

Institute of Our Lady of Mercy

McAuley Mount Residential Care Home

Inspection report

Padiham Road
Burnley
Lancashire
BB12 6TG
Tel: 01282 438071
Website: www.ourladyofmercy.org.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an unannounced inspection of McAuley Mount Care Home on 22 and 23 October 2014. McAuley Mount Care Home is a care home which is registered to provide care for up to 26 people. It specialises in the care of older people and does not provide nursing care. The philosophy of care is underpinned by the Roman Catholic faith. At the time of the inspection there were 25 people accommodated at the service.

McAuley Mount is situated in Burnley and is a two-storey purpose built care home situated in its own grounds. The accommodation includes apartments (with a lounge, bathroom, bedroom and kitchenette), single en-suite bedrooms and single rooms without en-suite facilities. There is a sun room, a dining room, a conservatory/

Summary of findings

lounge and a chapel. A passenger lift provides access between the two floors. The grounds are accessible to people using the service. Car parking is available next to the premises.

At the previous inspection on 13 December 2013 we found the service was meeting all the standards assessed.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, people told us they felt safe at the service. One person said, "The security is very high" and a visiting relative commented, "It's a safe place for mum". During the inspection we did not find anything to give us cause for concern about people's wellbeing and safety. Whilst we found each person had risk assessments in place, providing more details will better protect people.

We found there were enough staff available to provide support. During the inspection we observed there were enough staff available to attend to people's needs, we noted call buzzers were responded to in a timely way. Recruitment practices made sure appropriate checks were carried out before staff started working at the service.

People were receiving safe support with their medicines. However, we found progress was needed to provide clearer directions for staff on the administration of some medicines.

People told us they experienced good care and support. People's needs were being assessed and planned for before they moved into the service. We found arrangements were in place to monitor and respond to people's health and well-being. The service had developed good working relationship with health care professionals.

People spoken with indicated they were treated with kindness and compassion. One person commented, "The goodness of people here I can't describe". People said their privacy, dignity and independence were respected.

One person told us, "They are lovely, they treat everyone with respect". We observed people being as independent as possible, in accordance with their needs, abilities and preferences.

People told us how they were keeping in contact with families and friends. Visiting arrangements were flexible. A relative told us, "We can call anytime". People explained how they were supported to follow their own chosen hobbies and interests, such as reading, writing and activities within the community.

During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences. However, we found some progress was needed to more effectively screen people's capacity to make their own decisions.

People were happy with the variety and quality of the meals provided. They said, "The meals we get here are great" and "There's a minimum of two choices and we can always have something else". Support was provided with maintaining a healthy diet in response to individual needs.

Systems were in place to ensure all staff received regular training, supervision and support. Care workers spoken with understood their role in providing people with effective care and support.

All the people spoken with had an awareness of the service's complaints procedure and processes. Arrangements were in place to investigate and respond to any concerns raised.

People made positive comments about the management and leadership arrangements. One person told us, "We have a magnificent manager who is willing to listen and act". The manager and team leader used various ways to monitor quality. There were systems and processes in place to consult with people and audit the service. The managers had identified several matters for development within the next 12 months. One person who used the service told us, "Overall I think the planning is better".

The information we hold about this service indicates they consistently meet the requirements of registration and are responsive to the inspection process. Following the inspection visit we contacted the registered manager to provide feedback on our findings. We were given assurances that action would be taken to respond to the

Summary of findings

identified shortfalls, along with clarification as to how the matters were to be addressed. We were confident the registered persons would take action in response to these matters.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People spoken with felt safe and secure at the service, they had no concerns about the way they were treated or cared for.

There were enough staff available to provide safe care and support. Staff were trained to recognise any abuse and knew how to report it. Staff recruitment was thorough and included all relevant checks.

We found there were satisfactory arrangements in place to support people with their medication.

Good



Is the service effective?

The service was effective. People spoken with said they experienced good care and support. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were encouraged and supported to make their own choices and decisions.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary. The catering arrangements promoted choices and flexibility. People said the meals were good and they were appropriately supported with diets.

