Institute of Our Lady of Mercy

McAuley Mount Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of McAuley Mount Residential Care Home on 21 and 22 August 2018.

McAuley Mount Residential Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. McAuley Mount is located on the outskirts of Burnley. It is a two-storey purpose built care home set in its own grounds. The service is registered to provide accommodation and care for up to 26 people. The accommodation includes apartments, single en-suite bedrooms and single rooms. The communal rooms include a sun room, dining room, conservatory/lounge and a chapel. A passenger lift provides access to the first-floor accommodation. The grounds are accessible to people using the service. There is car parking available next to the service. The philosophy of care is underpinned by the Roman Catholic faith. The service specialises in providing personal care and accommodation for older people.

At the time of our inspection there were 23 people accommodated at the service.
The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported in the day to day running of the service by a deputy manager.

At the last inspection on 12, 13, 14 July 2017 we found that there no breaches of the regulations of the health and Social Care Act (Regulated Activities.) Regulations 2014. However, we found there were some matters needing improvement and the service was rated as Requires Improvement. We found there was some discontentment about aspects of management, morale and teamwork. We found the assessment process needed to improve to make sure people's needs were more effectively identified and care plans adopted a more person-centred approach. We also found improvements were needed in the management of complaints and processes for planning and developing the service.

At this inspection we found that improvements had been made and the provider was meeting all regulations reviewed. At the last inspection the service was rated as overall "Requires improvement." At this inspection the rating had improved to overall "good."

People who lived at the home and their relatives told us they were happy with staffing levels. They felt that staff were there to assist them when they required support.

Records showed that staff had been recruited safely and had received an effective induction, appropriate training, supervision and appraisal.

Staff had a good understanding of safeguarding and were aware how to protect people from abuse or the risk of abuse.

People told us staff were kind and compassionate and respected their right to privacy, dignity and independence. People had access to advocacy services if needed.

People were supported to have maximum choice and control of their lives. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People's needs had been assessed and risk assessments had been undertaken. Person centred care plans were in place.

People and their families were involved in the planning and review of their care.

Changes in people's health were identified and appropriate health professionals were contacted. People had sufficient amounts to eat and drink and their nutritional and hydration needs were well met.

People's religious needs were effectively met. They were able to spent time in the chapel attending mass and prayers.

People were supported to take part in activities and events. They told us they were happy with the activities that were available at the home.

The service had a registered manager in post. People living at the service and staff were happy with how the service was being managed. The found the registered manager to be approachable and supportive.

People were given the opportunity to feedback on their experience. Where complaints had been made, these were investigated thoroughly and resolved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The systems for managing medication ensured people always received their medications as prescribed.

People told us they felt safe and there were enough staff to meet their needs.

Is the service effective?

Good

The service was effective.

The provider was acting in accordance with the Mental Capacity Act.

People had access to appropriate healthcare professionals to ensure their needs were being met.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their care.

Staff supported people to maintain their dignity and independence.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken and care plans were developed to identify people's care needs.

The was a system in place to manage complaints. This had improved since last inspection. People we spoke to felt confident their complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

People made positive comments about the management and leadership of the home.

Regular staff meetings took place and staff felt able to raise any concerns with the registered manager.

McAuley Mount Residential Care 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.'

The inspection took place on 21 and 22 August 2018. The first day the inspection was carried out by one adult social care inspector and one Expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older people. The second day of the inspection was carried out by one adult social care inspector.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and used it to inform our judgements.

Before the inspection we reviewed the information, we held about the service, including notifications and previous inspection reports. A notification is important information which the service is required to send us by law. We reviewed information from the local authority, safeguarding team and Healthwatch. We used this information to decide which areas to focus on during the inspection.

During the inspection we spoke with five people who used the service and two relatives. We spoke with the cook, assistant cook, two domestic assistants, one senior carer, two care assistants, the deputy manager and the registered manager. We also spoke with a link nun who advocates for the nuns who receive care at McAuley Mount, a visiting nurse practitioner, a district nurse and an undertaker who was officiating at a funeral of a resident that day.

