St. Michael's Care Ltd

St Michael's Home

Inspection report

251 Warwick Road
Olton
Solihull
West Midlands
B92 7AH

Tel: 01217079697

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

St Michaels is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Michaels Home provide accommodation and personal care for up to 21 older people.

At the time of our inspection visit there were 17 people living in the home. The inspection visit took place on 26 February 2018 and was unannounced.

At the last comprehensive inspection on 10 January 2017, we found the provider was not fully meeting the standards required. We identified three breaches of the Health and Social Care Act 2008. This was in relation to care and treatment not always being provided in a safe way, there being insufficient action to safeguard people from improper treatment, and there being insufficient systems to monitor the quality of service in relation to the health, safety and welfare of people. The service was rated as 'requires improvement' with an 'inadequate' rating for the key question 'well led'. We issued the provider with a warning notice and asked them to take the necessary action to improve.

Following the inspection on 10 January 2017, we asked the provider to complete an action plan and met with the provider to confirm what they would do, and by when, to improve the service. We returned to the home on 15 June 2017 to complete a focussed inspection. This was to check actions completed in relation to the warning notice and to review the key question of 'well led.' We found sufficient improvement had been made to address the breach of Regulation 17 related to the warning notice related to the management of the service and the quality of care people received.

At this inspection we found the provider had continued to make improvements to the service since we had last visited. We also found sufficient action had been taken to address the remaining two breaches in the regulations so that the home was no longer rated 'requires improvement'. However, there remained some areas within the key question 'well led' that needed to be improved.

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

People's needs were assessed before they moved to St Michaels so the registered manager could be confident those needs could be met. Risks associated with people's care had been identified and documented in care plans so they could be managed. Care plans continued to be reviewed so they provided staff with sufficient information about people's needs. Staff arranged for people to see a doctor where people had identified healthcare needs. Records confirmed visits had been undertaken and advice

given.

The provider's recruitment system required a series of checks to be made before new staff could work with people at the home. People told us they usually felt safe living at St Michaels Home and spoke positively of the staff team that supported them. They told us staff were caring and approachable and we saw enough staff were available to support people's needs. Staff took time to get to know people and demonstrated this through their interactions with people. Staff respected people's individuality and aimed to support their independence where possible.

Accidents and incidents were recorded and reported to us as required. One incident related to safeguarding people had occurred and we were told that it had been investigated and acted upon appropriately.

Staff who administered medicines had completed the necessary training to do this safely and people told us they received them as required. Action was in progress for additional staff to undertake medicine administration so this task was not restricted to certain staff. We noted some records related to the application of creams and lotions had not been completed clearly to show they had been applied as required.

People spoke positively about living at St Michaels home and told us they had some involvement in decisions about their care. Social activities were provided and sometimes people were supported by staff to make outside visits. People said that most of time they were satisfied with the food and a daily choice was provided. Staff knew about people's nutritional needs and took advice from health professionals when required.

Staff had completed e-learning (computer based) training and this was ongoing to ensure staff skills and knowledge was kept updated. The registered manager had supervision meetings with staff to talk about their training and development needs but annual staff appraisals had not been undertaken to assess that staff were completing their duties and training as required.

Staff had a working knowledge of the Mental Capacity Act and knew to ask for people's consent before delivering care. Deprivation of Liberty Safeguard applications had been made to the local authority for consideration where people lacked capacity and there were restrictions placed on their care.

Staff had completed training in infection control and wore gloves and aprons when supporting people and carrying out their work to help prevent the spread of infection.

The provider had implemented some quality monitoring processes to assess the quality and safety of the service. However, it was not always clear from records that actions discussed had been carried out and shared with people and staff. People told us they knew who to raise concerns with if they needed but there had been no recorded complaints since our last inspection visit.

Staff told us they felt supported by the registered manager and provider and were happy working at the home. They spoke positively of the improvements made at the home since the last inspection visit. There were ongoing improvements being made to the environment and health and safety checks were carried out to ensure it was safe.

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.

Staff understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The registered manager checked staff's suitability for their role before they started working at the home. Overall, people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff completed training to ensure they had the right skills and knowledge to support people effectively. Staff understood about gaining people's consent and worked in people's best interests if they lacked capacity. People found the food to be satisfactory and were provided with a choice. People had access to healthcare professionals to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the staff. People were supported by a staff team who were patient and respectful towards them and aimed to support their independence. People's felt their privacy and dignity needs were respected.

Is the service responsive?

Good

The service was responsive.

