Magna Cura Limited

St Michaels

Inspection report

Hewitt Street
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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

Summary of findings

Overall summary

About the service
St Michaels is a residential care home providing personal care to 42 people at the time of the inspection. It accommodates up to 45 people in one adapted building. Accommodation is split over two floors

People's experience of using this service and what we found
Improvements were required to ensure there were effective systems in place to pick up any issues that needed rectifying.

People received safe and effective care from staff who had been trained and supported and knew how to protect people from abuse and avoidable harm. Staff knew people's risks and how to minimise them whilst still promoting independence and choice.

There were enough staff to meet people's needs and people got their medicines when they needed them.

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

People enjoyed the food on offer and had choices about when and what to eat. They had access to healthcare professionals and staff worked well together and with others to meet people's needs effectively.

People were treated with kindness and compassion by staff know who knew them well and had regard for their wellbeing. People had choices and were encouraged and supported to make their own decisions and spend their time how they chose. Independence was respected and promoted.

People had access to meaningful activities that they enjoyed and received personalised care that met their individual needs.

We have made a recommendation about end of life care.

The management team were approachable and supportive and involved people and staff in the development of the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was Requires Improvement (report published 10 August 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

St Michaels

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector, an assistant inspector and an 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.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to take sufficient steps to ensure staff were fit and proper persons and of a suitable character to work in the home. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

• Recruitment procedures were safely operated to ensure staff had two satisfactory references received before commencing employment. Staff also had checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. When a staff member had a positive DBS check, there were systems in place to ensure a risk assessment was carried out and actions required to keep people safe were considered and taken before a decision about employment was made.
• There were enough staff to meet people's needs. People told us they received the support they needed, when they needed it.
• People told us, "There always seems to be plenty of [staff] about in my opinion. I am so grateful for them being here for me" and "Always plenty of staff around to help and assist with anything." A relative said, "There is always enough staff. I call in at all different times and I've never known or caught them to be short."
• Staffing levels were kept under review and adjusted if people had particular needs for support, for example, if they required one to one support to manage a particular risk. The management team used a dependency tool which was reviewed weekly helped to guide the staffing levels required to meet people's changing needs.

Using medicines safely
• People told us they received their medicines when they required them. One person said, "All my medicines are done fine. [Staff] bring them to me here in my room and stay with me to make sure I have taken them safely."
• Medicines systems were organised and people were receiving their medicines when they should.
• Protocols were in place to ensure that there was sufficient guidance for staff to follow when administering 'as required' medicines. There were also body maps in place to show staff where to apply prescribed creams.
• Staff were trained to administer medicines safely and their competence was checked. There were audits in place for oral medicines and we saw they were effective in identifying and rectifying any issues. However, the same checks were not in place for topical medicines. The management team told us this would be

implemented immediately.

Assessing risk, safety monitoring and management
• People and relatives told us that risks to individuals were managed safely. A relative said, "[Staff] monitor [my relative]'s blood sugars as they are diabetic and I feel no safety concerns for [my relative] here as they look after them so well. Complete peace of mind."
• When a risk was identified it was assessed and planned for and staff knew people's risks and how to reduce them.
• Specific plans were in place to manage individual risks including, diabetes, risk of skin damage, behaviours that may challenge and leaving the building unaccompanied. Staff were aware of and followed these plans to keep each person safe without unnecessarily restricting their freedom.

Systems and processes to safeguard people from the risk of abuse
• People felt safe. One person said, "Yes I feel very safe and happy here. Although I get can about they always call in to see I am alright and I feel exceptionally safe knowing [staff] are here for me." Another person said, "Yes I do feel safe. The staff are all kind and always coming in to check on me. The main door is secured too and I also have this call button to use if I need them."
• People were protected from the risk of abuse and avoidable harm.
• Staff had been trained to recognise and report signs of abuse and systems were in place that worked to ensure people were safeguarded from abuse and investigations were carried out when required.

Preventing and controlling infection
• People told us they were happy with the cleanliness and tidiness of the home. Comments included, "Yes they are always going about cleaning and tidying up" and "Yes very pleased. They even keep my room clean." A relative said, "It is very well looked after here and kept clean and tidy everywhere."
• We saw domestic and care staff carrying out safe infection control practices to ensure people were kept safe from the spread of infection.
• The registered manager had commissioned extra training and an independent audit of infection control at the home, to offer independent scrutiny and further improvement in this area.