We carried out observations in the communal areas of the home. As all of the people at McAuley Mount were able to share their views with us, we did not use the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us

We had a tour of the premises and looked at a range of documents and written records including care records of three people who used the service, six staff recruitment files and staff training records. We also looked at the medication administration records, policies and procedures, complaints records, accident and incident documentation, meeting minutes and the records relating to the auditing and monitoring of the service.

Good

Is the service safe?

Our findings

People said they felt very safe living at McAuley Mount and with the staff team who supported them. One person said, "Oh definitely, I feel safe." Relatives also felt their family members were safe. Another person told us "I'm alright now but when I came at first they didn't lock the bedroom door but I'd prefer to lock the door". We saw evidence of consent forms in the service user's files and risk assessments gaining consent for them to lock their own bedroom doors, should they wish.

All staff had been trained in safeguarding. Systems, processes and procedures were in place to keep people safe. The staff we spoke with knew how to protect adults from abuse. They understood how to identify abuse and preventable harm and knew how to report these. A safeguarding policy was in place, detailing staff's responsibilities in relation to safeguarding and included appropriate contact numbers. We saw that appropriate safeguarding referrals had been made and three alerts had been raised by the service in the previous 12 months. One recent safeguarding, resulted in disciplinary action being taken against two staff members. A full investigation was carried out and it was reported to the Care Quality Commission (CQC) in an open and transparent way.

The service had a whistleblowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would have no hesitation in using it if they had concerns about colleagues. They were confident that the registered manager would act. One staff member we spoke to said "If I had any concerns I wouldn't think twice about speaking up. The people that live here come first. The registered manager would act on it." Another staff member told us, "People are very safe and well looked after, it's a good home."

We looked at whether people's medicines were being managed safely. There was a monitored dosage system in place for medicines. This is a storage device provided and packed by the pharmacy, which places medicines in separate compartments according to the time of day. We found medicines were being stored safely and securely. We checked that topical medicines were also being applied appropriately and saw evidence of body maps, detailing where the creams were to be applied. Although there were no individuals requiring controlled drugs at the time of the inspection, we checked that arrangements were in place for the safe management and storage of controlled drugs, which are medicines which may be at risk of misuse. Staff had completed training in medicines management and their competence to administer medicines had been assessed. Staff understood how to administer medicines safely. Medicines were stored at the correct temperatures in line with best practice and were managed and administered safely. We observed a senior staff member administer medicines. They gained consent, stayed with the person to ensure that the medication was taken correctly and signed the records to confirm this. We checked the medication stock against two individual's medication records and this tallied with the records. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs. Where people chose to self-administer their own medicines, we saw documentation was reviewed monthly. We were told that no one was currently receiving medicines covertly.

We reviewed the recent Medication Administration Record Charts (MARS) and found staff had signed to demonstrate when people had received their medicines. Records showed that medicine audits were

completed monthly. All people and their relatives said medicines were received on time and as prescribed. One person said, "If I have pain, I take analgesia and it's on time."

People felt risks were managed appropriately. One relative told us "They're bob on". Risk assessments were in place for each person living at the service, including falls risk assessments and risks around choking. However, some risk assessments were amalgamated with the needs section and needed to be more specific. The registered manager told us they would place risk assessments in a separate section of the care plan, this should help ensure staff were easily able to access information about any risks people might experience.

All areas of the home were very clean and tidy. One person told us, "Oh yes, it's spotless." Another person explained how the domestics scheduled their cleaning around their routines, "Yes, they're in every day doing it. They time it well because they do it when I'm out at mass." The domestic we spoke with also told us this, "We do a deep clean if we know someone is out or at an appointment." They told us how they cleaned every room, every day during the week and that in addition to their NVQ and infection control training they also undertook core training. All staff we spoke to had regard for procedures to minimise the risk of infection and staff were observed wearing appropriate personal protection equipment.

