documented evidence and staff could not tell us that the GP had been informed or a referral made to the dietitian. Another person's weight had decreased from 44kgs to 41.5 kgs from March 2019 to April 2019, a weight loss of 3.5kgs. Again there was no documented evidence that this had been followed up and action taken by staff to prevent further weight loss. Unexplained weight gain of 11 kgs for another person in one month, March 2019 to April 2019 had also not been followed up, to ensure there was not a health reason such as fluid retention or heart failure.
- One person had been admitted with a fractured shoulder and other specific needs which had not been documented or planned for. For example, there was no guidance to guide staff on how to ensure their safety whilst dressing and mobilising or to promote their independence before returning to the community.
- For some people with mental health illnesses there was no risk assessment or care plan to guide staff in managing their needs safely. Staff spoken with did not have knowledge of one person's mental health needs and how to manage them.
- There were discrepancies in wound care documents. For example, one person had a care plan where it stated a need for alternate day dressings. There was evidence this had not occurred. Care instructions, such as two hourly turns were not always documented and therefore there was no assurance this had happened to prevent further skin damage.
- One person had developed multiple pressure damage and there had been no risk assessment undertaken, this meant there had been no monitoring of their skin condition.
- People had been assessed by the speech and language therapist (SaLT). The SaLT had advised specific modified textures and certain equipment for certain people and this was not always followed. For example, one person should have received a pureed meal due to the risk of choking but we saw they were given a normal diet that may have caused them to choke. There were people who had been advised to drink from an open topped cup who were drinking from a beaker with a spout. This could cause complications such as

pulmonary aspiration. Pulmonary aspiration is when you inhale food/drink into your lungs.

- Fluid charts were not consistently recorded for those at risk of dehydration, and staff therefore lacked oversight of how much people were drinking. Amounts of fluid taken were not routinely totalled at midnight to alert staff the next day to encourage fluids or inform the GP.

We are aware that the service has recently transferred to a computerised care planning system and we were told that this had contributed to some of the issues found. The area manager confirmed that extra support would be provided. The shortfalls found in care plans were addressed by the end of the inspection process.

The above evidence shows that care and treatment had not always been provided in a safe way. Risk of harm to people had not always been mitigated. This meant that people's safety and welfare had not been adequately maintained at all times. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were some good examples seen of people's risk assessments, which were detailed and were updated regularly. These 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 clear guidance of how to support people to walk with walking aids to maintain and promote independence.
- 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.

Staffing and recruitment:

- Staffing levels on the first day of the inspection were impacted on by staff sickness. Overall the service was down by three members of staff. This impacted on the timings of care delivery and meal service as care was still being given just before lunch. However, staff worked hard to ensure care was delivered safely. We were aware that agency staff had been requested but at short notice it had not been possible to replace them during the morning but afternoon numbers were as stated on the rota.
- Throughout the rest of the inspection process the numbers of staff were seen as sufficient and as stated on the rota.
- We received mixed comments about staffing numbers from people and visitors. People we spoke with told us they felt staffing levels were sufficient to meet their needs. One person said, "There's always enough on duty." Another person said, "I think it is up and down, but I have no complaints really - I get good care here." Visitors comments included, "I know there have been problems with staffing and staff have left and new staff starting, but staff do their best," and "Sometimes there's no care staff around, but usually there's an activity person in the lounges."
- Staff mentioned that staff sickness impacted on their work load if the shifts could not be covered by agency staff. However on the whole the staff told us that staffing levels were 'Good,' and 'We have the usual problems with sickness but on the whole I think we are well staffed.'
- Staff deployment was seen to be an area that requires improvement. This was because the staff experience and skills had not always been taken into account. For example, on the first day of inspection, Fern unit was staffed by a new member of staff who had not yet received dementia training and an agency care staff member who was on their first day of working at St Dominic's Nursing Home. The agency staff member had



been shown the fire exits and fire meeting points but that was the extent of their introduction to the service and people to be supported. This meant the agency worker had minimal knowledge of individual people to ensure safe care delivery. We saw this care staff member at times working independently without the necessary support. This was evident during the meal service when people did not get the correct meal at the required texture.

