

Sun Care Homes Limited

St Michaels Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place 19 July 2016 and was unannounced.

St Michael's Nursing Home provides accommodation for up to 39 adults who require nursing or personal care. The home provides support for older people, people with a physical disability and for people with dementia. On the day of our visit 31 people were living there.

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

At the previous inspection on 14 April 2014 the home was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found this had been rectified and people who lived in the home and their relatives were given opportunities to influence the decision making in the home. Also, that the quality monitoring in the home was identifying any issues in quality which needed rectifying.

People and their relatives were happy with the care and support provided in the home and were complimentary about the care they received. People told us they felt safe and that their needs were being met. Individual risks to people were assessed and processes put in place to help keep them safe. Staff were aware of, and understood the risks around, avoidable harm and knew how to safeguard people. Staff were recruited in a way which helped to ensure they were of suitable character to be working in the role of supporting people. People received the correct medicines in a timely manner.

Staff had received the necessary training to help make sure they supported people in a way which met their needs. Staff induction and supervisions were undertaken to help ensure this happened.

There were policies and procedures in place with regard to the Mental Capacity Act (MCA) 2005 and the registered manager had a good understanding of the Act. Staff understood the principles of gaining consent before offering people personal care.

People told us they enjoyed the food and adequate food and drink was provided. People were supported to access health care professionals when this was required.

There were caring and understanding relationships between people who lived in the home and staff. People were treated with dignity and respect. Staff enjoyed their role and were fully aware of what their responsibilities were. People were supported to make decisions and choices for themselves and individualised and detailed care plans helped staff to support this. Activities in the home were undertaken in groups but also on a one to one basis and people chose what they wanted to do. People were aware how

to make complaints and were confident their concerns would be listened to.

The home had systems and processes in place to ensure people and their relatives were involved in what was happening in the home. Quality of service provision was monitored to ensure this was maintained. People knew who the registered manager was and staff felt well supported. Staff and people using the service had confidence in the management of the home.

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.

Risks were identified and arrangements put in place to help ensure people were kept safe.

Staff knew how to identify signs of abuse and were aware what to do if they witnessed this.

Medicines were administered in a timely manner in a safe way. Medicine records were up to date and corrected completely.

Staff recruitment was undertaken in a way which helped to ensure people were kept safe.

Is the service effective?

Good ●

The service was effective.

Staff received training and support which enabled them to carry out their responsibilities in a skilled way.

Staff were aware of the Mental Capacity Act and understood deprivation of liberty and best interest decision making. People's consent was sought before support was provided.

There was sufficient food available for people and alternatives were offered if people didn't like what the meal was that day. Dietary requirements were adhered to.

People were supported to access health care when this was required.

Is the service caring?

Good ●

The service was caring.

Staff were kind and gentle in their interactions with people.

People were supported and encouraged to make their own decisions.

People's dignity was maintained and people and staff were encouraged to think about how important dignity was to individuals.

People were supported to plan their own end of life care and support.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make their own decisions and choices.

Peoples care plans were personalised.

People were supported to undertake activities they were interested in.

There was a complaints process in place and people knew how to access this if required.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was well known by people who lived in the home and the staff.

People told us they had confidence that the registered manager would run the service well.

Quality assurance systems and processes were in place.

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

We undertook this inspection on 19 July 2016 and our visit was unannounced. The inspection team consisted of one inspector, a specialist adviser (nurse) and an expert by experience. An expert by experience is someone who has knowledge of living or working with someone who uses services.

Before this inspection we looked at all of the key information we held about the home. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. We spoke with the local health and social care commissioners and Healthwatch. We also spoke with one professional who was involved with the service.

During our inspection we spoke with five people who used the service and two relatives. We also spoke with the registered manager, one nurse, one senior care assistant, two care assistants and the cook. We observed how staff provided people's care and support in communal areas and we looked at care records for three people. We also looked at other records relating to how the home was managed. For example, medicines records, staff training records and checks of safety.

As some people in the home were living with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe in the home. One person said "I feel safe and can get around on my own". A relative told us "[relative] is safer here than at home". We saw the home was active in recognising and, where possible, reducing risks to people. For example, staff were quick to assist if someone wanted to get up from their chair and they would support them with this to help ensure they moved in a safe way. People told us when they required assistance the staff came quickly to help them. We also saw that staff assisted people to move about the home in a manner that helped to protect them from the risk of injury or harm. The equipment which was used to support people was tested on a regular basis and all equipment was clean. In this way people were being supported to help minimise the risk to them where possible.

