Institute of Our Lady of Mercy

Mercy Care Centre

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

This inspection took place on 5 and 6 September 2017 and was unannounced

Mercy Care Centre is a purpose built development and situated in Derby. It comprises of two houses. Beaumont House accommodates up to 30 people and Carmel House, which accommodates up to 20 people. They provide residential care to people, those living with dementia and end of life care. There is a sheltered accommodation with in self-contained flats next to the care home. Personal care is provided to people living in these flats.

At the time of our inspection visit there were 47 people in residence and two people were in receipt of personal care and support in their own homes.

At the last inspection of 9 September 2015, the service was rated Good. At this inspection we found the service remains Good.

A registered manager was in post. 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.

People continued to receive safe care. There were enough staff to provide care and support to people to meet their needs safely and recruitment processes ensured that people were protected from being cared for by unsuitable staff. Staff understood their responsibilities to protect people from abuse and avoidable harm.

People were consistently protected from the risk of harm. Risks were assessed and preventative action was taken to reduce the risk of harm to people. People received their prescribed medicines safely. People were supported to maintain good health and nutrition.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles.

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

People developed positive relationships with the staff who were caring and compassionate. Staff new people who used the service well and respected and promoted their dignity. People were involved in the development and review of their care plan to enable staff to provide personalised care in line with people's personal preferences. Staff provided continuity of care and worked in a flexible way so that they could meet people's needs in a person centred way.

People maintained contact with family and friends. They had opportunities to take part in meaningful activities, had their religious and diverse and cultural needs met that promoted their wellbeing.

People knew how to raise a concern or make a complaint and were confident that their complaints and concerns would be listened to and action taken.

The service continued to be well managed. People and staff had confidence in the registered manager and found they were supported and provided leadership. The registered manager was meeting their regulatory responsibilities. Effective systems were in place to monitor and improve the quality of the service provided through a range of audits and views sought from people, their relatives and staff to influence the service and drive improvements.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

Mercy Care Centre

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 September 2017 and was unannounced. The inspection team consisted of one 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. Their area of expertise was in older people living with dementia. The inspector returned on the 6 September 2017, to complete the inspection.

Prior to our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We checked the information we held about this service, the previous inspection report and notifications. A notification is information about important events and the provider is required to send us this by law. We contacted Derby Healthwatch and Derby City Council who fund the care for some people. No concerns had been raised.

We used a variety of methods to gain people's views and experiences of the service. We spoke with eight people who used the services and two relatives. We made direct observations in the communal areas and in the dining room at lunch time. This helped us to understand how staff supported and engaged with people who used their service. We also visited two people in their own home who received care and support from the service and spoke with one relative.

The registered manager was on holiday at the time of our inspection visit. We spoke with the deputy manager who was managing the service, three senior carers, and four members of care staff. We spoke with the cook, house-keeper and the maintenance staff. We looked at specific parts of six people's care records at the care home and the care records of two people who received care and support within their own home.

We also looked at records as to how the provider monitored the quality of service. This included four staff recruitment and training records, meeting minutes, complaints and a range of quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe. A person said, "I feel very safe here. The staff are nice and we are well cared for." A relative said, "[Staff member] is on time, knows what help [my relative] needs. Her appearance is immaculate, just how she likes to be."

Information leaflets available at the service explained how any alleged abuse would be handled. This included the contact details for external agencies who could support people. Staff had received training; they knew how to recognise the signs of abuse and what action to take should they suspect abuse. This assured people that they were protected from avoidable harm.

People had individual risk assessments to enable them to be as independent as possible. These covered a variety of subjects including, moving and handling and falls. For people receiving care in their own home, an environmental assessment was completed to manage any potential hazards with the home. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required. This showed the people's freedom and human rights were supported and respected.

People told us they lived in a safe environment. The premises were clean and well maintained. Records showed that regular safety checks were carried out. Staff knew what action to take in the event of an accident. Records showed all incidents were documented and action was taken to prevent further risks.

The provider had an extensive business continuity covering potential situations and events, such as a power failure, flood or fire. This, if activated, would mean the registered manager and staff would follow the emergency procedures that would enable them to provide support and care to people to keep them safe.

People told us that there were enough staff available to meet their needs. A person said, "It feels safe, if you need help [staff] sort it out. They [staff] are speedy in how they react." Another person said, "They [staff] are very responsive to the red button [emergency call bell]. If I press it at night [staff] come quickly." A relative said, "We have regular carers and they are always on time."

There were sufficient staff with suitable skills and knowledge to meet people's needs. Staff told us and rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people needed. Staff were recruited following a robust procedure. Staff records contained all relevant information and appropriate checks to ensure staff who were safe to work.