- Staff rotas over three months confirmed staffing levels remained consistent which meant the provider had systems to monitor staffing levels and ensure continuity and familiarity with people who used the service. However as stated earlier we were made aware that there had been sickness and we saw that the working rotas reflected these changes.
- There was evidence of continuing robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed. New staff confirmed the recruitment process was thorough. One staff member said, "I filled in a form, then had an interview. I didn't start work my references and disclosure came back."
- The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Safeguarding systems and processes:

- People remained protected from the risks of abuse and harm.
- 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 continued to have a good understanding of their responsibilities and how to safeguard people. A staff member said, "We have training so we can always protect our residents." Another staff member said, "I would listen carefully, talk to the person about the issue and ask their permission to discuss it with the manager. I'm confident about the safeguarding procedures."
- Staff had received the appropriate safeguarding training and had continued to receive refresher training at least yearly.
- People and their families had access to the service users guide, which included information about safeguarding and contact details of the local authority.
- St Dominic's Nursing Home continued to follow the safeguarding procedures, make referrals to their local authority, as well as to notify the Care Quality Commission.

#### Using medicines safely:

- Medicines continued to be stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required. Medicines remained stored securely in the office. Medicines were supplied to the home in a monitored dosage system (MDS).
- All staff who administered medicines had the relevant training and competency checks.
- Staff continued to receive regular medicines competency checks to ensure they administered medicines safely. We asked people if they had any concerns regarding their medicines. One person said, "I have no worries, I get my medicines." A second person told us, "The staff are very good with my pills, I get them on time."
- There were protocols for 'as required' (PRN) medicines such as pain relief medicines, which included recording the effectiveness of the medicine.

#### Preventing and controlling infection:

- St Dominic's Nursing Home remained well maintained, clean and free from odour.
- Staff continued to have access to personal protective equipment (PPE) such as disposable gloves and aprons.

- Legionella testing and analysis had been completed and records confirmed this.
- We saw daily environment checks and weekly room checks being carried out to ensure infection control was maintained. This included checks on food preparation areas, laundry facilities and bedrooms.

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.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff for discussion. However trends were not fully analysed and this is mentioned more fully in the well-led question.

## 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience:

- People told us staff were competent. One person said, "Staff know what they are doing and look after me well." A second person told us, "Staff seem to know what they are doing and there's always enough on duty."
- The training programme provided by the provider identified that not all staff had received refresher training in essential areas such as fire drills, fire safety and moving and handling. For example, the training records identified seven staff had not received the recommended refresher training moving and handling training and six staff had not received fire safety/fire drills in a timely manner. There was also gaps in service specific training such as managing challenging behaviours and mental capacity training.
- During the inspection process, we requested further information regarding training provision at St Dominic's Nursing Home. We received information that the training matrix had not been updated to reflect staff training over the past year. This has been addressed under the well-led question.
- Despite the training programme shortfalls, staff were able to discuss peoples' needs and how they supported them. One staff member discussed how they moved someone with a hoist who was unable to weight bear.
- An up to date training programme with evidence of staff attendance at training was supplied on the 06 May 2019, this showed that staff had received essential training and refresher training either booked or now undertaken.
- It was acknowledged that staff supervision was behind but actions were being taken by the registered manager to ensure all supervisions were brought up to date.
- Staff received an induction and shadowed experienced staff before they worked with people on their own. The organisation had created their own version of the Care Certificate. This was used as part of the induction process to promote good practice. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. We spoke with two new staff members, one told us that "The induction was really very good, and the staff team were really supportive." However, the second staff member said they hadn't felt supported and hadn't settled in very well. The registered manager was aware of this and was looking at the induction programme and the mentoring to ensure that new staff felt supported and staff retention improved.
- Agency induction training was an area that needed to be improved as the agency worker we spoke with confirmed that they had not received an induction apart from where the fire exits were. This had been missed by the registered nurse overseeing the unit as they were trying to deploy staff on all units as they were three staff short due to sickness. We were assured that this would not happen again.

Supporting people to eat and drink enough to maintain a balanced diet:

- The meal time experience was missing for people on the first day of the inspection. People were not

encouraged or offered the opportunity to eat at the tables in a dining room. The meal was also served cold as it had not been kept hot enough to eat. The lift had been out of order over the past six weeks; this had not been adequately managed and planned for.