During our tour of the building we found two isolated incidences of flooring in bedrooms that required replacing. The registered manager discussed the possibility of sourcing washable flooring in one of the rooms, to minimise the risk of infection. This was acted upon swiftly and new flooring was ordered during inspection. We also found that there was a leak in the sink of one of the bedrooms that morning and the temperature of the water got hot quickly. The registered manager again acted on this straight away to ensure safety.

Records showed regular safety checks were carried out on the premises and equipment used in the delivery of care such as hoists, were safe to use. We observed staff confidently assisting people with moving and handling techniques. People were asked for consent and were informed every step of the way. There were regular recorded maintenance checks on equipment in relation to health and safety and the staff team felt confident in fire safety. Fire policy risk assessments, personal evacuation plans and contingency plans were also in place. A business continuity plan provided the management team with guidance to follow to enable them to continue to deliver a consistent service, should any unforeseen emergency occur.

People said staffing levels were appropriate and felt that staff were caring and competent. Staff responded to people's requests for assistance promptly. All people asked about staffing believed there were enough staff at all times and they didn't have to wait. One resident said, "I think so really, surprises me there's so many." Everyone we spoke with said they received support when they needed it. One person told us "I never have to wait."
Staff themselves told us that staffing levels were generally fine. One staff said "It's probably the best place I've worked at for staffing levels. I feel like I can do my senior role without stopping." The registered manager told us seniors were given office days so that they could plan care. However, we saw that some staff had raised issues around staffing in their supervisions. We raised this with the registered manager and she felt that this was mainly around night-time staffing and the dependency needs of one individual. We asked the registered manager to consider this due to the layout of the home and several individuals requiring 2:1 support for personal care. She agreed to have a staff meeting with the night staff to discuss whether a twilight staff would be beneficial.

Morale had improved since the last inspection. Staff told us "It's great, I absolutely love it. I don't want to retire." One staff member told us how a relative had been ill and they needed to time off pretty quickly. "The

registered manager was absolutely fantastic! It's like a little family. It captures your heart, there's a special feeling in here." Another staff member told us, "It was the best care home I've worked at."

We looked through the policies and procedures and found there was no recruitment policy in place. However, we found that staff were being recruited safely, with references checked and Disclosure and Barring Service (DBS) checks being undertaken. There was a full employment history and photo ID held on record. During the inspection an updated toolkit to support the recruitment and selection of staff was forwarded to us from Head Office. The registered manager explained that Head Office managed the recruitment process. We also found that application forms were being completed a considerable time after interviews had taken place. We were told the reason for this was that Head Office sent through curriculum vitae's (CV) and people were invited for interview based on the CV. In the past they had felt that people were put off from applying by completing the application form. Although application forms and references for all staff were received prior to staff commencing employment, we felt that the process needed to be improved. This would ensure that references could be sourced more effectively. The registered manager assured us that all future applications would be completed at the interview stage.

All staff understood their responsibilities to report, record and investigate any accidents and incidents that may occur. One staff member we spoke with explained how incidents were managed and how they would refer someone to the falls clinic if they had recurrent falls. All incidents and accidents were documented and detailed the action taken. Those who had experienced accidents felt they were appropriately managed. One relative described how their family member had fallen in the bathroom and had just managed to pull the cord. Since the incident the cord had been lengthened to make it safer. All records were stored securely in the office and only accessible to the staff that required them.

Good

Is the service effective?

Our findings

People felt happy with the care they received and felt staff had the knowledge and skills to meet their needs. One person said, "They're grand, they're trained well." This was also re-iterated by a health professional we spoke with. They told us, "The staff are really good, really helpful and they seem to know a lot about what is going on. We had a complex patient and they provided joint care with us. It made it so much easier, due to their understanding and the level of concern they show."

