

Leonard Cheshire Disability

St Michael's - Care Home with Nursing Physical Disabilities

Inspection report

Cheddar Road
Axbridge
Somerset
BS26 2DW

Tel: 01934732358
Website: www.leonardcheshire.org

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

St Michael's – Care Home with Nursing Physical Disabilities is a residential care home providing personal and nursing care for 34 people with physical disabilities at the time of the inspection. Most people had complex needs as well as the physical disability and some lacked the ability to verbally communicate with us. The service can support up to 36 people. One person was on a short stay placement at the home.

The home is a large, period building over three floors with spacious grounds. There were numerous communal spaces throughout the home including a chapel, dining room and lounges. There was also a physiotherapy area including an indoor gym.

People's experience of using this service and what we found

People received incredibly responsive care. There was a drive to access pilot schemes and find ways to innovate the support people received. There was a strong emphasis on hydration and nutrition being embedded throughout the home. These provided opportunities for people's control, including what they ate and encouraged healthier lives. People told us how much healthier they felt since participating in this and were celebrating losing weight.

The home was managed by a registered manager who strove to provide people with bespoke care in a warm, open environment. The provider supported the registered manager to achieve these goals. People, relatives and staff told us the registered manager was excellent and had ensured the best care and support was provided. There was a constant drive for continuous professional development to ensure staff provided the best care possible. Staff at all levels felt supported and were proud of their work to improve the lives for people which had been recognised. They often went above and beyond to enrich experiences and value the people. The registered manager and provider continually monitored the quality of the service and made improvements in accordance with people's changing needs.

People received exceptionally good care from staff who treated them like part of their extended family and knew them incredibly well. They had found ways to involve people in all decisions about their care and home. Feedback from people, relatives and visitors to the home informed us about how well cared for they felt. Care and support was incredibly personalised to each person, which ensured they were able to make choices about their day to day lives in line with their needs, hobbies and interests. At all times, independence was promoted and ways for people to take ownership of their home. Information about their preferences were gathered in detail by members of staff and care plans were incredibly personalised.

People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People, or their representatives, were involved in decisions about the care and support they received. People who had specific end of life wishes had their preferences facilitated by staff to help provide a very dignified death. Their relatives were supported throughout and after the person's death.

The service provided to people was responsive to people's individual needs. The registered manager was passionate in leading a team of staff to promote personalised activities. Staff responsible for organising activities had listened to every person's wishes and needs so they could develop bespoke opportunities to enrich their lives. Activities always considered people's hobbies and interests and were personalised as much as possible.

There were volunteers who regularly came and supported people. They ran activities and felt a valued part of the community which the provider and management were promoting. Complaints were fully investigated and responded to in a timely manner. The registered manager had a strong ethos of valuing any concern a person or their relative raised because they knew how important it was for them.

There were suitable numbers of staff to meet people's needs. Interactions were on a personal level and not just task based. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely. People were protected from abuse because staff understood how to keep them safe and were sure action would be taken if any concerns were raised.

The home continued to ensure people received effective care. 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 who required special diets had their needs met and meal times were treated as a social opportunity. Staff had the skills and knowledge required to effectively support people. People told us their healthcare needs were met and staff supported them to attend appointments.

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

Rating at last inspection

The last rating for this service was good (published 16 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Michael's – Care Home with Nursing Physical Disabilities on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

St Michael's - Care Home with Nursing Physical Disabilities

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

This inspection was carried out by one inspector and a specialist advisor nurse who had a background in this type of service.

Service and service type

St Michael's – Care Home with Nursing Physical Disabilities 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 took place on 12 and 13 June 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback

from the local authority. 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

Some people in the service had health conditions which limited their verbal communication so were unable to tell us their experiences. 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 spoke with 11 people who used the service and three relatives, one carer from another agency and one volunteer. We also spoke with 15 members of staff. This included the registered manager, nurses, physiotherapist, care staff, activity staff and ancillary staff.

We reviewed a range of records. This included five people's care records, multiple medication and clinical records. We looked at two 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.

After the inspection

Following the inspection, we asked the registered manager to send us some policies and further information to assist with the inspection. These were all sent within the time frame given.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at the home. One person said, "I feel very safe. They lock all the doors at night". Another person told us, "I am more than safe here". Others agreed with feeling safe when we spoke with them.
- Staff understood how to recognise signs of potential abuse and would raise an alert. One staff member talked about changes in personality and behaviour might happen. All staff confirmed if they raised concerns to the management it would be followed up. They knew about external bodies they could inform if they were still concerned.
- Systems were in place to manage potential abuse and the relevant authorities were informed when they were required.