Arrangements were in place to train and support staff in carrying out their roles and responsibilities.

Good



Is the service caring?

The service was caring. People made positive comments about the caring attitude and considerate approach of staff. During our visit we observed positive and sensitive interactions.

People said their dignity and privacy was respected. People were supported to be as independent as possible. Care workers were knowledgeable about people's individual needs, backgrounds and personalities.

Information was available to help people with making decisions and choices.

Good



Is the service responsive?

The service was responsive. Arrangements were in place to find out about people's individual needs, abilities and preferences. People were involved with planning and reviewing their care and making group decisions.

People said they were keeping in contact with families and friends. Visiting arrangements were flexible; people could meet together in the privacy of their own rooms. People had opportunities to take part in meaningful social activities.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Good



Is the service well-led?

The service was well led. People made positive comments about the management and leadership arrangements at the service.

Good



Summary of findings

There were systems in place to monitor and develop the quality of the service provided.	
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McAuley Mount Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 23 October 2014 and was unannounced. The inspection was carried out by one inspector. Before the inspection the provider completed a PIR (Provider Information Return). 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 reviewed the information we held about the service, including notifications and the details within the PIR.

We also spoke to the local authority commissioning team and healthcare professionals, including a GP and a chiropodist, who provided us with some feedback about the service.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with six people living in the home, two relatives, three care workers, the administrator, one domestic staff and the team leader. During the inspection we spent time observing the care and support being delivered. We also looked at a sample of records including three people's care plans and other related documentation, staff recruitment records, medication records, policies and procedures and audits.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and secure at the service. One person told us “I feel very safe living here” another said, “The security is very high” and a visiting relative commented, “It’s a safe place for mum”. We noted security arrangements were in place to monitor visitors to the service. Two care workers spoken with described the arrangements in place to promote safety and security, this included completing risk assessments, reviewing and checking systems and reporting any issues to the managers. Information included within the PIR (Provider Information Return) outlined the processes in place to promote and maintain safety at the service. Records were available at the service; including, risk assessments, safety checks and maintenance reports which confirmed these arrangements were in place. None of the areas we looked at during the inspection presented as a risk to people’s well-being and safety.

We found individual risks had been assessed and recorded in people’s care plans. Management strategies had been drawn up to guide staff on how to manage these risks. However, we found some instructions were lacking in detail, which meant staff may not always take appropriate action to minimise the risks. The team leader agreed to take action in respect of this matter. The risk assessments we looked at had been reviewed and updated on a regular basis. Care workers spoken with told us they were aware of people’s risk assessments.

People spoken with did not express any concerns about the way they were treated or cared for. We were told, “I have never seen anything untoward, no shouting or anything like that” and “There’s no bullying, shouting or abuse”. During the inspection we did not observe anything to give us cause for concern about people’s wellbeing and safety. The care workers spoken with expressed a good understanding of safeguarding and protection matters. They were able to describe the various signs and indicators of abuse and neglect. They were clear about what action they would take if they witnessed or suspected any abusive practice. They said they had received training on safeguarding vulnerable adults and the records of training confirmed this. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people.

People spoken with indicated there were sufficient staff at the service. They commented, “Oh yes I think there are enough staff around” and “The staff have time to talk to me”. One person provided an indication of the arrangements in place to maintain staffing levels saying, “There was a shortage of staff due to people leaving, but they have all been replaced” and a relative told us, “Generally there are enough staff, there have been some agency staff, but mostly they are regulars”. During the inspection we observed there were enough staff available to attend to people’s needs, we noted call buzzers were responded to in a timely way. Both care workers spoken with considered there were enough staff at the service; one told us, “We are never rushed”. We had sight of the staff rotas, which indicated systems were in place to maintain consistent staffing arrangements.

We looked at the recruitment records of two members of staff and spoke with one care worker about their recruitment experiences. The recruitment process included applicants completing a written application form with a full employment history. Checks had been completed before staff worked at the services and these were recorded. The checks included taking up written references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Face to face interviews had been held. The recruitment process aimed to make sure people were suitable to work with vulnerable people.

