G Lawrence

The Dome Residential Home

Inspection report

121 Barton Court Avenue
Barton on Sea
Hampshire
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Tel: 01425 616164
Website: N/A

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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?	Requires improvement

Overall summary

The Dome Residential Home is a small, family run care home and provides care and support for up to three people with a range of health care needs. The home is situated on the first floor of a larger building owned by the registered provider. The home is on the seafront at Barton on Sea and is opposite local shops and cafes. Each person has their own room which is personalised with their own belongings and furnishings.

The home was not required to have a registered manager as the provider is registered as an individual with the commission and was in day to day charge. The registered provider was fully involved with managing the home and providing care to people on a daily basis. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered provider was supported to manage the home by two deputy managers.

Summary of findings

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed.

Staff were appropriately trained and skilled to deliver effective care. They all received a thorough induction when they started work and fully understood their responsibilities to report any concerns of possible abuse. Records showed staff received regular training and were supported with opportunities for on-going personal development and further qualifications.

People were treated with respect and compassion. Observations showed staff knew people very well and considered their emotional wellbeing, choices and wishes and promoted their independence. People were supported and encouraged to take part in activities they had chosen. Records showed people's hobbies and interests were documented and staff accurately described people's preferred routines.

Care plans and risk assessments had been reviewed regularly and people's support was personalised and tailored to their individual needs. Referrals to health care professionals were made quickly when people became unwell and advice was acted upon. Each health care professional we spoke with told us the staff were very responsive to people's changing health needs.

The registered provider assessed and monitored the quality of care provided by involving people and relatives, although this was not always recorded. Each person and relative we spoke with told us they felt able to voice their opinions about the quality of care provided.

Health and safety checks were completed to ensure the environment was maintained to a safe standard. Some records relating to the management of the service, such as policies, required updating. However, this was already in hand. The registered provider had sought advice and new documentation was ready to be implemented.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No one at The Dome required a DoLS but the deputy manager understood when an application should be made.

Summary of findings

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 safe. People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met.

Good

Is the service effective?
The service was effective. Staff received training to ensure they had the skills and knowledge to meet people's individual needs.

Staff understood their responsibility in obtaining consent before providing care and support.

People's dietary needs were assessed and taken into account when providing them with meals.

Good

Is the service caring?
The service was caring. Staff treated people with dignity and respect.

Care records contained personalised information about people's backgrounds, likes and dislikes and preferred daily routines.

Staff were knowledgeable about people's care needs.

Good

Is the service responsive?
The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People received care and support when they needed it and referrals to health professionals were made in a timely way.

People said they would talk to staff if they had a concern and staff knew how to respond to any complaints that were raised.

Good

Is the service well-led?
The service was not always well-led. Records were not always accurate and up to date. Quality assurance systems were informal and monitoring was not always recorded. Action was already being taken to address this.

The staff regularly sought the views of people living at the home but these were not recorded.

Requires improvement

Summary of findings

People felt there was an open, welcoming and approachable culture within the home. Staff felt valued and supported by the registered provider and the deputy managers.

The Dome Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 25 September 2015 and was unannounced. We returned on 28 September 2015 to collect some additional evidence we had requested.

One inspector conducted the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the three people who lived at The Dome. We observed interactions throughout the day between people and care staff. We spoke with the registered provider, both deputy managers, one care worker and a relative who was visiting. We also spoke with a visiting care professional. We pathway tracked each person using the service. This is when we follow a person's experience through the service and view their care records to gain an understanding of the actions staff have taken to ensure safe and effective care is provided. We looked at each person's care plans and medicines administration records (MAR), staff duty rosters, five staff recruitment and training files, health and safety records and quality assurance systems.

Following the inspection we spoke with three health and social care professionals to obtain their views about the provided by The Dome.

We last inspected the home on 25 October 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe at The Dome and the staff helped them to stay safe. One person told us "I have my call bell by the side of my bed" and said the staff came quickly if they used it. A relative told us "He [my relative] is safe. Yes. Definitely."