Assessing risk, safety monitoring and management

- People with specific health conditions had risks identified and clear guidance in place for staff to follow. Key areas of risk were identified such as moving and handling, pressure care and around their wheelchairs.
- Staff had training in line with people's specific risks. For example, some people were at risk of choking or aspiration due to their physical disabilities. All care staff received additional training from the chef who also volunteered in their spare time in St Johns Ambulance.
- People who could display behaviours which could challenge themselves or others had clear guidance and staff who understood them. This helped to keep their levels of anxiety to a minimum.
- Environmental health and safety checks were completed regularly to identify any risks which needed managing. Some aspects were outsourced to other providers such as specialists in fire. When risks were identified action was taken to mitigate them.

Staffing and recruitment

- People were supported by enough staff to meet their needs and keep them safe. Most people were positive about the level of staff at the service. One person told us there were enough staff although when in their bedroom they would like to be checked on a little more frequently.
- During the inspection staff were always busy and occasionally it took a little time to find one of them as they were supporting people. Staff explained they were prioritising the needs of people and felt there could be a few more staff to make it easier.
- The registered manager was aware that staff worked very hard and had been prioritising recruitment of more care staff. They had been liaising at provider level to find ways to increase opportunities of recruiting for more staff. The registered manager was clear they had high expectations on the quality of staff they recruited.

- Systems were in place to safely recruit new staff. This included a variety of checks to make sure they were safe to work with vulnerable people. However, one recently recruited member of staff records had discrepancies in the checks which had been completed. By the end of the inspection the registered manager had resolved the issue.

Using medicines safely

- Medicines were managed safely. People's preference for how they would like to take their medicine was clearly documented. However, there were occasions people taking antibiotics did not have them evenly spaced out. The registered manager and nurses immediately found resolutions for this.
- All medicines were stored securely including those requiring additional security. Electronic medicine administration records were kept. Complex prescriptions for people with diabetes were managed well, including liaising with the chef when it could impact people's meals.
- People had their pain managed well. When there was a risk they could be in pain from their health condition clear assessment tools were in place to inform staff. These included pictorial versions for those with limited verbal communication.
- Care staff were responsible for ensuring people's topical creams were administered regularly. Records for this administration was not always clear. Following the inspection, the registered manager updated us on a new system to improve records.

Preventing and controlling infection

- Systems were in place to reduce the risk of the spread of infection. Staff had access to protective equipment such as gloves and aprons. There was liquid soap used throughout the home to help limit the spread of infection.
- The management were already actioning improvements required in relation to the spread of infection. All areas were having hand towels made available. To protect the dignity of people some of these were more discretely placed in bedrooms.
- All specialist equipment such as oxygen masks were clean. Improvements could be made with the recording of the cleaning of equipment to demonstrate it was consistently completed.

Learning lessons when things go wrong

- The management used all accidents and incidents as points of learning. Discussions would take place at 'diary meetings'. Learning had taken place including reviewing processes, training and contact with other professionals.
- Errors around medicine administration were flagged up by the electronic system. These were promptly investigated, and learning occurred from them.
- The provider had a system in place where accidents and incidents could be reported, and lessons learnt on a wider level.

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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were regularly being assessed by the nurses and their key workers. When changes were required these were actioned promptly. People and those important to them could request changes at any time.
- If people were new to the service they had a thorough assessment prior to moving into the service. This was completed by a senior member of staff. Care plans were created around the assessment to inform staff how to support the person.

Staff support: induction, training, skills and experience

- People were supported by staff who had training to meet the needs and support them effectively. All staff were positive about the types of training they were offered. One member of staff said they completed training around choking and moving and handling. Whilst other staff members told us about the range of training they had received.
- Staff told us they had opportunities to complete additional qualifications in health and social care. One staff member proudly told us they had achieved their qualification recently.
- New staff were positive about their induction. This had included shadow shifts with experienced staff and a range of training in line with current best practice. They demonstrated a high level of knowledge about care after a few months despite not having worked in the profession before.