Learning lessons when things go wrong
• The provider had learned lessons when things had gone wrong.
• Since the last inspection they had employed a nurse specialist to support the home in making the required improvements. We found several improvements had been made.
• The service learned when accidents and incidents happened. For example, if a person experienced two falls, it was the policy to make a referral to the falls service for advice and support. We saw this happened.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• People told us staff asked their consent before supporting them and there were no restrictions placed upon them. One person said, "[Staff] won't do anything here without asking me first. If I don't want something doing then they won't do it, simple as that." Another person said, "There are no restrictions at all. I can get about ok and come and go anywhere I want to."
• Assessments of people's mental capacity to make specific decisions had been carried out when required and best interests decisions were made and recorded when required.
• The service ensured that any restrictions of people's liberty had the appropriate legal authority applied for.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us and we saw they enjoyed the food on offer. People had choices and alternatives were made for them if they did not fancy the options on the menu.
• People's comments included, "Food is good indeed. I like fritters and they will cook them specially for me. If there happens to be anything you don't like you just tell them and they will get you anything you want", "The food here is good, too good in fact" and "The food and drink is good. You get a good choice. I like tripe and the manager goes out and gets it especially for me. How good is that!"
• When people needed support to eat, staff provided support in a dignified way. For example, one person was supported to eat their meal by a staff member who sat down with them, chatted with them and talked about the food that was on offer. They took their time and encouraged independence whilst ensuring the

person had the support they needed.
• When people needed their food and fluid intake to be monitored, this was done and monitored daily by senior staff who acted when required, for example to alert a doctor or encourage further drinks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's physical, mental and social needs had been thoroughly assessed including a detailed pre-admission assessment before people started to use the service.
• The pre-admission assessment document was under constant review and had been updated to ensure it included a holistic view of people's need including diverse needs such as religion and sexuality.

Staff support: induction, training, skills and experience
• People felt staff were skilled and well trained. One person said, "I would like to say that I think they are all well trained and skilled in all that they do for me. I feel so much better for being here." A relative said, "Cannot praise [staff's] skills enough. [My relative] came here under nourished and not caring for themselves. [Staff] have completely transformed [my relative], they now eat well, getting medicines on time and their memory has improved. Furthermore, [my relative] loves it here."
• Staff told us they received the training they needed to provide effective care and had one to one time with their manager which was supportive. A staff member said, "Yes I've had the training I need, it's always on the go. I've got dementia training next month. I have supervision, it is useful, we talk about workload, any concerns about residents, about the job, health and safety, I feel supported."
• Records showed staff were provided with training. Additional training was sourced by the registered manager when required and staff were provided with development opportunities when they wanted to progress to more senior roles. This meant staff were supported to have the skills and experience to provide effective care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Staff worked together and with other agencies well to deliver effective, timely care.
• Handovers were in place and staff told us they had the information needed to provide consistent care.
• People had access to healthcare professionals. We saw several visiting professionals and records confirmed timely referrals for advice and support were made when required, for example, to doctors, nurses and physiotherapists.

Adapting service, design, decoration to meet people's needs
• The environment was accessible and met people's needs.
• There was a lift available for people who could not manage the stairs, bathrooms were accessible and corridors had grab rails. There was a smoking room and accessible garden/patio area and we saw people freely accessed these without restriction.
• Dementia friendly signage, for example, indicating bathrooms, helped people to independently navigate the home.
• The provider had developed a bar area, at people's request where people could enjoy a drink and socialise. There were further plans to improve the environment by opening the serving hatch in the dining room so meals could be served straight from the kitchen.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us they were happy with the care they received and the way staff treated them. Comments included, "The staff are all very pleasant. They look after me so well, always stop and have a chat and are very caring", "[Staff] are all very pleasant and always find time to talk to me. They are very caring, thoughtful and kind" and "[Staff] look after me well, I have a good laugh with them all, they are all caring and nice to me. Even the manager comes in to see me for a chat."
• We observed kind and caring interactions between people and staff. People were not rushed and staff took time to chat about things people were interested in, showing they knew people well.

Supporting people to express their views and be involved in making decisions about their care
• People were involved in making decisions about their care and chose how to spend their time. One person said, "I am very straight forward and will decide what I want and when. I decide when to get up and go to bed." Other people said, "If I need something I tell [staff]. I can get up when I want and have a shower when I want. There are no hard and fast rules on shower or bath days here" and "I'm involved in decisions, in fact it was my choice to come here and I don't regret a thing."
• People were very clear that they were involved and made their own decisions and we saw this. For example, people spent their time as they chose, got up when they chose and ate when and what they chose.

• There were regular residents' meetings where people were asked for their views and they were listened to. For example, people asked to go to the zoo and this was arranged.

Respecting and promoting people's privacy, dignity and independence
• People told us their privacy and dignity were respected and promoted.
• One person said, "[Staff] always close the door when coming to wash or move me, they are gentle and always close the curtains as well." Another person said, "They close the door when helping me and if I'm having a wash, they cover me well."
• Independence was respected and encouraged. People were enabled to make their own drinks and snacks and supported to manage their own medicines where possible. Care plans told staff what people could do for themselves and reminded staff to encourage independence.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support
• The service had good links with palliative care services and people had anticipatory medicines in place when they were nearing the end of their lives.
• However, people's personalised wishes for their end of life care had not always been considered including their religious and cultural wishes, despite staff knowing people well.