Staff received training in protecting people from the risk of abuse. Staff had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered provider and deputy managers. They also said they would feel comfortable raising concerns with outside agencies such as the CQC.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed. Application forms had been completed and recorded the applicant's employment history. Two references had been obtained and a criminal records check completed for staff before they started work. The most recently appointed staff member was well known to the registered provider. They were awaiting the outcome of their criminal records check but were not allowed to work unsupervised until this was received.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored in a locked cupboard in the kitchen. Regular checks and audits had been carried out by a deputy manager to make sure medicines were given and recorded correctly. People told us their medicine was given to them on time. One person said, "I used to self-medicate. They do it now. I can never remember the name of my meds. I keep forgetting things." They manage my meds better than I could." At lunchtime we saw one person being given their medicines. This was done safely and the person was provided with their medicine in a polite manner by staff. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medication administration records were appropriately completed and staff who had given the medicines had signed to show that people had received them.

Risks to people's health and wellbeing had been assessed and actions had been taken to minimise these. For example, one person used oxygen to help with their breathing. There are specific risks associated with oxygen cylinders. A detailed risk assessment had been completed to guide staff in the safe use and storage of the oxygen cylinder to mitigate these risks.

The service planned for emergency situations and maintained important equipment to ensure people would be safe. There were regular checks on the fire detection system and fire-fighting equipment to make sure it was in good working order. Fire exits and evacuation routes out of the building were clearly visible and accessible and fire drills took place regularly. Actions they should take to safeguard people if an emergency arose or if the service needed to be evacuated were known by staff.

Good

Is the service effective?

Our findings

People told us they could choose what they had to eat each day and could always asked for an alternative if they didn't want what was on the menu. They told us the food was good. One person said "They're happy to get stuff in for me. Last week I asked for avocado and prawns. It was bought in as part of the grocery order." They also said they could help themselves to food in the kitchen if they got hungry in between mealtimes. Another person said they had never had anything they didn't like for dinner. A relative told us "My [relative] is well catered for. They're doing their utmost to put weight on him" and gave an example of staff were giving their relative full fat milk. They also said "The staff know him [my relative] well. They make health referrals quickly. They're ahead of the game."

People told us they felt the staff were competent in their role. One person had written a personal statement for one member of staff as evidence for their recent qualification. They stated "I have every faith in [staff member] regarding my care and welfare." A GP told us "Staff are on the ball. They pick up health problems." They told us staff referred concerns to the surgery quickly. A care professional said the deputy manager, they had most contact with, had "insight" and they always took note of what was said.

The registered provider had systems in place to ensure staff received regular training, could achieve recognised qualifications and were supported to improve their practice. This provided staff with the knowledge and skills to understand and effectively meet the needs of the people they supported. One deputy manager had recently completed their QCF level 5 in health and social care which they were putting in to practice in the development of the service. The external trainer told us the registered provider was committed to staff training and wanted to update staff training on an annual basis. The next updates were already booked for October 2015.

Staff told us they had opportunities to discuss their own work performance and development needs and could bring up any concerns they may have. Due to the small staff team this was done on an informal, ad hoc basis but it was clear that actions were carried through. Following a discussion about this, a deputy manager had put a schedule in place to formalise and record future staff supervision and appraisal meetings. Regular staff meetings took place where staff contributed to discussions on a range of issues such as people's care needs, policy updates and monitoring people's weight.

Each person had a risk assessment to identify if they were at risk of malnutrition or dehydration. People were weighed regularly, and where there was a concern about weight loss or gain, appropriate action was taken in agreement with the person. For example, one person was on a higher fat diet to help them put on weight. Another person had borderline diabetes so their diet was monitored to reduce their sugar intake and this had kept their diabetes under control. People were provided with choices of food and drink and they had free access to the kitchen at all times if they felt hungry. They all told us they could eat in the dining room if they wished, but preferred to eat in their rooms and this choice was respected by staff. One person said they chose to have their main meal at night instead of at lunchtime and this was usually okay. They said they sometimes had a ready meal in the evening instead of the lunchtime dish, but didn't mind this as long as they had a meal.

People told us they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us that when they had recently felt unwell, paramedics had been called. A record of this incident was recorded in the person's care notes. Other records showed people accessed support from different health professionals such as the district nurse and the local mental health centre. Staff contacted specialist services for advice when required. For example, records showed they had spoken with a person's specialist nurse in the middle of the night to check if they could administer additional pain relief.