When we looked at care records information about risk and measures in place to minimise risk were documented. The risk assessments included risk of falls, use of bed rails, bath temperature and drowning risk. When we spoke with care staff they explained risk assessments were reviewed monthly or whenever someone's condition changed. In the care records we could see these risk assessments had been updated for all the people when their care plans were reviewed which was on a monthly basis. We saw people were supported in line with the risk assessments identified in the care plans.

Staff knew how to identify signs of abuse and what action to take if they saw anything that concerned them. Appropriate safeguarding referrals had been made and CQC were informed. When we spoke with staff they told us they were confident to raise any concerns with their line manager. Staff we spoke with were aware of the Whistleblowing policy. There were also plans in place should the home need to be evacuated in an emergency and staff were aware of what to do in this situation. This was another example of how the provider had taken steps to protect people's safety while they used the service. We saw staff dealt with an occasion where someone became distressed and this may have put other people at risk. Staff calmed them down by explaining what was happening and politely and openly talking to them about how they were frightening other people.

People told us that, mostly, there were enough staff to meet their needs. However, one person said "It could be a bit awkward at holiday time". Staff were visible during the day and our observations showed there were enough staff to meet people's needs in a timely manner. Staffing levels had been calculated using a dependency scoring system and this was used by the nurses and carers to assess daily care needs of the people living in the home. The registered manager explained that in this way staff support could be increased in certain parts of the home when this was required.

There was a recruitment process in place which ensured that only people of good character were employed at the home. This was to ensure people living in the home continued to be protected from the risk of harm. All of the necessary references and checks, including Disclosure and Barring Service (DBS) checks had been undertaken. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

People told us they were given the right medicines at the right time. For example, anyone requiring diabetic medicines were given their medicine before they ate their meals. We saw the nurse checked each medicine before it was given to the person and remained with them until they had taken it. Only then did they sign the Medication Administration Record (MAR) to say the medicine had been taken. Where people were allergic to medicines this information was documented on the MAR charts. The MAR charts were completed correctly with up to date information and they all contained a photograph of the person. This was so staff could ensure they were giving the correct medicine to the right person. Protocols were in place for when people required medicines for pain management. We saw that medicines were ordered, stored and recorded appropriately. This meant systems were in place to ensure people's medicines were managed in a way that promoted their safety. We spoke with a visiting health professional on the day of the inspection and they told us, in their experience, treatment and medicines were always provided to people when required.

Is the service effective?

Our findings

People told us they were well cared for and our observations supported this. One person told us they felt very well looked after by the staff. All the people we spoke with in the home told us they felt supported by staff who had the appropriate skills to care for them.

Staff had received training so they had the right skills to undertake their caring responsibilities. Staff gave us examples of some of the areas they had training in, including moving and handling, first aid and matters related to hygiene. The registered manager also told us staff accessed training in end of life care. Staff told us the training they received had helped them to be better carers. When we looked at staff training records we could see it was carried out on a regular basis. The registered manager told us that if they felt training was required they could arrange it for staff without having to seek permission first, they said "It's about staying up to date with things". In this way the provider was supporting the registered manager to arrange training where it was required.

Staff told us they received support through supervision, team meetings and appraisals. They said they could always ask a more experienced member of staff for support or guidance if they needed this. One member of staff told us when they began work at the home they were supernumerary for two weeks so they could get to know the people who lived in the home. On the day of our visit we saw staff caring for people in a skilled and knowledgeable way.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The 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. Capacity assessments were in place for people where this was required.

The registered manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty. We saw that decision specific assessments were contained in peoples' care plans. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw they had done this appropriately. The registered manager told us it was important that "Whatever we do we can say we are doing something in a person's best interests". We saw people's consent was sought before personal care was provided. For example we saw one person in a wheelchair being asked if they wanted to move to the table for lunch.

There was sufficient food and drink available for people. One person told us they were a vegetarian and received a good variety of food they liked. They said "I get plenty of pasta, which I like". People told us if they didn't like what was on offer for a meal that day they could always have an alternative. One person said

"If you don't fancy something they'll always get you a tin of soup or something else". People told us they could choose what they wanted and they were happy with the food. We saw during lunch time people were offered alternatives if they did not want the meal on offer.

We saw there was plenty of fresh fruit and vegetables in the kitchen and on offer at meal times and the food at lunch time looked appetising. The cook told us how they tried to be flexible with the menu and if someone didn't like something they were happy to provide an alternative. The cook said "You get to know what they [people] like" and adjusted the menus so favourite foods were available. They also said they met with the registered manager regularly to update the menu. The cook was aware of people's dietary requirements and amended recipes accordingly for some people.