People spoken with said they managed their own medicines with varying degrees of support from staff. Some people had their medicines administered by staff. Each person’s preference and ability to manage their medicines had been assessed. One person said, “I manage my own medication, the arrangements were reviewed and agreed with me”. We had sight of risk assessment records which confirmed this process.

The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the visit we checked the procedures and records for the storage, receipt, administration and

Is the service safe?

disposal of medicines. The medication records were mostly well presented and organised. Medication was stored securely and temperatures were monitored in order to maintain the appropriate storage conditions.

All records seen were complete and up to date. Although there was no evidence to indicate people were not receiving appropriate support with their medicines, separate protocols had not been drawn up for the administration of medicines prescribed “As necessary” and “Variable dose” medicines. These are important to ensure staff are aware of the individual circumstances this type of medicine needs to be administered or offered. We also found clear directions had not always been recorded in respect of topical creams, which meant staff had not been given proper instructions on providing support with this type of medicine. We discussed these issues fully with the team leader who agreed to take action to rectify matters.

We saw that medication systems were checked and audited on a monthly basis. Action plans were drawn up in the event of any shortfalls or omissions on the records. This ensured appropriate action was taken to minimise any risks of error.

Staff designated to administer medication had completed a safe handling of medicines course. We were told this had included a practical assessment to ensure they were competent at this task; however, the records of the assessments were unable to be located, which meant we were unable to corroborate this evidence. Staff had access to a set of policies and procedures which were readily available for reference.

Is the service effective?

Our findings

All the people we spoke with told us they experienced good care and support. One person said, “They are so helpful in general and they are interested in the people living here”. Care workers spoken with described how they aimed to provide a ‘person centred’ approach to care delivery and gave examples of how they achieved this. During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences. We noted people had been encouraged and supported to personalise their rooms with their own belongings. One person described how they had been fully involved with choosing a new carpet for the lounge in their apartment. A relative told us they were pleased with the accommodation, they said, “Its exceptional, they have been very good in making it like home”.

People spoken with explained how they were supported with their healthcare needs, including registering with GPs and dentists, also with making appointments and receiving medical attention. Two people described circumstances whereby care workers had been vigilant in appropriately monitoring and responding to changes in their condition. One person told us, “They are very watchful, but discreet”. One care worker told us they considered monitoring people’s wellbeing was, “Well managed” and indicated the service had developed good relationships with GPs and district nurses. Prior to the inspection we contacted three GP practices; none had any concerns about their patients’ experiences at the service. One GP told us, “No qualms about the care, they contact the surgery as needed and are effective in following instructions. The staff are always polite when visiting and nice and caring with the residents, they are good”. We also spoke with a chiropodist who said, “The staff are very pleasant, people are well looked after. The managers are okay; they let us know about any new admissions”.

People’s healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. Information had been included to describe any medical conditions. This meant staff had some guidance on how to recognise any early warning signs of deterioration in health. However, we

did note one person’s medical history was yet to be completed. Records had been made of healthcare visits, including GPs, the chiropodist and the district nursing team.

The MCA 2005 (Mental Capacity Act 2005) and the DoLS (Deprivation of Liberty Safeguards) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. At the time of the inspection none of the people using the service were subject to a DoLS. Information included within the PIR (Provider Information Return) showed us that staff had received training on the MCA and DoLS. The service also had policies and procedures to underpin an appropriate response to the MCA and DoLS. Staff spoken with had a basic understanding of the MCA. We found mental capacity screening assessments had been carried out; however they were brief and lacking in detail. This meant effective consideration may not have been given to people’s capacity to make particular decisions and the kind of support they might need to help them make them. We discussed this fully with the team leader who agreed to address this matter.