- Meals were not all attractively presented by care staff and there was no oversight by senior staff.
- Independence was not promoted as there was no provision of aids such as angled cutlery or plate guards. Some people were struggling to eat their meals without the required equipment and assistance because staff were busy going to and from the kitchen. Not everybody ate a full lunch. This was identified on the first day of the inspection and the meal service was significantly improved by the second day.
- People's fluid and food charts were not consistently recorded for those at risk of dehydration and malnutrition, and staff therefore lacked oversight of how much people were eating and drinking.
- There was a mixed response from people and visitors about the quality of food. Comments included, "Good days and bad days, overall not too bad."
- People's preferences were not always considered and planned for. A family told us, "My mother is a vegetarian and has been for a very long time but they serve her meat, she doesn't seem to mind due to her forgetfulness." Another family told us that their loved one's culture preferences had not always been followed, as they had been offered a food that their religion didn't permit. The chef told us that they had not been informed of these particular preferences and would ensure that this was highlighted with the kitchen team. The pre-admission documents had not identified this piece of important information.
- On the second day of the inspection meals were served from hot trolleys which had ensured that the food was of the correct temperature. People had been invited to eat at tables which were attractively set. Specialised equipment had been purchased to encourage independence such as, plate guards and angled cutlery.
- Following the inspection, we were informed that the lift had been repaired and that the meal service was back to normal.

The provision of food and fluids were identified as requiring improvement to ensure that people consistently received a good standard of nutrition and that their dietary needs were met and monitored appropriately.

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

- St Dominic's Nursing Home is a combination of an older style building that had been developed with a new extension.
- People made use of all the communal areas on both floors. People could choose to sit in the spacious lounges, dining areas or in their own rooms.
- Communal areas had recently been redecorated and provided a welcoming and dementia friendly environment. Fern unit dining and lounge areas had been developed and provided a safe and interactive environment for people who lived with dementia. It had not been used to its full potential due to low numbers of residents, but as the inspection process progressed we saw people use the areas and react positively to the changes.
- People's rooms remained personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests. For example, one person's family had created collages of pictures of animals and family events. As rooms became vacant they were redecorated.
- The garden areas were safe and suitable for people who used walking aids or wheelchairs. Raised garden beds with vegetables and herbs had been created for people to be involved in.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care:

- St Dominic's continued to ensure joined up working with other agencies and professionals to ensure people received effective care. People continued to have multi-disciplinary team meetings to discuss people's needs and wishes. We spoke with one health professional who said, "Staff do ask for advice and

follow our directions, work well with us."

- The service continued to have links with other organisations to access services, such as tissue viability services and speech and language therapists (SaLT).
- People were assisted with access to appointments. People told us, "If I have to go to the hospital, someone will come with me," and "If I need to see a doctor, staff organise it."
- Information was shared with hospitals when people visited. Each person had an information sheet that would accompany the person to hospital. This contained essential information about the person, such as their communication, mobility and medicines.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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.

- We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and were subject to a DoLS.
- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails.
- Staff received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "Some people can no longer make some decisions and we need to support them in the safest way, we have best interest meetings with the family, G.P and involve advocates if necessary."

# 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.

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 had good relationships with people, and appeared to know them well. Staff were seen to be caring towards people, and respected people's wishes.
- People were treated with kindness and were positive about the staff's caring attitude.
- We asked people what they thought of the staff and responses continued to be positive. One person said, "Excellent staff, all very caring." A second person told us, "All the staff are kind, best thing about the home is the staff."
- We saw friendships had developed between people, they greeted each other by name and asked how they were." People called out to each other and one person told us, "We say hello to everyone, its quite a nice social place."
- Equality and diversity continued to be promoted. People told us that their religious needs were respected. One person said "I have told them about my religious wishes, I see the minister." We saw staff supported people to wear clothes of their choosing. One person said, "The staff help to co-ordinate my clothes, I choose what I want to wear."

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

- People and families continued to be involved in reviews. People told us they had been involved in planning their care. One person told us, "I see the doctor regularly and staff explain if I need changes to my pills or need tests."
- Records confirmed regular meetings were held with people and their relatives to discuss care.
- We saw multi-disciplinary meetings being held and saw people were involved in these meetings to discuss their needs and make decisions about the care.
- We asked people if they were involved in planning their move to the service, one person told us, "It was my decision, I looked at a few homes, but this is near my friends and family."

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality remained respected. One person told us, "Staff respect my privacy and at the same time they knock on my door and ask if I am okay." A visiting professional commented, "I've never had any concerns about the staff, they respect people's privacy when I visit."
- Staff encouraged people to be as independent as possible. People told us "Staff encourage me to walk with my walker, I like my independence and here I can do what I want. I can choose when I get up and go to bed; I like to get up early and staff pop in if I need any help." A second person said, "Staff are kind and helpful, I struggle with dressing but they let me do it in my own time."
- We observed staff continued to treat people with dignity and respect and provided support in an individualised way.