During our inspection we observed staff asking people for their consent when providing support. Where people could, they had signed their care documentation, demonstrating consent to their care plan and photographs taken. People felt involved in decisions and discussions around care needs, some recalling having discussions with the deputy manager. One person said "Of course, I just tell them what I want". Another newer resident told us said, "I feel listened to."Most people did not believe they were restricted in any way. However one person said, "I would like to go over to the big garden where our Lady of Lourdes is." They felt since falling there, they didn't like to ask staff for assistance to go out. Another person felt there was a difference of opinion between themselves and professionals about their ability to walk. We discussed this with the registered manager who told us further discussions would take place with the individual about their mobility needs.

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 the mental capacity to take particular decisions, any made on their behalf must be made in their best interests and be as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. (DoLS)

We checked whether the service was working within the principles of the MCA. We saw evidence of capacity assessments and best interest meetings taking place. We also saw that capacity was evaluated on a monthly basis. Where applications for DoLS had been applied for, these were appropriately made and we saw regular correspondence checking the status of the applications. We saw clearly documented information where people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place, evidencing that required consultations had taken place with either the person or their relatives. The registered manager discussed how she had revoked an DNACPR that a person received inappropriately on discharge from the hospital. This meant the persons rights were protected. Staff spoken with had a good awareness of MCA, had undertaken specific training and policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Standards were in place. The service was clearly respecting people's human rights and was working with the principles of the MCA.

Staff felt training was adequate. One staff member told us "There's always training, too much training. We can request training if we feel we need it on a particular topic." We spoke with one member of staff who had just started and said that the home was welcoming and everyone was friendly. They told us arrangements

were in place to complete an induction training programme. This included familiarisation of policies and procedures such as safeguarding, the code of conduct, shadowing opportunities and formal mandatory training. The induction training also included the completion of the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. We saw evidence of competency checks and reviews taking place with new starters at intervals of four, eight and twelve weeks. We looked at staff training and staff confirmed the mandatory training they had received including fire awareness, medicine management, infection prevention and control, safeguarding and protection, moving and handling, MCA, health and safety, first aid and dementia. We also saw that some staff had undertaken specialist training such as person-centred planning, pressure care, continence, stroke, nutrition and equality and diversity. Staff were also offered disability awareness training, to educate them around disability issues.

We saw records confirming supervisions were taking place. Discussions included awareness of job role and expectations, workload, time management, challenges and successes. We saw evidence of appraisals with one staff member commenting, "I like everything about the job. To think I make a difference." Group supervisions, staff meetings and senior meetings were taking place regularly. The registered manager told us how one staff had come up with the idea of policy of the month. This meant staff could look at one policy in detail each month, familiarise themselves and keep up to date with changing guidance.

People were very complimentary about the meals, stating they could have alternatives if they did not like the two main choices. They were aware they could ask for snacks and drinks whenever they wanted. The cook told us, "If they ask for it, they get it." We observed the assistant cook discussing menu choices with individuals and heard her offering an alternative, "How about a nice cheese omelette." The lunchtime experience was very relaxed, serving a three-course meal, with classical music playing in the background. The food was of a very high quality and people could choose to either eat in the dining room or in their own rooms. One person said, "Oh the food is excellent, from what I've seen if someone doesn't like something they take it away and get them something else". One person told us they needed soft food at times. "On a Friday, it's fish. When it's fish, they do mine without batter." We observed at lunch time that plate guards and adapted cutlery were used and staff sat with people to encourage and assist if necessary.

We saw evidence of people's likes and dislikes and clear information on people's individual dietary needs. Staff had a good understanding of the importance of food safety and had completed food hygiene training. The service had received a 5-star food hygiene rating, this demonstrated food hygiene standards were very good. Evidence of nutrition and fluid charts were in place for individuals and where people had been assessed at risk of choking, there were choking assessments in place. However, we overheard one individual who was coughing whilst eating their evening meal in their room. On entering their room, we pressed the emergency call bell and summoned support. The senior responded to the situation appropriately and the person soon recovered. We were told this was not the first time that this had happened and the person refused to use their call bell. We discussed this with the registered manager who evidenced documentation to assure us that the Speech and Language Team (SALT) had been involved but the person had capacity and had refused their recommendations. We saw evidence of choking risk assessments and the registered manager told us they would encourage them to eat in the dining room where staff would be able to respond to any emergency.