People made positive comments about the catering arrangements at the service. They made the following comments: “I love the meals”, “The food is excellent quality”, “The meals we get here are great” and “The food is generally good”. A relative told us, “They often have special occasions, such as barbeques and afternoon parties, there’s plenty of choice and home baked cakes”. There was a four week menu which was displayed near the dining room. People had been given the opportunity to influence the menu during resident’s meetings and ‘taster days’ when a selection of meals had been made for people to sample. Arrangements were in place to offer choices at each mealtime. One person explained, “We can choose, they ask us in advance”, another said, “There’s a minimum of two choices and we can always have something else”. People told us they could have their meals in their rooms or with others in the dining room. Some explained that they made their own breakfasts in their ‘kitchenettes’. We observed the meals service at lunch time and noted people were sensitively served, supported and encouraged with their meals and drinks. The meals served looked appealing and plentiful. One person commented, “It’s not just the food it’s the way it is presented”.

Is the service effective?

Care workers spoken with, described the care and support they provided people with in relation to food and nutrition. They confirmed people's individual tastes, preferences and dietary needs were known and catered for. They explained the processes in place to assess and monitor people's nutritional and hydration needs and that they liaised with GP's and dieticians as necessary. The care records we looked at showed people's likes and dislikes had been sought and dietary needs considered. Nutritional screening assessments had been carried out, with any support needed noted in their care plan. People's weight was checked at regular intervals, this helped staff to monitor risks of malnutrition and support people with their diet and food consumption.

We looked at how the service trained and supported their staff. There were systems in place to ensure all staff received regular training. A relative told us, "I think the staff know what they are doing, they are always training". Care workers told us of the training they had received, and

confirmed there was an on-going training and development programme at the service. We looked at records which reinforced this approach. Information included within the PIR told us all the care workers had completed induction training to a nationally recognised standard and all had a Level 2 or above NVQ (National Vocational Qualification) or Diploma in Health and Social Care. We noted staff files included induction training records and copies of various training certificates.

Staff spoken with told us they received regular one to one supervision and on-going support from the management team. This provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We saw records of supervisions and noted plans were in place to schedule appointments for the supervision meetings. Staff also had an annual appraisal of their work performance and a formal opportunity to review their training and development needs.

Is the service caring?

Our findings

People spoken with indicated they were treated with kindness and compassion. One person commented, “The goodness of people here I cannot describe”, another told us, “The care is excellent, the staff are very considerate”. A relative said, “They are brilliant”. During the inspection we observed positive and sensitive interactions between people using the service and staff.

Care workers spoken with understood their role in providing people with effective care and support. There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Care workers were knowledgeable about people’s individual needs, backgrounds and personalities. They gave examples of how they delivered care and how they promoted people’s rights and choices. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions.

People told us there were regular resident’s meetings. These helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. One person told us, “We discuss any changes and certain things happening, such as staffing

and activities, then we have an open discussion, it’s very useful”. We looked at records of meetings which showed various matters had been discussed, with action taken as appropriate to implement changes.

People said their privacy, dignity and independence were respected. One person told us, “They are lovely, they treat everyone with respect, they wouldn’t discern or judge us”. We saw people being assisted considerably; they were politely reassured by care workers. We observed people spending time in the privacy of their own rooms and in different areas of the home. One person commented, “They knock and wait for me to answer before they come in”. Care workers gave examples of how they promoted privacy and dignity within their work, one said, “We are very aware of promoting privacy, dignity and confidentiality”.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One person told us, “They respect my independence”, another said, “If I ask them to do things, I never feel a nuisance which is an important thing with me”. There was a notice board in the home, which provided information about forthcoming events and the programme of activities. Details of the local advocacy services were also on display. People also had a guide to McAuley Mount which included useful information about the services and facilities available to them.

Is the service responsive?

Our findings

One person we spoke with had recently moved into the service. They described how this process was managed. They told us, “I came to look around, I was very impressed” and “I went through everything with the manager”. We looked at a completed pre admission assessment and noted information had been gathered from a variety of sources. We noted the assessment covered all aspects of the person’s needs, including personal care, mobility, daily routines and relationships.

People spoken with told us they had been involved with planning their care and their on-going reviews. One person told us “My ‘keyworker’ often asks how I am and we review my care plan together”. A relative commented, “We work together, I am always involved”. However, some people indicated they were not aware of the care planning and review process. We therefore discussed with the team leader and care workers, ways of more effectively involving people and their relatives with planning and reviewing their care.