People were assisted to the table at lunch time and offered a drink. There was a pleasant atmosphere in the dining room and staff were well organised and responsive. We observed good interactions between staff and people while they were eating their lunch. We saw that people were offered aprons to protect their clothing during the meal but where people declined this was respected. We also saw one person required assistance with their meal and this was done in a patient and sensitive manner.

People had access to health care professionals when this was required. We saw their physical and mental health needs were promoted and that people's health was being monitored. Advice was sought from the district nurse when this was required. The GP visited the home every two weeks and we could see from records that appropriate referrals had been made to health and social care professionals, for example the speech and language therapist. The registered manager told us they had no problem getting health support for people when this was needed.

We spoke with a visiting professional who told us they had no concerns that the people living in the home received the treatment they required. They also said they were "Very impressed" with the home and the knowledge of the staff about people living there.

Is the service caring?

Our findings

People who lived in the home told us they were living in a caring environment. Relatives we spoke with confirmed this. Everyone was complimentary about the staff team. One person said "I like it very much, the carers are comfortable", they also said "It's homely; I wouldn't like to go anywhere else". One relative said "Lovely staff"; another relative said the home was "Very good, very attentive staff". They also said the staff were all "Very friendly".

Staff told us they got to know people when they came into the home by talking to them and learning about their lives. Staff told us how important this was and it really helped people to feel settled and be comfortable in the home. One member of staff said they had been out on an assessment for a person moving into the home so that when that person came to live at St Michaels there was someone around they recognised.

People told us they really enjoyed talking to the staff. Staff also told us they enjoyed spending time with people. We saw that staff were kind and gentle with people and made eye contact and we saw a real warmth between staff and residents. We saw staff touch people in an appropriate way and people welcomed this. One relative told us how impressed they were with the close relationships between staff and residents.

Staff supported people in a way that showed caring and understanding relationships. For example, when assisting people to mobilise around the home staff chatted and reassured them along the way. Staff interacted with people in a kind and respectful way and had a good rapport with people and knew how they liked their care provided. In the compliments book was a comment from a paramedic who had visited the home when a person had collapsed on the floor, they said "Staff had [person] in their arms, comforting [person]", they went on to say "This act of kindness touched me".

People and their relatives told us they believed people who lived in the home were supported and encouraged to make their own decisions. Relatives also told us that independence was promoted and they valued this. For example, one relative us the home "Actively engaged" with their relative regarding the care and support provided to their family member.

People told us the staff respected their privacy and were considerate when giving personal care. Staff said how important it was to respect people's dignity and that whenever they were supporting someone with personal care they made sure doors and curtains were closed. We saw staff always knocked on doors before entering a person's room and asked for permission to enter. They also explained fully why they were there. We saw carers rush over to one person to help them maintain their dignity when they required support with this.

There were displays about how important it was to treat people with dignity in the home, these were in communal areas so that people and staff could see and refer to them. One of the displays asked "What does dignity mean to us". Underneath there was space to write and people and staff were encouraged to write

about their experiences and opinions about the ways in which people's dignity could be protected. We could see there were comments written. This meant the home was actively supporting people to identify if they were not being treated in a dignified way and also supported the staff to understand the ways in which they were required to behave.

There was a substantial amount of information in the care plans about how people wanted to spend their last days in the home, including their funeral arrangements. We saw there was a section in the care plans which was dedicated to a person's wishes and included their personal wishes for their funeral. Some of the people living in the home had expressed a wish to die at the home and for staff to come to their funerals. The registered manager told us they attended all funerals when someone died and sometimes they were asked to do a reading.

We were shown the 'memorial wall' in the home which had photographs of all the people who had passed away while they were living there. This was on display so people could remember those that had died and this helped them reminisce about people they had known.

The registered manager said "We do really good end of life care, I'm really proud". They went on to say they know what people wanted and had plans in place for communicating and involving families in end of life care.

Is the service responsive?

Our findings

People told us they were free to make choices for themselves and two of the people living in the home made it very clear they were fully involved with their personal care plans. One relative whose family member was unable to take part in the development of their care plan told us they themselves had been involved in their relatives care planning. People told us they could decide when to get up and when to go to bed, what time they ate their meals and whether they had a bath or a shower. Staff we spoke with confirmed the importance of giving people choices about how they wanted to live their lives.

The care plans were highly individualised and had a lot of information about people and their families. This included past, present and future wishes. There was evidence of people's choices being acted upon in the daily progress reports. For example, there was information on whether people wanted to socialise and whether they wanted to take part in activities. It also included information about where they wanted to eat their meals. Further examples included preferred activities, how they liked to have their hair and what perfume they preferred. There was also information about how people liked to be assisted to bed at night.