People who required support with medication told us they received their medication on time. A person said, "Staff help me take medication at least twice a day. It is a set time each day. They [staff] take it very seriously, it over-rides everything else." Medicines were stored securely along with a medicine profile that described how staff were to support people with their medicines. A staff member was observed administering people's medicines in a safe way and signed to confirm the medicines were taken. A system was in place to regularly audit and monitor the medicines received into the service and returned to the pharmacy.

Good

Is the service effective?

Our findings

People continued to receive care and support from staff that were knowledgeable and had the required skills to carry out their roles. A relative said, "[Staff] are quite capable of looking after [my relative]. I have watched them helping [my relative] and seem confident in what they do."

A staff member spoke positively about their training. This included the home's values and training in key areas such as fire safety, manual handling, dignity in care and health and safety. Training records we viewed confirmed this and showed that staff had attained a professional qualification in such as the care certificate. This is a nationally-recognised introduction to care course. Specialist training helped staff to understand and support people with specific health conditions such as dementia and Parkinson's. A staff member said, "The dementia training gave me a good insight as to how the condition affects people. I've changed my approach when I'm supporting people and am more alert to the non-verbal cues as well."

Staff supervision and annual appraisal was in place. Staff used these meeting to reflect on their performance and personal development. Management provided staff with updates and changes to the service at the team meetings to help improve people's quality of life.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The procedure for this in domiciliary is called Court of Protection. Staff were trained and understood their responsibility under the MCA & DoLS.

A person said, "[Staff] will always ask me if I would like them to help me. Nothing is done without my permission." A relative said, "[My relative] does take time to answer [give consent] and is supported only when she is ready."

The service supported people with a DoLS authorisation in place with no conditions attached. Staff told us and their care plans provided clear guidance as to how to support the person. Records showed assessments had been conducted to determine people's ability to make specific decisions. There was a system was in place monitor the authorisations to ensure they were renewed as necessary. That meant the principles of the MCA were followed.

People had enough to eat and drink. They said, "Choice of food and portion size suits me nicely", "I am a small eater. I have soup or mashed potato for my dinner. [Staff] will find me something I fancy. I like rice pudding and they do that often." Staff assisted some people to eat in a sensitive and caring manner. People living in the sheltered accommodation told us that had regular meals at the care home and enjoyed the socialising with their friends." Information about people's dietary needs, preferences and the level of support they needed was documented and used by the cook to plan the menus.

Records showed people had access to a wide range of healthcare services and attended routine health

checks. A person said, "They are exceptional staff here, if there is anything medical, they send for the right [healthcare professional], they do this sensible thing." Care records showed that people's ongoing health needs were met.

Good

Is the service caring?

Our findings

People spoke positively about the staff who supported them. One person said, "All the carers are very good here, they like to help people and they can't do enough for you." Another said "Sometimes if I have my door open, people [staff and other residents] pop in to say hello and have a chat, I like that." A relative said, "The seniors are fantastic, very kind and caring." We saw interactions between people, their relatives and staff were positive and respectful.

Some people we spoke with were not always aware of their care plans but confirmed they had been involved in discussions about their care needs with the staff supporting them. One person said, "It is obvious that [staff] know me and that there is good communication." Another person said, "My care plan was agreed, which I have a copy of. [Staff] know what help I need every day in the mornings and at night."

A relative told us that they had not seen their family member's care plan and expressed some concerns to us. With consent, we share the concerns with the deputy manager and a date was arranged to meet with the person and their relative to discuss their concerns and the care plan.

Care records showed the decisions people had made about how they wished to be cared for. People's individual choices, preferences and daily routines were being documented. Care plans were reviewed monthly and where there were any changes in care needs the care plan was amended with the involvement of the person. A senior carer said, "We know our residents well, we spend time talking to them every day so would recognise when somethings changed."

Information about local advocacy services was available. An advocate is a trained professional who supports, enables and empowers people to speak up.

People told us that staff respected and promoted their privacy and dignity. People looked well-presented and we noted their nails were clean which showed staff paid attention to people's appearance and cleanliness. A relative said, "Today, the carer washed [my relative's] hair, dried it using a hairdryer before styling it, she looks beautiful."

We saw staff had a caring manner in their approach towards people. The tone and language used by staff when they spoke with people was personalised and they addressed them by their preferred form of address. A staff member said, "We've always addressed people either by their name or 'sister' …., as they are still nuns who now live in a care home."

Staff knew how to maintain people's privacy which providing personal care. Staff had received training about respecting equality, diversity and upholding people's human rights. A staff member said, "I'm proud to work here and would recommend this service because people are looked after well." This meant people could be assured their ongoing care would be met by a caring staff team.