Supporting people to eat and drink enough to maintain a balanced diet

- All people were incredibly positive about the food they had to eat. One person told us, "The food is fantastic. [Name of staff] the chef is brilliant". Other people spoke highly about the chef and quality of the food and choices.
- Meal times were considered a social opportunity. People could choose where they ate and who they sat with. Tables were designed to be suitable for people's wheelchairs to fit under. The staff who were supporting people were chatting and engaging the people they were helping. They treated them with dignity and respect throughout the meal.
- People who required their meals administered in a specialist way were supported by staff who understood their needs. One person had involuntary movements as part of their condition. Staff were knowledgeable about their needs and supported them in a caring, dignified way during the meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were able to access a range of health and social care professionals to meet their needs. One person told us, "I hardly ever see a doctor. They [meaning the staff] would get me a doctor if I am not well".
- A physiotherapist was employed by the provider to work with people in the home. They were supported by an assistant who worked on people's physiotherapy programmes when they were not available. Throughout the inspection, people knew when their physiotherapy sessions were, and we saw them actively participating. There was indoor gym equipment that could be used by people to help them build strength and improve their mobility.
- The staff regularly worked alongside a range of health and social care professionals to meet people's complex needs. Records demonstrated there had been involvement of speech and language therapists, occupational therapists, specialist nurses and social workers.

Adapting service, design, decoration to meet people's needs

- People had bedrooms which were personalised to their needs and wishes. One person had a variety of pictures of wolves in their bedroom that they had chosen. Other people had enough space, so they could independently move around in their wheelchairs.
- Staff and people were positive about recent work which had been going on by maintenance to renovate areas of the house. Communal spaces at the top of the house had recently been redecorated and were being used by people during the inspection. The registered manager said, "[Name of maintenance staff] is incredible with refurbishing rooms".

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 who had capacity were asked their consent before staff helped them. Staff were aware they had to assume capacity and involve the person in any decision.
- When people lacked capacity, decisions had been made in consultation with others. This included seeking advocates for people. They had demonstrated decisions were in the person's best interest and the least restrictive option.
- Systems were in place to manage DoLS applications. People who required DoLS had applications in progress or authorised. One person had records of an extension being requested because their DoLS had expired.

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 now remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- People were exceptionally well cared for by kind and caring staff. Without exception all people were incredibly positive about the staff. One person said, "I am happy with the care. Very happy with it". Another person said, "The staff are brilliant. They talk to me" and continued, "It makes a lot of difference". Other people were equally as positive in their comments and said things like, "It is very good here, there are many good people to talk to and the staff are really good".
- Compliments reflected what we were being told and came from people, relatives and other professionals. One read, "To all the carers and nurses who looked after [name of person] with such extraordinary kindness, patience and understanding for the 18 years [name of person] spend at St Michael's". Others said, "Thank you for your help, guidance and patience. You have all been amazing" and, "Thank you so much for all your support and patience throughout my time here at St. Michael's. It's been an amazingly, welcoming, friendly, knowledgeable and hard-working team to have worked with".
- The management ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. Nothing appeared to be too much trouble for the staff and they often went above and beyond for the people. During periods of bad weather some staff had stayed at the home over multiple nights to ensure there were enough staff to support people. When people needed to be admitted to hospital staff would stay to ensure a person was comfortable in a hospital bed before leaving them. Staff told us this made sure the person had a familiar face and someone they could confide in until settled.
- One staff took a person regularly to a local city because the person used to live there. The staff member said, "We have a lad's day out". The staff told us they supported the person to maintain links with where they came from and as a result it had improved the person's well-being. Another person had a close family member recently pass away. Not only did a member of staff support them through this they also supported their family member who was struggling with the death. The member of staff had recognised when the person and family member were not coping throughout. As a result, the person had passed away with confidence and peace knowing their family member was being looked after. The family member had managed with the loss knowing they were fully supported and could speak whenever they needed to. It allowed the family member to make sense of the loss they were facing. One person who had recently been moved by their funding authority had staff visiting their new home because the person missed them. Staff told us this helped the person transition and settle into their new home. Through doing this the person had been able to speak with staff they knew and had consistency with care by staff sharing information and support needs. Other examples included, taking people's delicate garments home to wash to make sure they did not get damaged in industrial machines. By doing this staff showed how much they cared for the people and demonstrated compassion to their individual needs.

