

St Dominic's Limited

St Dominic's Nursing Home

Inspection report

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2015
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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 

Overall summary

We carried out an unannounced comprehensive inspection at St Dominic's Nursing Home on the 24 and 29 November 2014. Breaches of legal requirements were found and we took enforcement action against the provider. We issued a warning notice in relation to the care and welfare of the people, assessing and monitoring the quality of service provision and respecting and involving service users at St Dominic's Nursing Home. As a result we undertook a focused inspection on 27 February and 4 March 2015 to follow up on whether the required actions had been taken to address the previous breaches identified, and to see if the required improvements, as set out in the warning notice had been made.

You can read a summary of our findings from both inspections below.

Comprehensive Inspection of 24 and 29 November 2014

We inspected St Dominic's Nursing Home on the 25 and 29 November 2014. St Dominic's Nursing Home is registered to provide care to people with nursing needs, such as Parkinson's, diabetes, and heart failure, many of whom were also living with dementia. The home was divided in to five units over three floors, Fern, Crocus, Dahlia, Aster and Bluebell. The top floor, Elderflower unit was closed for refurbishment. Fern unit was on the lower

Summary of findings

ground floor and was home to people with complex dementia needs. The home can provide care and support for up to 91 people. There were 57 people living at the home on the days of our inspections.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

At the last inspection in September 2014, we took enforcement action against the provider and issued a warning notice in relation to the care and welfare of the people at St Dominic's. We also asked the provider to make improvements in the areas of respecting and involving people, consent to care and treatment, care and welfare and quality assurance. An action plan was received which stated they would meet the legal requirements by 31 October 2014. Whilst we found improvements had been made in some areas there were still areas of significant concern and some actions were not yet embedded in practice. We were still concerned about the care and welfare of people living at St Dominic's and how the service was managed. This is reflected in the enforcement actions we have taken which can be seen at the back of this report.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at did not always reflect the positive comments some people had made. People's safety was being compromised in a number of areas. Care plans did not reflect people's assessed level of care needs and care delivery was not person specific or holistic.

The delivery of care suited staff routine rather than individual choice. Care plans lacked sufficient information on people's likes, dislikes, what time they wanted to get up in the morning or go to bed. Information was not readily available on people's preferences.

Not everyone we spoke with was happy with the food provided. We found lunchtime to be chaotic with some people not receiving their lunch until 1:40pm. The dining experience was not a social and enjoyable experience for some people. People were not always supported to eat and drink enough to meet their needs.

People's medicines were stored safely and in line with legal regulations. People received their medicines on time and from a registered nurse.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. However we also saw that many people were supported with little verbal interaction and many people spent time isolated in their room.

Feedback had been sought from people, relatives and staff. 'Residents' and staff meetings were held on a regular basis which provided a forum for people to raise concerns and discuss ideas. Incidents and accidents were recorded, but not consistently investigated.

Staff told us the home was well managed and there were good communication systems in place between all levels of staff. These included handover sessions between each shift, regular supervision and appraisals, staff meetings, and plenty of opportunity to request advice, support, or express views or concerns. Their comments included "Much better- we are now working as a team. We support each other."

Focused Inspection on 27 February and 04 March 2015.

After our inspection of 13 and 14 November 2014, the provider wrote to us to say what they would do to meet legal requirements in relation to care and welfare, assessing and monitoring the quality of service provision, respecting and involving people and meeting people's nutritional needs.

We undertook this unannounced focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found significant improvements had been made and they had met the breaches in the regulations.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked reflected the positive comments people made.

People were safe. Care plans reflected people's assessed level of care needs and care delivery was person specific or holistic.

Summary of findings

The delivery of care was based on people's preferences. Care plans contained sufficient information on people's likes, dislikes, what time they wanted to get up in the morning or go to bed. Information was available on people's preferences.

The provider had recruited a chef and kitchen team and the meals were prepared in the home. The main meal service was staggered which ensured that people received the assistance they required. The dining experience was a social and enjoyable experience for people on all units.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and

they responded to staff with smiles. People previously isolated in their room were seen in communal lounges for meal times and were seen to enjoy the atmosphere and stimulation.