People felt their healthcare needs were met promptly and the use of technology supported this. One relative told us, "The other Saturday a few weeks ago, [name of relative] was struggling with one of her legs. The senior staff was here. She brought the IPad in and all three of us spoke to a lady in Leeds. She was prescribed an anti-inflammatory for gout, got the medication that day and by Monday was feeling much better". We saw evidence of appropriate referrals to professionals such as the occupational therapist and

the dietician. During our inspection one person was admitted to hospital. The health professional we spoke with told us, "The team leader contacted us, she knows the lady well and noticed she was unwell. She came in with me and told me the lady's history, then afterwards she reassured her and contacted the family." The heath professional was impressed with the service. "It's really nice, one of the best. The deputy manager is good, I've known her years. There is an old ethos of nursing care. It's well run."

During our tour of the building we observed dementia friendly signage and memory boxes outside rooms. The deputy manager told us that there were future plans for a public toilet to be built from the corridor into the sacristy. This would make it more accessible for people using the chapel. Although the décor did seem tired in parts of the home, we were informed by management it was due to be decorated downstairs. We were also made aware that there were plans to utilise the separate bungalow which had recently become available as an additional space for people to use. This would either be as a hairdressing salon or as a function room/staff training room.

Good

Is the service caring?

Our findings

People and their relatives stated they liked all the staff who supported them. One person who lived in the home said, "They're friendly and joke with me and sing". We observed staff joining in a sing song and using humour and empathy with people in their everyday interactions. People told us staff were kind, caring and respectful. One person said, "They're happy amongst themselves, there is laughter between them and you feel you can be like that with them." Another person said, "Yes I know [name of staff member] is very caring, she took me for a couple of medical appointments. And [name of staff member] I get on well with them too, especially the older ones."

People felt they were supported to make decisions about their care and were given information and advice. One person said, "I've discussed my advanced care plan and have a Do Not Resuscitate." A family member told us her relative was, "supported to make a decision regarding DNACPR and a funeral plan."

Everyone believed staff supported their independence. One person told us "I'm pretty independent but they do help me make my bed and carry a tray when I need it." We observed people being treated with dignity and respect. People we spoke with gave us examples of this, such as knocking on doors and awaiting a response before entering. We witnessed many examples of staff reassuring people. One person told us "I suppose because they leave you to make your own decisions as long as you're able and they don't interfere". Another added "Oh yeah. They all know I go to chapel at three and they don't bother me."

Everyone we spoke with felt their right to confidentiality was respected. One person said "Yes, sometimes I talk freely about things that bother me, in front of others and they remind me not to do it". Relatives felt they could visit when they wished and that McAuley Mount was a very caring home. We overheard the deputy manager speaking to a family member about the transition of a new person. The deputy manager explained that the individual wasn't sleeping well and she was receiving an influx of visitors, which was making it more difficult for her to settle in. The deputy manager sensitively explained that although visitors were welcome anytime, it would be beneficial to coordinate the visits, through one family member so that the individual could have some rest.

During the inspection, we observed many positive interactions. Staff were clearly passionate about their work. We observed a lady pointing at staff and saying, "You're a lovely lady." The staff returned the compliment and gave the lady a hug. We observed a staff member interacting with a group of people who were enjoying doing a crossword together in the daily newspaper. There was lots of laughter and banter and the staff sought support from the ladies about her spelling, which redressed the power imbalance. We also heard staff providing reassurance and support and encouraging them with their transfers, saying, "Brilliant, well done."