We recommend the provider considers current guidance of providing personalised end of life care to ensure individual needs are met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People received personalised care that was responsive to their needs.
• People had been involved in developing their care plans and important information such as life history, likes, dislikes and preferences were recorded so staff had the information they needed to provide personalised care.
• The registered manager took a weekly trip to the local market to buy particular things people enjoyed such as cakes, cheese or meat. A regular order was done at the local supermarket so that people could put forward their requests. For example, sardines were purchased specially for one person and small tins of beans were available so people could choose to have beans on toast at any time and access this themselves. Some people chose to accompany the registered manager to the market and choose what they wanted to purchase.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People's communication needs were assessed at pre-assessment stage and plans were put into place to ensure these needs were met.
• The registered manager shared examples of how individual communication needs had been met including the use of audio books, visual prompts, flash cards and consideration of an interpreter.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People were supported to participate in activities they enjoyed and access the local community.

• An activities coordinator arranged activities and events that people enjoyed. One person said, "Well they do have activities and I join in as I want to, if I like something that is going on. I like the 'keep fit', bingo and dominoes and will probably be going on the trip to Chester Zoo they have arranged", "I like doing the crafts, bingo and dominoes and join in when the bar is open. They are very supportive. I follow the football and listen on the radio" and "I do all the potting of plants and planting up here. I do the tubs outside. They get the compost and I go with my daughter to get the plants I think are needed. They also have activities and I join in if I want to."
• People were encouraged to maintain relationships. One person said, "My friends and family come regularly when they are able to, there are no restrictions as to when they can come here." Other people visited their family at home and went out regularly for coffee with their families.
• People accessed the community including the local church if they chose to, local markets, shops and trips further afield were arranged for people. Members of the local community also visited the home, for example, local school children visited fortnightly and had developed good relationships with people.

Improving care quality in response to complaints or concerns
• People were enabled and supported to make complaints if they needed to. There were details of how to make a complaint in each person's room and in reception and everyone told us they knew how to complain and would feel comfortable to do so.
• Complaints were taken seriously and fully investigated and responded to, in line with the provider's procedure.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last two inspections the provider had failed to ensure good governance systems were consistently in place to identify and rectify any issues that may occur with the quality and safety of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were still required.

• We found some occasions where care plans had not been updated with the most current information, even though new advice had been written up elsewhere such as daily or medical notes. The registered manager told us care plans were regularly checked in addition to the regular reviews but these checks were not recorded. The checks were not always effective as they hadn't picked up on this issue and ensured that all care plans contained the most relevant and up to date information.
• There was no audit system in place to check topical creams were being administered as prescribed. There was an effective audit system in place for oral medicines and the deputy manager told us they would implement the same for topical medicines.
• Other checks and audits in place were effective in identifying and rectifying any issues. For example, accidents and incident were reviewed and learned from and people's food and fluids were regularly monitored and reviewed.
• The registered manager understood their responsibilities of registration with us and we received notifications of events as required by law. The home's current CQC rating was displayed, as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People, relatives and staff all knew the registered manager and deputy manager and felt they were approachable and supportive. One person said, "[Registered manager's name] is very nice. You can talk to her about anything." Another person said, "[Registered manager's name] is very hands on she is. She will come in and chat to me and is so nice."
• The registered manager was visible within the service and knew people well, chatting with them

throughout the day and maintaining oversight of practices within the home. People and staff told us this was usual practice for the registered manager.
• There was an open and honest culture where staff and management worked together to promote better outcomes for people. Management and staff shared values and visions for the service of promoting an inclusive culture and empowering people to be as independent as they could be and live as full a life as possible. A relatively new staff member said, "The staff and managers have a lot of time for people. If they want something, they have it straight away. They are always spending time with people and the personalised care they get is great. People's dignity is protected and they are so well cared for, it's nice to see."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The registered manager understood their responsibilities in relation to duty of candour and described the actions they would take to ensure their legal responsibilities were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Regular resident and staff meetings were held where people had the opportunity to give feedback and be involved in the development of the service. Minutes were available for those unable to attend.
• Regular surveys were sent out to people and relatives to gain their feedback and action taken in response to these were communicated via a board in the reception area.
• There was an open-door policy where people, relatives and staff could access and speak with the management team at any point. We saw this was regularly used during the inspection and management had good relationships with people, relatives and staff.

Continuous learning and improving care
• There was a focus on continuous learning and improving care. The registered manager used a variety of forums for keeping up to date and sharing best practice. They bought ideas and learning back to the home to share with staff.

Working in partnership with others
• The service worked in partnership with others to improve outcomes for people. For example, they had good relationships with professionals to help people access the support they required. They also had relationships in the local community such as with the local school to help people build relationships and enjoy the company of the children.