Feedback had been sought from people, relatives and staff. Residents and staff meetings were held on a regular basis which provided a forum for people to raise concerns and discuss ideas. Incidents and accidents were recorded, and consistently investigated.

Staff told us the home was well managed and robust communication systems were in place. These included handover sessions between each shift, regular supervision and appraisals, staff meetings, and plenty of opportunity to request advice, support, or express views or concerns. Their comments included "Really good, nurses' work with us, we work as a team, really supportive manager."

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?

St Dominic's Nursing Home provided safe care and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to good.

People told us they felt safe at the home and with the staff who supported them.

Risks to people's safety were identified by the staff and the registered manager and measures were put in place to reduce these risks as far as possible.

Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse.

Good



Is the service effective?

St Dominic's Nursing Home provided effective care and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to 'Good'.

People's nutritional needs were met and people could choose what to eat and drink on a daily basis. The meal times were enjoyed by people.

People spoke positively of care staff, and told us that communication had improved with staff.

Staff received on-going professional development through regular supervisions, and training that was specific to the needs of people was available and put in to practice on a daily basis.

Good



Is the service caring?

St Dominic's Nursing Home was caring and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to 'Good'.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff spoke with people and supported them in a very caring, respectful and friendly manner.

Good



Is the service responsive?

St Dominic's Nursing Home was responsive and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to 'Good'.

Care plans showed the most up-to-date information on people's needs, preferences and risks to their care.

People told us that they were able to make everyday choices, and we saw this happened during our visit. There were meaningful activities provided for people to participate in as groups or individually to meet their social and welfare needs;

Good



Summary of findings

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

Is the service well-led?

St Dominic's Nursing Home was well-led. Improvements had been made from the last inspection, and based on the evidence seen we have revised the rating for this key question to Good. However practices were not yet fully embedded.

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

There was a registered manager employed, and there was a strong management team in place.

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

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

Good



St Dominic's Nursing Home

Detailed findings

Background to this inspection

This inspection report includes the findings of the focused inspection. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspections checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

We carried out a comprehensive inspection of all aspects of the home on the 13 and 14 November 2014. The comprehensive inspection identified numerous breaches of regulations. We undertook an unannounced focused inspection of St Dominic's Nursing Home on 27 February and 04 March 2015. This inspection was to check that improvements to meet legal requirements planned by the provider after our inspection in November 2014 had been made.

The inspection team consisted of four inspectors. During the inspection we spoke with 15 people who lived at the home, seven visiting relatives, three registered nurses, eight care staff members and the registered manager, the provider and the chef.

We looked at all areas of the building, including people's bedrooms, bathrooms, the lounge areas and the dining areas. Some people had complex ways of communicating and several had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the records of the home, which included quality assurance audits. We looked at ten care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008. This was because risk assessments did not always include sufficient guidance for care staff to provide safe care. Others risk assessments were not being followed. Care records failed to demonstrate that staff were monitoring condition of people's skin to prevent pressure sores. Equipment to maintain people's skin integrity was not being used properly. Incidents and accidents were not being investigated and safeguarding alerts were not being made following a person experiencing abuse or harm. People were at risk of not receiving 'as required' (PRN) medicines and pain assessments were not completed.

Due to the concerns found at the last inspection, we determined people were at significant risk of not receiving safe care and the delivery of care was inadequate. An action plan was submitted by the provider that detailed how they would meet the legal requirements by 28 February 2015. Significant improvements were made and the provider is now meeting the requirements of Regulations 9 of the Health and Social Care Act 2008. However these improvements were not, as yet, fully embedded in practice and need further time to be fully established in to everyday care delivery.

People told us they felt safe living at St Dominic's Nursing Home. One person told us, "I feel very secure living here." Staff expressed a strong commitment to providing care in a safe and secure environment.

Individual risk assessments had been reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments identified the specific risk, the control measures to minimise risk and the level of risk, whether it was high, medium or low. These covered a range of possible risks, for example nutritional risk, choking, skin integrity, falls and mobility. Where the risk to a person was high, clear measures were in place along with input from relevant healthcare professionals.