- Staff all spoke extremely highly about the people they supported. They saw themselves as part of an extended family. One member of domestic staff told us how they regularly went and spent time with people in the home. They had received feedback from a person who said, "You always make me smile and feel happy". Another member of staff said, "The residents are the main priority" and continued, "We bring a smile to their face".
- The registered manager led by example and helped to create this supportive and caring environment for people. Examples of this were seen as we walked around at the beginning of the inspection with the registered manager. They checked on every single person they met on the tour asking how they were and reflecting upon any emotional issues they may have. Concern was clearly being shown about people's well-being. One person really wanted a specialist wheelchair to support their body better. The registered manager was aware of the reasons why this was not possible at the moment. They responded in an incredibly compassionate way to the person by crouching down at their level, stopping the tour and having an in depth conversation with the person. It was clear whilst the person was upset they appreciated the support being offered and ended the interaction by smiling. The registered manager recognised when they needed to provide significant emotional support to relatives and we saw examples of this. This included alleviating worries about some medicine a person was taking. They told us about the telephone call they were going to make immediately after speaking with us to the relative. Another person regularly became very anxious. According to members of staff the registered manager always exceeded support that could routinely be expected in response to this. Nothing appeared too much trouble for the registered manager, even if it meant liaising with members of the provider to make adjustments at the service in people's best interest. Supervisions and staff meetings were places where it was clear staff were provided with support and coaching about the caring ethos of the service the registered manager was promoting. The registered manager recognised the importance of staff attending celebrations and funerals for people who had lived at the service. They endeavoured to make arrangements for all staff who wanted to attend. For relatives and people it provided another layer of support during some difficult times.
- Staff spent their time finding ways to support people and enrich their lives. One staff's father donated enough DVDs for them to create a DVD library for the people. We saw this resource and people could watch films of their choice in their bedrooms. Another staff member had officially retired yet regularly and routinely returned to support people with a gardening project. One person spoke to us about the plans they would like to achieve with some of the grounds outside their bedroom to give them a pretty view as part of the gardening group. One member of staff informed us this made a real difference to the people who were helped. Other staff completed tasks which provided opportunities to demonstrate how caring they were. It helped to promote social, happy caring moments for people who often had life limiting conditions. For example, one member of staff had previous experience of working at a hairdresser, so they stayed on to colour a person's hair. They told us this helped the person to feel a sense of worth and happiness at their new hair colour. It showed us staff knew the people they were supporting extremely well and demonstrated a genuine empathy for them.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices about their care and these were respected by staff. Throughout the inspection we saw examples where choices were offered by staff using a variety of methods.
- Some people had recently moved to the home from another of the provider's homes. Staff were working hard to make them feel welcome and help them understand the move. One person had settled in and another person was still being supported closely. Ways were being explored to help them stay in touch with friends they had from their previous home.
- Staff had genuine and meaningful relationships with people they supported. They knew people's social history, preferences and dislikes. This meant staff were able to understand people's choices and were able to have great conversations with them. Examples of this were seen throughout the inspection where staff

had a laugh or discussion with people and they were deeply engaged. One person told us about all the choices they could make living at the home. They said, "I make my own decisions" and continued to explain they could choose when to go to bed. It was clear by having ability to make all the choices they were happy and living a fulfilled life.

Respecting and promoting people's privacy, dignity and independence

- The respect for people's privacy and dignity was at the heart of everything the staff and management did at the home. One person who was taking a particular medicine due to a health condition required specific arrangements around their laundry. The staff had recognised this and set up discrete arrangements in agreement with the person to achieve the desired outcome. The person was happy with what had been set up and it had preserved their dignity.
- Staff were astute at identifying when a person was in the early stages of being in distress throughout the inspection. One person was wheeling themselves down a corridor and two staff immediately identified they needed support with something personal. They stopped and checked with the person and agreed to meet them at their bedroom. On other occasions staff were recognising when people required their support without being prompted if they were upset. This was important as some people had minimal verbal communication.
- All people could request the gender of the staff who helped them. This was clearly documented in their care plans. Staff were aware of people's preferences and rotas considered these preferences.
- There was a strong emphasis on promoting independence at the home. Staff told us about some work they had been completing supporting a person with minimal mobility, including not able to move their arms independently. They had been promoting the physiotherapy exercises and providing lots of support and encouragement. Over three years of intensive and caring support from staff, the person was now able to transfer to their wheelchair with minimal support and their memory had improved. One person told us they enjoyed the, "freedom" living at the home gave them.
- Following the inspection, the provider gave further examples of how they had supported people to develop independence. For example, one person had been supported by the physiotherapists and the care team to be able to walk independently after being a wheelchair user. The person's mobility had improved so much they were now looking at moving to a more independent home with staff help.
- Throughout the inspection we saw people freely moving between areas and floors. Consideration had been taken to ensure barriers were in place to prevent wheelchair users accidentally rolling down stairs. The lift was well used throughout the inspection.
- Arrangements were always put in place by staff, so people could meet their cultural and religious needs. For those unable to regularly go out, arrangements were put in place in the home. Following the inspection, the provider told us at the centre of the home was a chapel for all people and relatives to use. Contained within the chapel was a remembrance book opened each day of the year to remember any people who have lived at the home and relatives were always welcome on anniversaries.
- Following the inspection, the provider informed us about provider led arrangements in place to further celebrate the diversity of people living in their services and the staff. This was evident whilst talking with the registered manager and staff during the inspection. The provider aimed to promote people's rights and had set up networks to support diversity.