Staff were kind and showed compassion, asking people if they were warm enough and if they wanted a cup of tea." Staff had time to care. We read feedback from people that confirmed the caring nature of the staff. One person had written, "All staff from top to bottom are extremely caring, treating residents with respect and most importantly dignity." People moved freely around the premises choosing to spend time in the

communal areas or within their own rooms. The service had a calm, welcoming atmosphere and people were supported to maintain contact with their families and friends.

Staff we spoke with had an understanding of equality, diversity and human rights issues. We saw evidence of staff training in equality and diversity from the training matrix and we saw that the service had an equality, diversion and inclusion policy in place. People told us staff had an appreciation of people's individual needs around privacy and dignity and were supported discreetly.

Good

Is the service responsive?

Our findings

At the last inspection we found that initial assessment and care plans needed some improvement. During this inspection we found that care plans were person centred and tailored to people's needs. We saw evidence of pre- admission assessments taking place and one-page profiles detailing what was important to the individual and the way in which they would like to be supported. We looked at the care plan of a person recently admitted to the home, because at the last inspection, there had been failings in obtaining relevant information and developing the care plan. We found that the service had significantly improved their care plans and people were involved in reviews of their care. We saw care plans covered areas such as behaviour and wellbeing, tissue viability, pain, relationships, moving and handling and nutrition; all were reviewed monthly. We saw evidence of dehydration risk screening tools, positional changing, personal hygiene and continence charts in place. We saw detailed information around how people liked to receive their medicines, for example. "She prefers tablets to be placed on her hand one at once. Staff should hand a beaker with a lid containing water for her to drink and swallow her tablets. Continue procedure till all tablets are taken."

Most people felt staff knew them well and that they received personalised care reflecting their individual needs and preferences. One person said, "I suppose because of my independence, they know I'm not interested in games and don't bother me". People told us there were activities on offer such as quizzes, music, reminiscence, crosswords, baking and card making. Food celebrations were popular with people, as was the pamper afternoon every Wednesday. People felt there were enough activities, but not everyone wanted to pursue them. One person suggested, "A bit more musical things going on like Irish music." There was a list of activities available and an activity newsletter available. Lots of people we spoke with told us they enjoyed the Around the World in 365 days theme where they would look at pictures of different countries and sample the food from that area. We saw evidence of various theme nights such as Burns Night, St Patricks day and the Royal Wedding.

People's religious needs were effectively met. The peaceful chapel within the home offered solitude for praying and contemplation, with Mass and services available in the chapel daily. For people who were unable to attend the service, they could listen to the service through the intercom in their rooms. During the inspection, a funeral of a person who had lived at the service, was held at the chapel. This meant that staff and other people who lived there could pay their respects, along with family. The registered manager explained how the retired priests at McAuley Mount are encouraged to take part in the services, recognising their valued contribution.

People told us they had resident's meetings and they were asked if they were happy with everything. Relatives also felt they were consulted about the care of their family members when visiting the home. Advocacy services were available to people and as part of the inspection we spoke to a link nun from the convent, who advocated on behalf of the eight Sisters of Mercy living in the home. She told us although her role was to speak up for the nuns, she felt able to raise any issues for anyone with the management.

At the last inspection, the service needed to ensure a more appropriate response to complaints. At this

inspection we found that complaints were being dealt with effectively. The registered manager explained how they had implemented managers daily walk rounds and this had meant any issues had been picked up more effectively. For example, one person had said that they were not happy with the hospital bed that they had in their room, so because of this, a wooden bed was purchased instead. The registered manager also explained how they had introduced reflective practice, looking at what they have learned, describing the action and the outcomes and looking at what they could have done better. We looked at complaints and could see actions that had been taken and that apologies were given where necessary.

All people told us they felt able to complain or raise a concern and no one expressed any fear of compromised care. People were able to name the registered manager and deputy manager as the people they would approach. One person told us "I'd go and see the manager she's really approachable" Another person told us, "I suppose I would see [name of nun] at the convent." The complaints policy was clearly on display and the link nun told us, "Any issues, I would report them straight to the registered manager. Care has improved greatly here under her management."