The last inspection identified concerns with the provider's management of people's skin integrity. This was because guidance was not available in their care plans on how to promote their skin integrity or to reduce the risk of it breaking down further. Improvements had been made and people's skin integrity was managed effectively and safely. Staff could tell us the measures required to maintain good skin integrity. One member of staff told us, "We regularly ensure people are assisted to change their position, apply barrier creams and promote their hydration." Risk assessments were in place which calculated people's risk of skin breakdown (Waterlow score) and included a clear plan of care. The risk assessment included clear and detailed information on the person's medical background, nutritional intake and any contributory factors which may prevent the ulcer from healing. Information was recorded and regularly updated on the depth, odour and size of the wound. The registered nurse could clearly inform us of the dressing required to manage the wound and when they were required to be changed.

Good skin care involves good management of continence and support to regularly change position. At the last inspection, we raised concerns as people sitting in the communal lounge did not receive support in over six hours to access the toilet or change position. Improvements had been made. People were provided with appropriate pressure relieving equipment and staff supported people with poor mobility to change their position regularly to reduce the risk of damage to the skin. People were also regularly supported to access the toilet and staff told us that they had sufficient and appropriate movement and handling equipment to safely assist people who were not able to mobilise independently. For example, they had the hoists and individual people's slings in the correct sizes. Systems were also in place to ensure that people were protected against the risks associated with indwelling products such as feeding tubes and urinary catheters. Staff told us that equipment was maintained in good working order, and accident records showed that there were no accidents or injuries relating to the environment or equipment.

Is the service effective?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulation 9 and 14 of the Health and Social Care Act 2008. This was because care delivery was not always effective and consistent and mealtimes were not an enjoyable experience. We could not be assured that people's nutritional needs were met.

The concerns identified at the last inspection found significant failings and the delivery of care was not effective. An action plan was submitted by the provider detailing how they would meet their legal requirements by 28 February 2015. Improvements were made and the provider was now meeting the requirements of Regulation 14 and 9 of the Health and Social Care Act 2008.

At the last inspection, we found lunchtime to be chaotic and the communal dining experience was not made available to people. Staff lacked oversight of people's food and fluid intake and people were at risk of dehydration.

Significant improvements have been made. In this inspection dining tables were set up in the dining areas with table clothes and condiments to hand. People were offered the choice of eating in the dining room, their bedroom or the communal lounge. People could choose where they wished to eat and this decision was respected by staff. Refreshments were available and the atmosphere was quiet but relaxed with music playing softly in the background. People were offered a choice of food and were given time to enjoy their food, with staff ensuring that they were happy with their meals. Staff knew who required assistance and provided this at a pace which suited the person. People who required support were assisted in a dignified manner with care staff interacting and supporting the person.

We observed that the dining experience was now a more enjoyable experience and that people previously isolated were supported to join others in the dining areas. On Fern

unit we had identified that not everyone enjoyed the noise and disruption from other people, and a separate quiet dining area had been provided. These improvements had contributed to improved appetites and social interaction.

Promotion of hydration in older people can assist in the management of diabetes and help prevent pressure ulcers, constipation, incontinence, falls, poor oral health, skin conditions and many other illnesses. Mechanisms were now in place to monitor people's fluid intake on a daily basis and monitor for any signs of dehydration. Individual fluid targets had been calculated which considered the age of the person, their weight and how much they should be drinking. This enabled staff to have an oversight of people's fluid intake. People were offered hot and cold drinks throughout the day and we also saw people had access to drinks at any time. We observed staff support people to drink who were not able to do this themselves. Staff did not rush people and took their time to assist people to enjoy their drink. Staff understood the importance of promoting people's fluid intake to remain healthy.

At our inspection in November 2014 we found care plans lacked detail of how to manage and provide specific care for people's individual needs. For example, in the areas of diabetes and continence management. This inspection found that people's individual needs had been re-assessed and specific management strategies put in place.

People's continence needs were managed effectively. Care plans identified when a person was incontinent, and there was guidance for staff in promoting continence such as taking the individual to the toilet on waking and of prompting to use the bathroom throughout the day. Continence assessments had been completed. Mobility care plans contained guidance for staff to maintain what mobility people had and encouraged people to retain their mobility. For example, they offered people the opportunity to move. We saw that staff approached people throughout our inspection asking if they would like to move to a different chair or go for a walk. People who lived with dementia were supported to move around the communal areas.