People had capacity to make their own decisions about their care and this was recorded. Consent forms had been completed and signed by people when they had requested staff to act on their behalf. For example, to manage their money. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA) and told us they gained consent from people before they provided personal care. We saw staff asking people for consent throughout our inspection.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the

Good

Is the service effective?

rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We observed people's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

Good

Is the service caring?

Our findings

People told us the staff were caring and treated them with respect. One person said the staff were discreet when supporting them with personal care needs. Another person said staff always asked for their permission before offering support. People told us they could come and go as they wanted, although two people needed staff to support them when they went out. One person said "It feels like my home. I can make choices but do consider others." They also spoke about one member of staff in particular saying "They are very conscientious. They really care."

A relative told us "It's been a Godsend. They're brilliant. They understand him [my relative] and see through his illnesses to his personality and character. It upsets them when he's sad." They also told us "It's a lovely, welcoming little home. I can't fault the care here." They said staff always involved their relative in their care and decision making; "Staff just give him [my relative] the information he needs, not too much or he sits and thinks about it too much." A GP told us they thought the staff were "Wonderful" and provided "Bespoke, individual care." They said the staff seemed to really care and created "A family atmosphere; a home from home."

The home was very informal and care was centred around each person's needs and wishes. Staff were clear that they were there to support people and do all they could to meet their needs as it was their home. The registered provider told us they wanted people to be able to "Stay for life" and as long as they could meet their needs, they would try to make that happen. People were treated like valued family members and sometimes visited the registered provider and other members of their family at their home, which was nearby, for tea or a barbecue.

It was clear from the way staff interacted with people that they cared about them and how they were feeling. Staff were sensitive to people's moods and emotional ups and downs and responded with reassurance and kindness. Staff knew people very well. For example, their life histories, current health conditions and how they wanted to receive their care. Records contained information about what was important to each person living at the home. People's preferences on how they wished to receive their daily care and support were written in their care plans and their likes, dislikes and preferences had also been recorded.

Staff supported people to overcome limitations set by their disabilities. One person was hard of hearing so the staff had purchased equipment which amplified sound and enabled the person to hold a conversation. Another person had breathing difficulties and could not walk very far without a rest. Staff had provided a chair on the way to the front door so the person could sit and get their breath back when coming and going from the home.

People's bedrooms were personalised and contained pictures, ornaments and the things they wanted in their bedroom. People told us they could spend time in their room if they did not want to join other people in the communal areas. One person told us they had wanted a desk and some shelving built into their room and this had been arranged for them. They also said they had wanted an air vent put in which meant knocking a hole in the wall of their bedroom. They told us this had been done willingly.

Friends and relatives were welcome to visit at any time and staff made sure people had privacy and space to entertain their guests. During our inspection a relative visited with a person's young grand-daughter. Staff welcomed them warmly and made a fuss of the toddler.

People's wishes about their end of life plans had been discussed and recorded in detail. Staff were aware of people's wishes and instructions and talked about them with respect and sensitivity. The registered provider told us when the time came they would make arrangements in accordance with people's wishes, and said they would have a celebration of their life at the home.

Good

Is the service responsive?

Our findings

People told us their support was personalised and changes in care were quickly identified and implemented into their care plans. One person said: "The staff look after me the way I want them to." They told us they felt fully involved in their care and could discuss everything with staff. A relative told us "It's a three way thing. They keep us informed."

Pre-admission assessments had been carried out which included personal information, medical history, communication needs, medication, dietary requirements and any mobility issues. This provided information for the registered provider to make a decision about whether they could meet people's needs before they moved in to the home. Daily reports that documented the care people received were up to date and included information on the person's well-being, diet, preferences and professional interventions carried out that day.

Care plans were individual to each person's needs and included, for example, the use of oxygen, mobility, eating and drinking and personal care. Care plans were written in collaboration with, and were signed by each person to say they had agreed with the plan. Care plans were reviewed monthly and these were up to date. Any changes to people's care needs had been recorded. Risk assessments were regularly reviewed and were up to date.

People were supported to maintain their independence as much as possible. Staff supported people in a way that empowered them to live their life in the way they wished and to take informed risks. For example, one person had a health condition that meant there was a risk they might become unwell while out of the home on their own. To manage this the person always took with them a mobile phone and a contact card which also recorded their medical conditions, so this information was available in an emergency.