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Arrangements for social activities were innovative and met people's individual needs so they could live as full a life as possible. Activities were arranged around people's interests and hobbies and they were fully involved in planning them with activity staff.
- People were currently participating in a national pilot being trialled by the provider around nutrition and hydration. The activity started as a small group of people who volunteered to learn about being more healthy and keeping hydrated. They participated in a range of activities in relation to this theme. This included creating posters for the home, growing their own vegetables and fruit and changing what was being cooked in the kitchen for meals. One person said, "I am learning so much about it" and continued, "It has made me feel better". The established group were now in the process of training the next group of people to start participating in the project. As it was successful it was also going to be rolled out to the wider organisation. Because of the pilot, people told us they felt more healthy, had lost weight which was important due to being in wheelchairs. They all had water bottles they took around on their wheelchairs. One member of staff confirmed there had been multiple weight losses and we saw records which confirmed this.
- Some people were too unwell to have holidays away from the service. So, staff nominated two people to have a "holiday week". This meant they chose special activities for a week including days out or trips which met their hobbies and interest. Two people were being supported on their "holiday week" during the inspection. They had gone on trips to the seaside and the local aquarium. Their meal times were arranged around their trips out. One member of staff said, "[Name of person] is on their holiday week" and then explained the principals behind it. The people were animated with lots of smiles when we spoke with them about it and it was clear they felt special in relation to the arrangements.
- Arrangements were made for people to be able to attend special events with their family. These were individualised to meet their health needs and wishes. One person with a significant, life-threatening health condition which needed closely monitoring at all times and very specialist support should a sudden decline in health occur. The arrangements included being accompanied by two nurses, the registered manager and care staff. The staff had especially adapted the minibus to take the person and keep them safe should their health suddenly decline. This allowed them to successfully attend the family event and the person spoke fondly of the support they had been given to make attending this event possible.
- Another person told us they were preparing for a relatives wedding. Staff had recently helped them shop for new clothes and became animated when they spoke with us about this. All the staff visiting their bedroom knew about this event and helped them to feel even more special.
- People had been encouraged to participate in social activities and share their common interests. A

volunteer came in from the local museum regularly to run a history group for the people. This group had been set up at the request of some of the people in line with their interests. Their next project was to look at the history of the house they were living in. Once they had completed this it was going to be displayed at the local museum. Previous projects included researching the history of the local area. People that spoke to us about these history activities were animated and shared how interesting it was to find out about the house and area they lived in. The activity was being driven by the people and they were proud it was going to potentially be displayed in the local community for others to learn about them. It was showing links being developed with the local community.