Is the service caring?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008. This was because staff had not always listened to and involved people in their care delivery or lifestyle choices and this had had a negative effect on people's individual needs and wellbeing. People had not always been treated with respect and had their dignity protected.

The concerns identified at the last inspection found St Dominic's Nursing Home was not consistently caring. An action plan had been submitted by the provider detailing how they would meet the legal requirements by 28 February 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008.

People spoke highly of the care received. One person told us, "The staff are caring." A visiting relative told us, "I'm happy with how care is provided." Staff demonstrated commitment to listening to people and delivering kind and supportive care to people.

The atmosphere in the home was calm and relaxing. When we arrived, people were spending time in their bedrooms or the communal lounge. Staff were regularly checking on people ensuring they were comfortable, had drinks to hand and items of importance. One person told us, "They always make sure I've got my paper to hand, they're very good at that." Throughout the inspection, we saw staff sitting and interacting with people and checking on their well-being. People's privacy and dignity had not always been upheld at St Dominic's Nursing Home. For example, at the last inspection, we observed people being moved via lifting equipment. Their dignity was not respected and people sitting in the lounge could see what was happening.

Improvements had been made. This inspection demonstrated that staff promoted people's dignity and privacy. For example, staff ensured that screens were used to protect people's dignity whilst supporting them to move.

When moving people from a wheelchair to an armchair, care staff pulled a screen around the person to promote their privacy. We also saw that people's personal care was of a good standard. Relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff understood the principles of privacy and dignity. Throughout the inspection, people were called by their preferred name. We observed staff knocking on people's doors and waiting before entering. We observed one person calling staff as they wanted to go to the toilet. This was attended to immediately, with appropriate equipment used by two staff and good interactions between the person and staff.

At the last inspection, we raised concerns that people were not receiving sufficient personal care. Documentation often reflected people could go 14 days without a bath or shower. Improvements in recording had been made and it was clear people received regular support to meet their personal care needs. Staff confirmed people were offered a bath or shower on a daily basis. One staff member told us, "We have some people who like a shower on set days, but we still always offer every day." The clinical lead told us, "Documentation has been a key challenge for us and will continue to be a challenge, but we will continue to strive to ensure it is regularly completed." Documentation confirmed when a person refused a bath or shower, but received assistance with a wash or when assistance with a bath took place.

Staff members demonstrated they had a good understanding of the people they were supporting and they were able to meet their various needs. One staff member told us, "We're like a family here and we've got to know each person, their likes and dislikes." Staff were clear on their roles and responsibilities and the importance of promoting people to maintain their independence as long as possible. One staff member told us, "We always try and enable people to be independent. For example, we'll always try and support people to wash themselves or do as much for themselves as possible."

Is the service responsive?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008. This was because there was an acceptance by people living at St Dominic's Nursing Home they had to comply with how care staff wanted to do things, such as task orientated care. There was also a lack of meaningful activities for people.

The concerns identified at the last inspection found significant failings and the delivery of care was not responsive. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 28 February 2015. Improvements had been made and the provider is now meeting the requirements of Regulation 9 and 17 but we continue to have concerns about the lack of meaningful activities for people.

The opportunity to take part in activities that help to maintain or improve health and mental wellbeing can be integral to the promotion of wellbeing for older people. At the last inspection, we found concerns with the lack of opportunities for social engagement and activities for people. We saw that a new activity co-ordinator was in post. This had improved the activities and events for people. There was good interaction seen from staff members as they supported people with activities throughout the home. In the afternoon they held an Italian themed party with pizza, which people from all units of the home attended if they chose to. We received positive comments from staff and visitors about activities and the one to one sessions being undertaken for people who

preferred or needed to remain on bed rest or in their room. One staff member said, "It is so much better, but we are looking forward to the dementia in-reach team to visit, they are brilliant and give us really good advice."