People were asked about their hobbies and interests and had access to some social activities and outside visits. Care plans contained information about people's backgrounds to assist staff in providing personalised care. People had some involvement in planning and reviewing their care. There was a complaints process in place. People felt confident to report any concerns and knew who to speak to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and relatives were positive about their experiences of the home. Quality monitoring systems required further improvement to demonstrate these were effective and both staff and people's views were listened to and acted upon. Records were not always sufficiently clear to show the care people needed was provided. Staff felt supported by the registered manager and provider. Statutory notifications about notifiable incidents had been submitted as required.

St Michael's 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.

The inspection visit took place on 26 February 2018. The inspection visit was fully comprehensive and was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law. We looked at information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The local authority shared information about recent monitoring visits they had carried out at the home.

During our inspection visit we spoke with eight people and three relatives/friends about their experiences of the home. We spoke the registered manager and four care staff about what it was like to work at the home.

We reviewed a range of records which included two care plans in detail, daily records relating to people's care, food and fluid charts and medicine administration records. We looked at records of accident and incidents, complaint management, audit checks carried out by the registered manager and notes of meetings with people and staff. We checked whether staff were trained to deliver care and support appropriate to each person's needs. We reviewed and discussed the results of the provider's quality monitoring systems to see what actions were taken, and planned, to improve the quality of the service.

Good

Is the service safe?

Our findings

At our last comprehensive inspection on 10 January 2017 we found the safety of the service required improvement. This was because staffing arrangements were not always effective to meet people's needs, and risks related to people's care, were not always clearly recorded, or managed, to ensure people's health and wellbeing was maintained.

We found during this inspection, the registered manager had worked with the provider to make the required improvements resulting in a rating of 'Good'.

We were assured that people's needs had been taken into account when deciding on the number of staff required for each shift. The provider acknowledged that if people needed increased support, this impacted on how effectively staff worked to meet people's needs. The registered manager told us, they had worked with the provider in using a staffing dependency tool to assist them in calculating the number of staff required to meet people's needs effectively.

People told us there were enough staff to support them. One person told us, "Oh yes there are enough staff here. There is always someone around." A visitor told us, "I do feel there are enough staff." People said most staff were helpful and they received the support they required to meet their needs. One person told us, "The staff are mostly nice people, [staff name] is my favourite. I just get on with them better."

At the last inspection staff had not recognised that by not assisting people to go to the toilet when they needed to, this could be considered as abuse. People had experienced delays in receiving support and there had been some challenges with there being sufficient wheelchairs for staff to use. Since the last inspection, new wheelchairs had been purchased so that more were available to staff to support people when required. All but one person told us they no longer had to wait long periods of time to be assisted. People told us they were supported when required. One person told us, "Yes, when I call the bell they come quite quickly." Another said, "They come like a shot when I ring the bell." The person who said there was a delay told us, "I have to wait when on the commode as I have to call them over and over again." When we asked them further about this they said this was a rare occurrence and this happened at night when staffing levels were reduced. The registered manager told us they had informed night staff to report any challenges with staffing at night so these could be addressed.

Where risks associated with people's care were identified such as fall risks or risks of skin damage from sitting for long periods of time, there were plans in place to manage these risks which were regularly reviewed. For example, one person was at risk of skin damage because they were unable to move themselves when in bed. Staff had been instructed to reposition the person frequently to take the pressure off their skin. They also were required to apply creams to the person's skin to prevent sore areas developing. We saw staff recorded when this happened to show the actions required were carried out to reduce these risks.

Where people had been prescribed pressure relief cushions to sit on to prevent damaged skin developing,

we saw these were in use. Staff made sure these cushions were transferred with the person when they moved from one chair to another.

Some people who were at risk of falls had been prescribed walking aids, we saw staff prompted people to use these and sometimes walked alongside people to provide additional support and to reassure people they were safe. Staff were aware of those people who sometimes did not use their walking aids and this was reflected in people's care plans. Staff told us they observed people to make sure they moved around the home safely.

The registered manager told us they were in the process of updating care plans after staff had advised they were spending too much time completing records. We looked at one of the care plans that had been updated and this contained clear information to take into account changes in the person's health and support.

Overall, people told us they felt safe living at St Michaels. Some people told us they had felt anxious due to the behaviour of one person in the home. One person told us, "Yes I feel safe… The residents do not frighten me, but there is one person who frightens others." Another told us, "I like it here and I feel safe but a patient came into my room. They put their fist up at me when I told them to go." The registered manager was aware of this person's behaviour and knew this was causing some people to feel unsettled. They told us they had made contact with mental health professionals to seek advice on supporting this person so they could effectively manage the risks associated with their behaviour to keep them and others safe. Since the last inspection staff had completed training on 'challenging behaviour' so that they had a better understanding of how to manage this. We saw staff closely observed the person during the day for any changes in their behaviour and used distraction techniques to prevent them from becoming anxious. This demonstrated their learning and helped to prevent the person's behaviours from escalating.