- A visitor said, "When I visit I notice that staff prompt and encourage my relative to make choices and always consult them about things."
- We saw that staff were respectful in the way that they spoke with and cared for the people they supported. Staff offered people clothes protectors before meals and told them what they were doing. When people required a change of clothing, they spoke with the person quietly and asked if they could go to their room to change their clothes.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People told us that they continued to have choice and control in their day to day lives and were empowered to make their own choices about what they do with their time. One person said, "Staff encourage me to make decisions every day, they always ask me what I want to wear and if I want to go to the lounge." One person did say, "I feel a bit restricted because the lifts not working but it won't be for ever."
- People's needs assessments included information about their background, preferences and interests. We identified that two peoples' dietary needs had not been recognised but records confirmed that other peoples' cultural and personal preferences had been documented and followed.
- Staff supported people to complete life histories. This information aided staff to initiate topics of conversation that were of interest to people. Staff said that conversations with people about their history and background reassured people, particularly if they had difficulty with their memory.
- Some people told us they were involved in planning their care. One person said, "They do involve me in care decisions." Another person said, "I am involved as much as I want to be." A care staff member said, "People are asked how they want their care and we make sure that is what they get." They provided examples of people choosing to have a wash, shower or bath according to preference, the time people wished to go to bed and get up, the clothes they liked to wear and the food and drink they preferred.
- Staff spoke knowledgeably about people's needs as well as their interests, which was accurate according to people's care assessments and plans. One staff member said, "We read all the care plans, I think they are really helpful, because we can then talk to them about things that matter."
- People and relatives told us they were mostly impressed with the range of activities provided and spoke highly of the activity co-ordinators and the work they did. People commented, "We get hand massages, which I enjoy, I love the pet visits," and "Lots of things happen, I'm quite content." A relative told us, "They do have activities, but not all the time, I think it's been difficult because the lift has not been working." Staff felt more activities would be good. One staff member said, "More activities would be good for everyone, the activity team is really good."
- Notice boards contained information about up and coming events or something interesting or attractive to look at. People's art work was displayed, as were photographs of events that people had attended.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
- People's communication and sensory needs were assessed, recorded and shared with relevant others.
- There were specific details in people's care plans about their abilities, needs and preferred methods of communication. There was pictorial signage around the home to help people orientate. Menus were displayed on blackboards and changed daily. Throughout the communal areas the date, weather and time was correctly displayed in a format suitable for people. Clocks were large and easily seen. Technology was



used to assist people in communicating with families and there were plans to use ipads and computers.

Improving care quality in response to complaints or concerns:

- There were processes, forms and policies for recording and investigating complaints.
- There was a satisfactory complaints policy. People also had access to the service users guide which detailed how they could make a complaint.
- People told us they knew how to make a formal complaint. One person said, "I know how to make a complaint;" A second person told us, "I've got no complaints about anything and feel happy living here." A third commented, "I got information about this at the beginning and I would tell the manager if I was making a complaint but I've no complaints."
- We saw formal complaints and concerns were logged and responded as per the organisational policies. For example, one complaint was received, investigated and responded to with a full explanation of the investigation. Actions taken had ensured the issue was resolved and not occur again.

End of life care and support:

- All staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information. Staff demonstrated that they felt prepared and understood how to support people at the end of their life.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish.
- Care plans for one person who had an end of life care plan contained information and guidance in respect of when pain control may be required to ease their symptoms. These are known as 'Just in case medicines' (JIC).
- Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.

## 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.

Aspects of leadership and management did not consistently assure person-centred, high quality care.

Understanding quality performance, risks and regulatory requirements:

- Since the last inspection the provider had introduced a new computerised care management system which when fully embedded will manage staff training, rotas, and real time care plans and care related documents.
- However at this time we identified shortfalls with care planning, risk management and staff training.
- The organisation's quality assurance systems had not identified that the training programme was not up to date, which meant that the provider and registered manager were assured that all staff had the necessary skills to provide safe care to the people they supported. For example, we identified gaps in fire training and moving and handling. This has now been actioned.
- Competency for trained staff on service specific care such as venepuncture (obtaining blood samples) and catheter insertion were not all up to date. We are awaiting further confirmation of the competency framework from the provider.
- The organisation's quality assurance systems had not identified that not every person had a care plan that reflected their specific needs, such as diabetes and mental health disorders. Risk assessments for people were not all in place and some had not been updated to reflect changes to their health and skin disorders. For example, one person had a care plan that identified they had pressure sores but a risk assessment had not been completed, therefore systems to prevent further skin damage were not evident. These were put into place during the inspection process and we received documental evidence these had been completed.
- One person's wound care plan stated 'change dressing on alternate days' but the care plan did not evidence this had happened.
- The registered manager had a weight 'tracker' and this identified significant weight loss and weight gain for people from March to April 2019 which had not been highlighted and no action had been taken such as, referral to the dietician.
- Accidents and incidents had been documented but the analysis to identify trends and themes had not been completed since January 2019. We could not track all accidents as not all documentation on the new system was correctly completed. We were informed that the new electronic care system did not support the analysis but the registered manager had contacted the system provider to add this to system.
- The organisation's quality assurance systems had not identified that people's food and fluids were not consistently recorded on the new system and staff and therefore the management team did not have an overview of people's nutritional and hydration status.
- Quality assurance systems had not identified issues relating to medicines management. Medicine administration documentation for a person who was no longer at the service was found in the medicine administration charts that were in use.
- People's pre-admission assessments had not always explored the reason for admission and people's nutritional and cultural food preferences were not clearly identified. This had meant inaccurate and

incomplete care planning. For example one person admitted for support for six weeks whilst injuries healed did not have a care plan to support promoting independence and assisting to wash and dress with an shoulder injury.

- St Dominic's nursing Home have not sustained the improvements made since the last inspection. The above examples, demonstrate that the provider's quality assurance framework was not consistently robust and the provider had failed to maintain accurate, complete and contemporaneous records which is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Working in partnership with others:

- Since the last inspection the organisation had worked hard to improve partnership working with key organisations to support the care provided and worked to ensure an individual approach to care.
- There was partnership working with other local health and social care professionals, community and voluntary organisations. Visiting health and social care professionals were positive about the way staff worked with them and this ensured advice and guidance was acted on by all staff. Comments received included, "Communication has certainly improved and we feel that the management team are now working with us to improve care for people," and "Staff listen and are knowledgeable about the people they support."
- There were connections with social workers, commissioners and the community team for people who lived with dementia.

Managers and staff being clear about their roles:

- The management structure consisted of the registered manager within the service who reported to the area manager and then the provider. However there was a lack of clear leadership of staff working on each unit during each shift. This was due to resignations of clinical leads over the last six months and extended leave of a third clinical lead.
- Fern unit was of particular concern as the registered nurse was overseeing the middle floor and medicines as well. For example, directives for staff on Fern unit on using the recently redecorated spacious communal areas, specifically the dining area had not been followed. This had meant that people used a bedroom converted in to a small lounge for eating meals and social engagement, which was not suitable or set up for long term use.
- Staff had clearly defined roles and were aware of the importance of their role within the team. The staff worked hard but admitted that changes to staff, staff leaving and to deployment of staff had caused disruptions to the improvements made to care delivery. However ,they felt things were now moving forward again. There was a strong sense of loyalty within the workforce and a commitment to improve.

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

- Relatives did not always feel their concerns or grumbles were answered or taken seriously by the management team. One relative said they had raised concerns to the registered manager but had not received any information or feedback. We raised this with the registered manager who said she had taken advice from the local safeguarding team but the concerns had not been taken forward for investigation. This had not been explained to the relative who felt nothing had been done and the relationship with the service had been affected. This had been addressed by the area manager during the inspection process, but had not been identified by the organisation's own management systems before the inspection.
- The provider 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. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.
- All staff were keen to emphasise the service would advocate for people if required. For example, in respect

of ensuring medicine reviews took place. This meant people were only on the medicines currently required as opposed to taking those which were no longer relevant or the best for the person.

Continuous learning and improving care:

- 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. One staff said, "We monitor all falls and injuries, we then contact the falls team for advice and this has really helped and reduced falls." The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.

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

- Regular feedback was sought from people who used the service and their relatives or advocates. This was used to inform the provider how well the service operated. These surveys were collated and the survey outcomes shared with people, families and staff. The actions to be taken were also shared.
- Despite a difficult few months, there was a positive workplace culture at the service. Staff said they had been able to raise concerns with the management team and felt listened to.
- Staff worked well together, and there was a shared spirit of providing a good quality service to people. One staff member said, "I love working here, good place to work, very supportive team."
- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. The registered manager sought feedback from the staff through regular meetings and day to day communications. The team discussed various topics in the meetings including the support and care of people who use the service, policies and procedure, tasks and actions to complete, any issues and ideas.

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>