Person centred care planning provides a way of helping a person plan all aspects of their life, thus ensuring that the individual remains central to the creation of any plan which will affect them. At the last inspection, we found care plans contained little information on the person's background, likes, dislikes, important memories, what was important to them and their cultural needs. During this inspection, we found care plans were detailed and were reviewed on a monthly basis with input from people and their relatives. Care plans provided information around the person's life history and what was important to them. From talking to staff it was clear they had spent time getting to know the person, their likes, dislikes and background, this was now consistently reflected in the person's care plan.

At the last inspection, we found the delivery of care was not personal to the individual. For example, it was not uncommon for people to receive personal care until after lunchtime. During this inspection, we found care was suited to the individual and their individual preferences. Staff confirmed people were supported to get up and go to bed when they so wished. One staff member told us, "We always give people a choice about when they want assistance in the morning. It can change on a daily basis or some people like to lie in on certain days." Another member of staff told us, "We provide care that centres on the person as an individual." From talking to people and observing staff interactions, it was clear people received care in a timely manner which suited their individual need.

Is the service well-led?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulations 10. There were concerns identified within the quality assurance process, such as audits not being acted upon to drive improvement.

The concerns identified at the last inspection found St Dominic's Nursing Home was not well-led. An action plan was submitted by the provider detailing how they would meet their legal requirements by 28 February 2015. Improvements had been made and the breaches were met.

Systems were in place to obtain the views of staff. Staff meetings were held on a regular basis. Staff told us these were an opportunity to discuss any issues relating to individuals as well as general working practices and training requirements. Minutes of the previous staff meeting verified this. Staff commented they found the forum of staff meetings helpful and felt confident in raising any concerns. Systems were in place to obtain the views of people. Regular resident and visitor meetings had been held. These provided people with the forum to discuss any concerns, queries or make any suggestions. Feedback from staff told us that staff felt supported, that communication had improved and they felt listened to. Visitors told us, "Communication has improved, the nurse is always visible and we are welcomed by every member of staff."

A registered manager was in post. The role of deputy manager had recently been recruited to and that had strengthened the running of the home in that the registered manager was supported on a daily basis. There were also two clinical lead nurses that now contributed to completing audits and reporting back to the manager. The provider has visited regularly and spent time on each unit observing care delivery and fed back to staff his views and observations. Staff felt that this was really positive and welcomed the feedback. One staff member said, "It means we are important to the organisation, I feel valued." Staff confirmed there was always someone to approach with any concerns or worries.

Quality assurance is about improving service standards and ensuring that services are delivered consistently and according to legislation. At the last inspection, we found the provider's audits were incorrect and did not follow up on concerns identified. For example, audits of care plans had not identified the discrepancies we found during the

inspection. Improvements had been made and systems were in place to identify, assess and manage risks to the health, safety and welfare of the people. Care plan audits were now robust and identified issues which were promptly amended. For example, one audit identified a person's Waterlow score had not been updated and skin damage not identified in a timely manner. An action plan was implemented and a review of the person's care plan found the actions had been met. A nurse was now taking responsibility for the audits and the tracking of wound care.

In a positive culture, the ethos of care remains person-centred, relationship-centred, evidence-based and continually effective within a changing health and social care context. The provider and manager had spent time improving the culture of St Dominic's Nursing Home. This was because the last inspection found the values and culture of the provider were not embedded into every day care practice. Staff had not consistently worked in as a team and throughout that inspection we observed that staff morale was low. Staff commented on improvements that had been made and they felt they worked more as a team now. They commented on nurse support whilst delivering care and felt that care and communication had improved considerably. One care staff member said, "It's a pleasure to come to work because we all now contribute to the care, I feel supported and can be honest when things are not right, I really feel listened to."

The registered manager confirmed as an organisation they had been open and honest with staff and kept staff informed of the last inspection and the failings identified. Staff confirmed they been kept updated and involved in discussions on how improvements could be made. The staff felt they were important to the running of the home.

Throughout the inspection it was clear significant time had been spent making improvements and improving staff morale. Visiting relatives commented that they had seen improvements and felt they had no concerns with how care was being delivered. The registered manager and provider were open and responsive to the concerns previously identified and had already identified the areas of practice that required improvement. It was clear the provider, registered manager and staff were committed to the continued ongoing improvement of the home. We discussed the importance of sustaining the improvements made and that whilst the improvements were obvious, they needed to be embedded in to practice by all staff.