All staff had completed training on the prevention of abuse and there was a safeguarding policy to guide staff on their responsibilities should they need to refer to it. One staff member told us, "If at risk, we check on them (people) and make sure they are safe. There is always one member of staff in the dining area and lounge to make sure everybody is safe." Staff were aware of the different types of abuse and knew to report any concerns that might suggest abuse to their manager. For example, any unexplained bruising. They told us they were required to document this in the person's care records, complete a "body map" showing where the bruising was located and report this to their manager. One staff member told us, "I would check the body map to see if it had already been identified, if not, do the body map, inform the senior carer on duty, and they would get the nurses (district nurse) to check."

There had been no whistleblowing allegations received about the home. Staff spoken with told us they felt at ease to raise any concerns they had with the registered manager or provider and felt they would act upon them. However, there was a whistleblowing policy staff could access if they felt their concerns had not been effectively followed up.

Prior to people coming to live at St Michaels, an assessment of their needs was completed to ensure these could be met. Information from these assessments was transferred into care plans with instructions for staff to follow to ensure their needs were met safely and effectively.

People told us they received their medicines on time and when they needed them. One person told us, "I always get my medication on time; he (staff member) gives it to me." We found medicines were stored safely and at a safe temperature to maintain their effectiveness. Medicine administration records had been completed appropriately to show that people had received them as prescribed. Where people were

prescribed medicines "as required", such as pain relief, there were medicine protocols in place to help ensure people did not receive too much of this medicine which could impact on their health. We noted that eye drops had not been dated when they had been opened so that it was clear when the 28 day discard date would be. We made the registered manager aware of this. However, we noted that the pharmacy dispense date on the label was recent so it was clear they had not been in use for a prolonged amount of time and they were safe to use. One person had refused their medicine when offered and we saw this was offered to them again at a later time which showed staff aimed to ensure people had their medicines when they needed them and followed up refusals. Staff were required to record the application of any creams to treat any skin concerns and help prevent any sore or problem areas from deteriorating.

The provider ensured that prior to any new staff working at the home, recruitment checks were completed. These included criminal record checks through the Disclosure and Barring Service (DBS) and obtaining references from previous employers. Records viewed showed the provider followed safe recruitment procedures which minimised risks to people's safety.

Accidents and incidents had been recorded and actions taken at the time to help prevent them from happening again. The registered manager told us there had been one safeguarding incident in January 2018 between two people at the home. Action had been taken at the time to minimise the risk of this happening again and this had been reported to the relevant agencies as required.

People told us staff washed their hands when supporting them to maintain good hygiene demonstrating staff understood practices to follow to reduce the spread of infection. Staff were seen to wear gloves and aprons when completing their duties and supporting people. The registered manager told us how they had ensured infection control procedures were followed for a person who had come into the home with an infection to reduce the risk of this spreading. This included single use of equipment and ensuring the hoist used to move them was washed down after every use. They had ensured the person was isolated in their bedroom. The registered manager told us the infection had cleared after one week without any negative impact on them or others which showed procedures followed had been effective.

We noted during our inspection the carpets in the main lounge were stained and marked. The registered manager explained that the carpet cleaner had been taking too long to clean the carpet and they didn't want to disrupt people using the lounge. Following our visit the provider arranged for the carpet to be professionally cleaned.

The provider minimised risks related to the equipment and the premises by contracting with specialist suppliers to test, service, and maintain, equipment at the home. Records showed, for example, the lift and hoists were regularly serviced. We saw people's individual care plan records showed mattress checks and people's call bells were checked so that any concerns could be identified and acted upon.

The provider had procedures to manage risks in the event of an emergency. People's care plans included personal emergency evacuation plans (PEEPS), which described the support they would need to evacuate the building in the event of an emergency. There was also PEEPS information located near the entrance to the home so this was easily accessible to the emergency services if required.

Good

Is the service effective?

Our findings

At our last comprehensive inspection in January 2017 we rated the effectiveness of the service as 'Requires improvement'. This was because staff had not consistently completed training to ensure they had the right skills and knowledge to support people effectively. Staff also did not have a working knowledge of Deprivation of Liberty Safeguards (DoLS) to ensure they understood their responsibilities in regards to this. At this inspection visit we found improvements had been made and the rating is now 'Good'.