Some people had hearing difficulties but generally speaking everyone felt that they received information in a way they could understand. One family member said about her relative who cannot hear well, "They [Staff] do try" and another person said, "They [staff] speak slowly". There were clear sections in the care plan detailing people's individual communication plans and the registered manager was aware of the accessible information standard. The registered manager was aware of the accessible information standard and explained how they had access to a Prodigi electronic magnifier which enabled people with sight difficulties to view care plans and other written information in an accessible format.

We observed that most of the staff had received end of life training and they were working towards the Gold Standard Framework. A health professional we spoke with told us, "It's nice they can continue to stay here when they are on end of life." The registered manager also explained that relatives are actively encouraged to stay over to be with their family members and that the nature of the self-contained flats gave them additional privacy during this difficult time.

Good

Is the service well-led?

Our findings

People were happy with how the service was managed. They told us it was well run and all the staff and management were approachable. A relative told us, "Actually it's brilliant. If I have any problems or concerns I can ask and tell them anything". Another person told us, "The registered manager is never flustered and the management complement each other. She has made a huge difference."

The management team had a visible presence. All people knew the registered manager and the deputy manager and most could name them. People who couldn't name them, could easily describe them. Everyone was complimentary about the management of the home and we observed how proud the registered manager was about the service. One person said, "I can't fault it". Another person told us, "Well they speak to you and you see them now and then. I like the management, nice young women."

People also made positive comments about the culture of the home. One person said, "It's such an easy, comfortable atmosphere." A relative told us the atmosphere was, "Calm and from my experience it's a happy home." One of the staff we spoke with, told us, "I've worked in care all my life and I've never worked anywhere like this." All staff we spoke to said they enjoyed their jobs and felt well supported. One member of staff told us "The registered manager appreciates us and she's fair. You can go and approach her, unload all your problems and she listens."

People told us there were resident's meetings. Family members felt that they received informal feedback about relatives on a day to day basis. The registered manager told us that they held a relative's surgery on an evening and weekend to make themselves more available to families. The registered manager also has a daily walk round which helped to identify any concerns or issues before they become a problem.

We saw evidence of regular staff meetings, resident/relative meetings and staff handovers. Staff told us they felt listened to and felt confident raising any concerns with management. The registered manager had notified CQC appropriately of incidents that had occurred within the service. We used this information to monitor the service and to ensure they had responded appropriately to keep people safe.

Families were also very complimentary of the service and we read feedback from satisfaction surveys saying, "Staff are always helpful, pleasant and nothing is too much trouble. I cannot fault McAuley Mount". All people we spoke with said they had completed satisfaction surveys but differed when commenting on how often they were. One relative said, "I think I have, could be twice a year. I don't think they can improve the service."

Audits were in place covering the areas of accidents, incidents, safeguarding, falls monitoring, care plans, medication and maintenance. The registered manager explained that they had regular external audits to ensure that they were compliant with Regulation. We saw evidence of action plans which detailed what had been done as a result of the audits, naming who was responsible and the agreed timescales. These action plans were signed off when completed and demonstrated lessons learned. One example we observed was highlighted in a medicines audit. Medicine return books weren't always being signed by two members of

staff but the since the audit identified this, it has now been implemented in line with guidance.

The service worked closely with other health care professionals, in line with people's specific needs. Staff and visiting professionals we spoke with told us that communication between agencies was good and enabled people's needs to be met. Care files showed evidence that appropriate referrals had been made, for example to the dietician and the falls team.

The registered manager discussed some of their challenges over the past twelve months such as building stronger relationships across the whole team and working on delegation skills. She also identified some of her achievements, which included promoting the profile of the home, being receptive to new concepts and being accepted onto the My Home Life – Care Home Manager's Professional Support Programme. This demonstrated commitment to continuous service improvement.
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