- One person was sitting with a member of staff purchasing specialist writing equipment. They had requested an activity around calligraphy and this had been arranged with a volunteer.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received exceptionally personalised care that truly valued them as individuals. All staff demonstrated an incredibly detailed understanding of people's needs and wishes when we spoke with them. During a tour of the home the registered manager was able to talk about each person and demonstrated they really knew them in depth. They took time to speak with each person and understood any current issues.
- Care plans reflected the detail and knowledge staff were able to talk to us about. For example, one person had incredibly complex support needs around eating and drinking following a significant life changing injury. Staff were aware of all of their individual, bespoke needs including when the person's was having a good day and when they were struggling. The care plan described it in detail as well so if any of the regular staff were unavailable then a newer member of staff could support the person in line with their needs and wishes. Another person required specialised support with complex diabetes which required comprehensive understanding and monitoring. Their care plan provided detailed notes for the clinical staff to follow to ensure it was managed safely. The chef was also aware of the details relating to their part of managing the person's diabetes in relation to the food they should eat to keep them safe.
- All care plans had detailed life histories of the person which was important because some people had verbal communication difficulties. Families and others important to the person had been involved in the life history to make sure it had accurate details. They included any religious or cultural information to ensure people received personalised support. For example, one person's care plan had information about the person's hobbies prior to their injury and moving into the home. Staff we spoke with were aware of these details and we saw them engaging with the person about their interests during the inspection.
- Each person had a member of staff who was a key worker. They could regularly discuss their care with their nominated key worker. One person told us they speak with their key worker, "As often as they could". They continued to explain if their needs changed then their care plan would be updated accordingly.
- People were empowered to make choices and express views about their care. Staff always respected these choices. One person spoke with us using a special machine where they selected pictures to create answers. Staff had spent time personalising this to cover important aspects for the person. They told us about the necklaces they liked to wear as part of the individualised options which had been set up. Other people with limited verbal had communication systems set up such as eye blinking or hand gestures so they could make choices. Staff were all aware of these ways people expressed themselves. By having these bespoke methods in place, it demonstrated staff wanted to help people communicate choices in line with the underpinning values of the home.

End of life care and support

- Staff were skilled at exploring people's end of life wishes and putting plans into place. They actively

involved the person and those important to them with the decisions. This was reflected in their achievement of beacon status with the Gold Standards Framework. The Gold Standards Framework is a systematic, evidence-based approach to optimising care for people approaching the end of life. Their beacon status was a result of demonstrating innovative and established good practice across at least 12 of the 20 standards required by the Gold Standards Framework. They had held beacon status since 2016. Following the inspection, the provider updated us that they had just been awarded platinum status from the Gold Standards Framework during a reaccreditation.

- People's care plans demonstrated clear end of life discussions had taken place. These included input from family members when it was appropriate. One person had expressed the type of death they would like, the support they would want from staff and whether they required any treatment. Another person had been living in the home for four years on palliative care. Staff had always been sensitive to their wishes to ensure they were comfortable and met. They were ensuring all equipment in place to support the person's pain was kept clean and monitored closely. The person's family were encouraged to visit as frequently as they wanted to maintain her mental health. Any changes were discussed immediately with the person and their family so adjustments could be made to their care.
- The home had developed a system to identify the progression of people's deterioration. In turn, this triggered a sequence of appropriate actions such as triggering the involvement of specialist teams to manage conditions better. There were strong links with the local hospice and people now had hospital passports and a staff member to accompany them to hospital. This had improved communication to ensure important information was passed to all health professionals.
- Support for family members was seen as a crucial part of end of life care at the home. There was a spare room for relatives and families to stay in, so they could be close in the final stages of a person's life. For years to come after a person had passed away the relatives were invited to attend any celebrations or simply visit the home. This allowed them to keep some consistency in their lives and support was always offered on any occasion the family members visited by staff and the management. By accompanying people to the hospital and remaining with them staff were ensuring consistency of care for the person. Also, at a time of distress they were providing comfort for the person to keep them calm.
- Compliments received demonstrated how staff would go above and beyond at the time of people's deaths. This included providing support to the family once a person had passed away. One compliment read, "Just wanted to say thank you for everything you have done for my dad and my family for the past six and a half years. Also, for everything you did after his funeral. You are all very wonderful and special people". Another compliment spoke about positive impact two staff had at the time of death of their family member.

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 were supported by a service that shared information in a variety of ways to meet their communication needs. When it was required staff would liaise with other health professionals such as speech and language therapists.
- Information was shared in a variety of ways with people to meet their individual needs. Timetables which had photographs and pictures on helped some to understand. Staff spent time reading out information and consulted with people about how they would like information shared with them.

Improving care quality in response to complaints or concerns

- People knew who they could complain to. They felt listened to and action would be taken to resolve the issues.

- The management had systems in place to manage complaints when they were raised. The registered manager told us recently it was mainly informal complaints they had received. They explained this was because they liked to manage issues before they became too big.
- When complaints had been raised they were managed in a timely way. For example, one relative had raised concerns about the quality of food being produced for a family member on a softened diet. The chef and staff had resolved the issue by exploring other methods to produce specialist food for the person.