Good

Is the service responsive?

Our findings

People continued to receive care that was personalised and responsive to their needs. People told us they were treated as an individual and that staff knew how they liked to be supported and spend their time. A person told us that staff were responsive to their needs. They said, "I slipped off the bed. [Staff] were strict about how to help me back up. I could've done it with two staff but they were worried [possible risk of injury] so got the hoist. I don't like the hoist but they explained why they needed to use it, to avoid them or me getting hurt." A relative said, "I know the staff and they know my mum really well. They know exactly how to help and meet her needs."

Staff promoted people's independence and wellbeing. We heard staff saying, 'shall we …' and 'let's do …' which empowered people. We saw a staff member assisted a person to communicate and express what they wanted to do. That showed a good understanding of the person's verbal communication and an insight as to their preference interests and hobbies.

The deputy manager emphasised the importance of a good assessment, care plan and for staff to get to know the needs and wishes of people. They said, "It's important for all of us not to lose our identity; and we need to meet people's individual needs." Records showed that people's needs had been assessed. Care plans were comprehensive and focused on the person, their individual needs and detailed what was important to them. Records showed staff were responsive to changes in people's needs and reviewed care plans regularly to ensure that new needs were met.

People told us they continued to pursue their hobbies. People's diverse, religious and cultural needs were being met. This included music, singing and religious services. People said, "We chose to come here because I'm Catholic, so I go to mass and the nuns visit me and Father comes to." And "They do a lot of entertainment. I join in sometimes and sometimes I like to sit in my room and read the paper." Another person told us that their friends kept in contact and visited them regularly and said, "[My visitors] could have a meeting here if I wanted them to."

We saw visitors and nuns from the convent spending meaningful time with people who used the service. One person said they preferred time alone to 'contemplate and enjoy the peace'. The deputy manager told us that people were supported to go to mass in the convent regularly.

The deputy manager demonstrated openness in their approach to supporting people from diverse community. They said, "As a service we make sure people from different backgrounds, minority communities and preferred lifestyles made to feel welcome. As a service we promote and support staff from diverse community and recognise that people's identity is important to them."

There was a complaints procedure in place. A person said, "If I have a complaint, I'd tell the staff direct. If there are any problems, its best to get them out, but I have no complaints about here." A relative expressed concerns about the care for their family member. They agreed to speak with the deputy manager directly who later confirmed that a meeting had been arranged at a time that was convenient to the relative and

their family member. Records showed the service had received four complaints in the past 12 months and all complaints were responded to appropriately. That showed the complaint procedure was followed.

Good

Is the service well-led?

Our findings

People knew who the registered and deputy manager were and found they were approachable and responsive to their feedback. A person told us they felt there was a positive culture of promoting people's wellbeing, interests and keeping people safe. A person said, "Staff are friendly, and do their job efficiently and always with a smile." A relative said, "We are happy because [my relative] is safe, their needs are met and they are content."

The provider's statement of purpose set out their commitment to quality assurance and development of the service. People's views were sought formally through the quality assurance process. Residents' meetings were held regularly. Meeting minutes were available so that people who were unable to attend the meeting could see what had been discussed. People's views and suggestions made as to the changes to the menus, access to films and social events and outings had been acted on. This indicates the service is well led.

The service had 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 deputy manager who facilitated this inspection showed they understood their role and responsibilities to provide a safe service. The current CQC rating was clearly displayed and a copy of the latest inspection report was available in the reception area. This is a legal requirement and informs people and visitors as to our judgment of the service. Notifications were sent to us following a significant event at the service. That meant the provider was meeting the conditions of their registration and regulatory responsibilities.

Staff also told us the registered manager was approachable, supportive and provided clear leadership. Staff told us that any changes proposed the management such working patterns were discussed with them. These changes had been implemented and showed the service is well led.

A system was in place to train, supervise and support staff. Training records we viewed confirmed this. Staff knew about the provider' 'whistle blowing policy', this policy supported staff to raise concerns should they need to. Staff meetings were used to update on any outstanding issues from the previous meeting and plans to address areas that needed to be improved which had been identified through observations and audits. For example, staff had been reminded to document accurately when people declined care and the actions they had taken in response to this.

The service continued to monitor quality of service that people received. A number of quality audits had been carried out in a range of areas in areas such as care records, medicine and safety checks within the service. These were comprehensive and showed that action was taken were shortfalls were identified. Provider's internal quality inspection further demonstrated the effectiveness of the governance system used to bring about improvements to the service.

Commissioners who fund the care for some people who use the service told us that the management and staff worked effectively and in a coordinated manner that ensured people received a consistent, safe and a well-led service.