We found each person had an individual care plan. We looked at three care plans and found they included risk assessments on the specific areas of need often associated with older people. The care plans were well presented and easy to follow. They included background histories and personalised information about people’s preferred routines, likes and dislikes. Care workers spoken with explained their involvement with care planning and reviews. They indicated an awareness of the content of people’s care plans. Processes were in place to monitor and respond to changes in people’s needs and circumstances. We saw the care plans had been updated on a monthly basis or more frequently, in line with any changing needs. However, we noted some people had not signed their care plans, which would help confirm their agreement and involvement with the content. The team leader agreed to pursue this matter.

People told us how they were keeping in contact with families and friends. Visiting arrangements were flexible and people could meet together in the privacy of their own apartments or rooms. One person told us, “My friends marvel at the welcome they get”. A relative told us, “We can call anytime”. The service had established links with local schools and the adjacent convent.

People spoken with said there had been some improvements with the activities provided at the service. They told us of the various events taking place which included, baking, crafts, films, music and tea parties. People told us they had been out on shopping trips and an excursion to Blackpool had been arranged. People also explained how they were supported to follow their own chosen hobbies and interests, such as reading, writing and activities within the community. A religious service was held in the chapel each day and some people told us how they were actively involved with this. However, people were also supported to follow their chosen faith.

All the people spoken with had an awareness of the service’s complaints procedure and processes. One person told us, “If I was not happy I would speak to senior carers, the manager or I would contact CQC”. A relative said, “I think the complaints procedure is in the contract and guide, but I have never needed to complain as they always act on things”. We found the regular residents meetings and satisfaction surveys, were utilised for people to express their views and share minor grumbles. Care workers told us, they were aware of the complaints procedures and described how they would respond should anyone raise concerns. We found there had been one concern raised at the service within the last 12 months. Records showed this matter had been effectively investigated and resolved to the satisfaction of the complainant.

Is the service well-led?

Our findings

People spoken with were aware of the management structure at the service. They made positive comments about the management and leadership arrangements. There was a manager in post who had been registered with the Care Quality Commission since 2011. One person told us, “We have a magnificent manager who is willing to listen and act”. Another person said, “The seniors are superb role models, chosen for their compassion, patience and care of others”. A relative commented, “I feel confident with the management, nothing could be better”. Care workers spoken with indicated the home was well run; they described the manager as ‘approachable’ and ‘professional’. One care worker told us, “We have a really good team at present, we all work together”. A person using the service told us, there was a “Wonderful team of staff”.

There were systems and processes in place to consult with people who used the service, relatives and staff. The manager operated an ‘open door policy’, which meant arrangements were in place to promote on-going communication, discussion and openness. One person, who used the service said, “The manager always keeps her door open unless it’s for private discussion, I have no difficulty going to her see her, she is extremely nice and business-like”. People using the service and staff, had opportunity to develop the service by participating in regular meetings and as part of consultation surveys. Information included within the PIR (Provider Information Return) showed us the managers had identified several matters for development within the next 12 months. These

included more frequent residents meetings, further staff training, improved assessment processes and a full external evaluation of the service by an independent consultant.

People indicated there was an open and inclusive ethos at the service. Three people told us how the manager had frequently emphasised that it was their home. A relative told us, “As soon as you walk in you get a good feeling”. Staff spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. There were clear lines of accountability and responsibility. If the registered manager or team leader was not present, there was always a senior member of staff on duty with designated responsibility for the service. Arrangements were in place for managers to provide on-call back up to the service overnight. This meant staff always had someone to consult with, or ask advice from, in an emergency or difficult situation.

The manager and team leader used various ways to monitor the quality of the service. This included a system of daily and weekly reporting to the manager and team leader. Audits of the various processes including, medication systems, care plans, staff training, health and safety and the control and prevention of infection. We saw completed audits during the inspection and noted any shortfalls identified had been addressed as part of an action plan.

Information we hold about the service indicates they consistently meet the requirements of registration. During the inspection we found the service was meeting the required legal obligations and conditions of registration.