People chose not to take part in many activities but those they did participate in were ones that were important to them. For example, one person told us they liked watching soaps on TV and reading books. They visited the library regularly to choose the books for themselves. Another person said they loved snooker and darts and watched these on their own TV in their room. This person also liked smoking and the registered provider had sought advice about how to enable this to happen. A risk assessment had been carried out and a management plan put in place so that the person was able to fulfil their wish to smoke in their room or on their private balcony.

Staff shared information about people's needs through out each day. A deputy manager told us they were a small team of two or three staff on duty most days. They said "We see each other all the time. If there are any problems we talk to each other. It's not formal". The communication book showed staff shared information about areas of care such as nutrition, mobility and visits from healthcare professionals.

People and relatives told us they knew how to complain. A relative told us they would speak with the registered provider or deputy managers if they had a concern but told us they had no complaints. Staff told us complaints would be taken seriously and investigated thoroughly, although they had not received any complaints. The complaints procedure informing people of how to make a compliant was in a pack in each person's room. There was also information about how to contact the Care Quality Commission (CQC).

Requires improvement

Is the service well-led?

Our findings

People told us the registered provider was always around and helped out all the time. One person said "She makes you feel welcome. She comes over here a lot." They also said a deputy manager worked hard to make sure people were happy saying "If they can, they will. If they say they will do something, they will do it." There were other positive comments about how the home was managed. A GP told us a deputy manager was "Great" and the home was "Superb." A relative told us a deputy manager "Manages really well."

Staff were complimentary about the management team. They told us that they felt listened to and ideas and suggestions discussed at team meetings were acted upon. One staff member told us the culture within the home was "Like a family." They said "We all sit and have a laugh and a joke and have dinner together in the evenings or one to one if that's what they want." They went on to say "I get on well with the managers. I can speak to them if I have any problems. I am booked on training but still shadowing as I am still learning. I haven't been thrown in at the deep end. Staff sit down and explain things to people here. There's more time. Their needs come first. I enjoy working here. I can't think of anything they could do better."

The philosophy of the home was to put people at the heart of everything they did and this was evident from what we saw during our inspection. However, due to the informal culture within the home, some systems, procedures and record keeping had not kept up with requirements under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and needed some improvement and updating. For example, policies still referred to the old regulations which were replaced in April 2015. Other improvements were needed in recording, such as adding the date on people's care plans when their changing care needs were recorded and making sure conflicting information was identified and rectified. There was currently little in the way of recorded quality assurance information and this was a work in progress.

The deputy manager who had been given responsibility for this had already identified areas for improvement. They had met with an external consultant who was supporting them with updating their policies and procedures and other paperwork. The deputy manager had created a folder which contained all the paperwork they needed to put in place such as new templates for risk assessments, audits and surveys, but had not yet had time to implement this.

The deputy manager told us they had agreed with the registered provider to take half a day a week to concentrate on this as they provided care during the rest of the week. We discussed this with the registered provider who suggested the deputy manager could take as much time as they needed to get everything in place as quickly as possible. Both the registered provider and deputy manager were responsive to our feedback and keen to address the issues we identified as soon as possible.

The management team had an 'open door' policy which provided the opportunity for people who used the service and members of staff to discuss any issues with them at any time. Discussion with members of staff confirmed that policies and procedures for reporting poor practice, known as 'whistleblowing' were in place. Staff said they would not hesitate to report any concerns about the practice of their colleagues and were confident that these concerns would be acted upon immediately.

Meetings for the staff team were held regularly. At these meetings issues relating to care planning and the needs of people were discussed. Regular meetings helped to ensure that the staff team were informed of any policy changes and that they were actively involved in any on-going training.

Staff told us they did not hold formal meetings for people but feedback was received informally on an on-going basis. The deputy manager told us they would incorporate feedback in to people's care plan reviews in future and would record this. They also told us they would put a comments book in the reception area to capture the positive comments made by visitors and health professionals as these were not currently captured anywhere.

Health and safety within the home was managed well. There was an infection control lead for the home and they had completed a recent infection control audit. Water supplies were tested yearly for legionella and the most recent test was clear. Annual maintenance and servicing of

Requires improvement

Is the service well-led?

appliances, such as the gas boiler, was outsourced to professional contractors and certificates retained. Accidents and incidents were recorded and investigated appropriately.