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 good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- St Michael's – Care Home with Nursing Physical Disabilities was led by an exceptionally motivated and inspirational registered manager. They were supported by an effective senior team. Together they shared a commitment to providing high quality care which put people at the centre. This created an enabling culture within the home whilst providing positive outcomes for people.
- People, their relatives and staff all spoke highly about the registered manager. One person said, "[Name of registered manager] is superb. She is a brilliant boss. She is really kind and will always speak to you". Throughout the inspection it was clear people had a very positive relationship with the registered manager and the registered manager knew the people very well.
- Staff told us, "She [meaning the registered manager] always smiles and asks how you are doing". Other staff members said, "I feel very supported by [name of registered manager]. We are one big team" and, "The support from [registered manager's name] has been incredible over the years I have worked at St. Michael's".
- The registered manager supported by the provider strove to create an open, positive culture which empowered the people who lived at the home. During the inspection we saw people visiting the registered manager and senior staff in their office regularly. Whenever one of them arrived from the lift they were greeted by all the staff including the registered manager. An example was witnessed where one person arrived and the registered manager knew exactly what they had come about. The registered manager proceeded to change their diary to fulfil the person's birthday wishes. The person was animated throughout the discussions because they were excited about the plans.
- The provider and registered manager were aware of their responsibilities in relation to the duty of candour. They believed in being open and transparent with people and those important to them when things went wrong.

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

- The registered manager believed in leading by example. They were exceptionally hands on in their approach. They were able to identify the most important areas for people and their family then guide staff. An example of this was around end of life care. They ensured families and people were supported about end of life for people with disabilities.
- The registered manager had been instrumental in driving the service to achieve the gold standards

framework and maintain the standards required to achieve beacon status to ensure a high quality of care around end of life. Following the inspection, the provider informed us they had been reaccredited by the Gold Standards Framework and achieved platinum status meaning they had ensured standards had been sustained for people and their relatives. The letter received stated, "[You] have not only continued to demonstrate excellence in care, but also significant developments". The Gold Standards Framework wanted to use examples of their 'best practice' to 'encourage and inspire' other homes striving to achieve the standards.

- The registered manager strongly believed in developing the staff professionally and encouraging them to share best practice with each other. This included specialising in areas of interest and becoming champions of subjects within the home. Recently one of the nurses had expressed an interest in pressure care. They had attended conferences and additional training in relation to this. An example of what they learnt was a suggestion to the registered manager to purchase some specialist equipment to automatically reposition people in bed. This had been actioned by the registered manager. People then had better nights sleep with less intrusive interruptions. Most people had limited mobility living in the home and no one had pressure ulcers in the home as a result.
- Following the inspection, the provider informed us they had been investing in systems and technology to allow them to better monitor services and reduce accidents and incidents. For example, the electronic medicine management system had increased the ability for staff update information for hospital transfers. Additionally, there was a reduction in medicine errors so people were kept safe. Another example, was the 'clinical risk register' which had been created. This ensured staff had received the right training to meet people's complex health needs and keep them safe. During the inspection staff told us how good the training and support had been to ensure they could help people.
- The management had exceptional oversight of the service. When the registered manager was questioned about any aspect of the service they provided detailed, in-depth responses. This clearly demonstrated their passion and knowledge of every aspect of the home.
- The registered manager and provider promoted volunteers coming to help at the service. This provided opportunities for people to follow their hobbies with support. Examples were seen during the inspection of this in relation to gardening, calligraphy and an interest in history.
- Staff were encouraged by the management to be risk aware and allow people to make unwise decisions. Positive risk taking was promoted by the registered manager to make sure people could maintain as much independence as possible. People benefitted from this because they were able to gain as much independence as possible. When people had mobility issues they were encouraged to use the least restrictive options to encourage their independence. For example, one person was a little unsteady on their feet. Their choice was to use crutches rather than sit in a wheelchair to move around the home and this was respected by staff and the management.

Continuous learning and improving care

- There was a particularly strong emphasis by the management on continuous improvement. The registered manager encouraged staff to always be involved in decisions about the home. One member of staff told us, "[Name of registered manager] always approaches the team as a whole, when it comes to tackling issues. So that it is a joint decision and the system put in place can be successfully handled by the team as a whole". By promoting this approach differences had been made to people and improved their lives. Examples of this were seen found on inspection.
- Continuous learning and development were promoted by the management. When a person had a new health condition identified then training was developed. This included detailed information about the person and key aspects of their condition. Case studies were then worked through to apply the learning staff had made during the sessions. It was clear speaking with staff during the inspection they were applying the learning they had undertaken to improve the support people were receiving. Following the inspection, the

management informed us they had achieved reaccreditation with the Gold Standards Frame by an independent, external panel who gave extremely positive feedback.