We saw, where possible, people were supported to be in control of their lives. Staff had a good understanding of, and were knowledgeable about, people's individual wishes and needs. They were able to tell us about people's care and support needs, preferences likes and dislikes. The detailed information in peoples' care plans assisted the understanding of staff about how people's care should be delivered. A visiting professional told us they believed the staff were "Well informed" about the people living in the home and had a good knowledge of them. There was a suggestions book in the home and one professional had written that the home had "Good support plans that were person centred".

People told us when they came to live in the home the activity co-ordinators got to know what they were interested in. One person told us what they enjoyed doing and how they were supported to do this. Also, one person told us they liked to spend time in their room and this was respected. There were two activity co-ordinators working in the home and when we spoke with them they told us, enthusiastically, about a range of group activities, including making table decorations around Christmas time and taking people to football matches if they wanted to attend. The home had arranged for the mobile library service to visit so people who were interested in reading could access a range of books.

The registered manager explained they compile "bucket lists" for people living in the home. When they first come to live in the home they sit down with individuals and discuss with them if they had any ambitions to do things while they were living there. In this way people were supported to fulfil ambitions and life planning.

There was a complaints system in place and complaints had been recorded and investigated where appropriate. We saw an example of the most recent formal complaint and we could see that attempts had been made to solve the problem and no further action was required by the provider as the complainant was satisfied with the outcome. People told us they were confident in raising concerns and complaints with the staff and managers. This meant that people had the confidence to suggest changes in the home and were

responded to.

Is the service well-led?

Our findings

At our previous inspection on 14 April 2014 it was identified that action was required regarding the quality monitoring of service provision. This was a breach of Regulation 10 of the HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision. At this inspection we found this had been rectified and there were processes in place to monitor the quality of service provision in the home.

Quality audits were undertaken in the home, for example we saw that all the equipment used to support people had been serviced and maintained to the required standards. Another example was the registered manager kept an up to date record of when call bells had been used and how quickly they had been responded to so they could ensure people were supported in a timely manner. This information was kept on their desk so they could continually monitor how quickly people were being supported. Accidents and incidents are audited monthly by the manager. The registered manager told us after an evaluation any appropriate actions are completed. This meant the registered manager was proactively monitoring the quality of the care people were receiving.

The registered manager told us they worked with people and staff to create a supportive and open culture in the home. To support this there was a newsletter displayed in one of the communal corridors so that it was easily accessible for anyone to read. Staff meetings were undertaken and recorded and there were group discussions in the home so that the people who lived and worked in the home were "Working and supporting each other". By working in this way the home was providing a supportive and inclusive environment for people who lived and worked at St Michaels Nursing Home.

People told us they knew who the registered manager was and told us they came to speak with them regularly and they were on first name terms with them. They told us they had confidence in the way the registered manager managed the service and that it was well managed. We saw that people were happy and relaxed to talk with the staff team. The manager told us they felt it was important to be able to communicate well with people who lived in the home and said "I always do listen". When we asked the registered manager what they believed was important in their role the manager told us they modelled themselves on the qualities of "Compassionate, caring, knowledgeable, fair and supportive". This shows the registered manager was aware of the qualities and skills required to lead a home in a fair, transparent and open way.

Staff told us they felt the service was well-led and told us they enjoyed working in the home, one member of staff said "I love it". They told us they were motivated in their job and knew what their responsibilities were. They said they could ask about anything they wanted if they felt unsure. One member of staff told us they felt extremely well supported by the registered manager. Another member of staff told us "It's a privilege to work here", and they felt very fortunate to join the team. The registered manager described the way they worked in the home "We are a team, we work together, we're all here for the same thing and that's the residents". We saw the registered manager promoted a personalised culture within the home, as evidenced in the care plans, and was open to any improvements that might be made.

There were regular residents and relatives meetings and people were involved in the decision making about what happened in the home. A useful document had been developed that provided information for people and their relatives. The information folder contained an organisational chart so people and their relatives could understand the structure behind the organisation. It also contained an open invitation for family members to have lunch with their relatives and other useful information.

The registered manager had a clear vision for the home and believed it was important to develop the staff team and learn through training and other opportunities. They had made links with the local faith groups and also arranged a refurbishment of the home. Plans were in place for all rooms to have new carpets and furniture.

The registered manager had informed the CQC of notifications. Notifications are information about important events that have happened in the home.