- Following the inspection, the provider informed us of the work the quality team had been doing since the last inspection to develop people's care plans to make them more person centred. These were now more outcome focussed and cross referenced support and health care needs with risk assessments, goals and outcomes. People were positive about their care plans during the inspection and staff clearly knew people incredibly well.

- Some of the management had been involved in implementing a 'disability distress assessment tool' alongside people and their families. This had considered people's differing communication needs including non-verbal ways of expressing pain. It resulted in very specific person-centred pain assessments and advice for each person. During the inspection, we saw this being used to effectively help identify when people were in pain.

- Following the inspection, the provider told us about a 'tea party' event they had held so members of staff and the registered manager were able to share their pilot nutrition and hydration project. It provided an opportunity for managers at other homes to hear about the benefits it had for people including increased independence, awareness and confidence, better hydration, weight loss and decreased risks of pressure ulcers and infections. This was so it could be replicated in other locations across the provider's organisation to improve people's health and well being in multiple homes.

- Following the inspection, the provider informed us of how the registered manager had secured additional funding by supporting student nurses. This additional funding was then invested in further training for the staff team. By doing this the staff were improving their skills to better support the people and their needs. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were at the centre of the service and their views and opinions sought regularly. One member of staff informed us as to how well supported people, their relatives and the staff were supported by the registered manager. The member of staff told us, "Caring is intrinsic in the home".

- People and relatives were given opportunities to feedback about their opinions of the home.

Questionnaires were sent out to people by the provider. Recent results demonstrated a high percentage of satisfaction amongst people.

- There were regular resident's meetings where people could express their views and opinions about how the home was run. People were positive about feeling listened to and had been driving recent approaches being undertaken in the home. They had a real sense of ownership over the hydration and nutrition project. Those who were not part of the active groups were waiting to become part of it because they felt the positive benefits.

- Following the inspection, the provider gave another example of how they valued the people. They employed an independent customer support advisor. This was an independent person for residents to contact if they want to discuss anything. This meant people could have a voice locally and nationally in the organisation which helped to drive their service. The registered manager said, "We really want people to have a voice."

- Without exception all staff felt they were listened to and appreciated the open door approach the registered manager had. Throughout the inspection staff were able to come in to speak to the registered manager in the office. When staff were waiting at the front door to go out with some people the registered manager went to have a conversation with them all. This demonstrated how much the registered manager valued people and wanted to promote the culture of the home.

- Staff meetings were held so staff were able to express their views about the home. Action was taken as a response to these meetings. For example, staff had requested a new area for their breaks. The registered manager had helped source some funding and redeveloped an area for staff. They spoke to us and informed us it was important for staff well-being. A recent donation from a business was made and the management

had asked staff how they would like it spent. This encouraged them to take ownership of the home. The registered manager was going to action their choices.

- Following the inspection, the provider informed us 'Investors in People' accreditation had been achieved in October 2018. This demonstrated how they adhered to a high standard of 'people management' in the organisation. The registered manager had echoed this ethos during the inspection by valuing the staff who supported people. They also told us about two projects they were currently undertaking to increase public awareness of people with disabilities both in the work place and communities.

Working in partnership with others

- Systems were in place to ensure seamless links had been developed with other agencies when people's health declined and required nursing. Within the home one person was being looked after by their regular care agency staff during the day. Due to their declining health nursing support was available when it was required. The staff of the home helped support the person overnight. Care plans were shared between the agency and home's staff to ensure consistent support was being provided. This meant the person had their preferences respected throughout their time at the home and their health was managed effectively.
- Strong links had been developed with local companies and charities to help fund and develop social opportunities. There were regular bar and race nights because of these links. Relatives and those important to the people were invited to these events. One person told us how much they enjoyed them including the darts league which had been created as a result. It had created further social opportunities for people who, at times, had limited ability to access the community.
- Following the inspection, we learnt of 'pen pal' links which had been developed with a local school to discuss pumpkin growing with them. This was a way people less able to leave the home were engaging with the local community. We also learnt of the annual 'St Michael's Day' event. This demonstrated the registered manager and staff understanding of the importance of involving people in the local community. Past and present relatives, including those who lost their family members a number of years ago were invited. Photographs of these events demonstrate how happy and engaged people were during the event. Alternative arrangements were made for those not attending.