People told us the staff were sufficiently trained to meet their needs. One person told us, "Yes they are very well trained. I need the hoist and they speak to me throughout and they do it so efficiently." Another said, "Yes I feel they are trained to do their role." People's needs were assessed before they moved to the home so the provider could ensure staff had the skills and knowledge to adequately support them.

Staff received an induction when they started work at the home which took into account their qualifications and previous experience of working in care. The registered manager told us induction training that was linked to the Care certificate had not commenced as all staff had a National Vocational Qualification (NVQ) in care, or equivalent, so this was not appropriate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff told us they completed training on an ongoing basis to update their skills and knowledge. An updated training matrix forwarded to us after our visit showed the majority of staff were up-to-date with essential training such as 'manual handling' (moving and transferring people) and infection control. When we observed staff assisting people to move, we saw overall, this was done safely. Staff knew that two staff should be present when transferring people with a hoist and the registered manager confirmed this was what they expected of staff. However, on one occasion, a staff member began to raise a person in the hoist alone, before the second staff member who was close by assisted them which was not safe practice. We advised the registered manager of this incident which they said they would monitor accordingly.

Staff were given opportunities to discuss their role and developmental needs at supervision meetings with the registered manager. The registered manager told us of plans to implement annual appraisals for staff where their performance would be assessed.

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. 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff worked within the principles of the MCA. Staff understood the need to gain people's consent when

supporting them with care and the need for decisions to be made in their best interests if they were not able to consent. One staff member told us, "You have to ask before you do anything or reassure them if you are going hoist somebody. We say, 'We are going to take you to the toilet we are right behind you'. You have to talk about everything that you do." Staff told us they involved families in decisions where this was considered to be in the person's best interest where appropriate. One staff member told us, "If someone does not have mental capacity, we have to do things in their best interest, keeping them safe and giving them quality of life." We asked how they knew a person consented, they told us, "We are talking to them and explaining to them. We would ask if they wanted a shower. I always ask, I would not want someone to come up to me and say, 'You are going in the shower' even if they have dementia."

We saw staff sought consent from people who needed support with personal care. Where people lacked capacity to make their own decisions, mental capacity assessments had been completed, to establish what support they needed. Deprivation of liberty applications had been sent to the Local Authority to seek the necessary authorisation where appropriate. For example, where authorisation was required to restrict a person (deemed not to have capacity) from leaving the home alone due to this being considered unsafe for them to do so.

People told us they were provided with snacks and drinks regularly and had enough to eat and drink. One person told us, "Snacks and drinks are given regularly, I won't lose weight in here." Another told us, "Oh yes there is definitely enough food and they know what I like to eat and drink." Overall people were positive about the food provided but one person told us, "The food is not bad but the suppers are not the best." We observed breakfast and lunchtime and saw people were offered a choice of what they wanted to eat and drink. A relative told us staff knew their family member's food preferences so knew what food to give them. They told us, "They know [person's] likes and dislikes, ….they have enough drinks and yoghurts."

Staff told us they considered people's nutritional needs and followed advice provided by a speech and language therapist (SALT) to make sure people's nutritional needs were met safely. For example, two people required a 'fork mashable' meal so this did not place them at risk of choking. Some people drank out of spouted beakers so they could drink independently. We noted most people had soft drinks in plastic beakers as opposed to glasses. The registered manager told us there was no specific reason for this and they would review this practice. Charts were kept to monitor people's food and fluid intake as well as people's weight to identify if there were concerns that people were not eating and drinking enough. Staff were instructed to total the amount of fluids people had each day for those where concerns had been identified. The registered manager monitored this to make sure this was done.

Staff told us there were no people at the home with specific cultural needs in relation to their diet. However, they had recognised that some people chose not to eat meat. We were told there were always alternative non-meat options on the menu people could choose. The registered manager said menus were being reviewed to include more variety and said the cook planned to speak with all people about their preferences. This was so their choices could be considered for the new menu. We saw meetings had taken place with people where they had been asked about the food provided and suggestions for change. The registered manager said some suggestions made by people had already been provided.

At lunchtime, there was a relaxed atmosphere with the radio playing in the background. Staff assisted most people to sit at a table of their choice in the dining area, some people chose to stay in their seats in the lounge and used small over-chair tables. A staff member asked one person if they would like their food cut up so they could eat independently and this was done for them. One person told a staff member they had found the pastry too hard for them to eat on their meal option. We did not see they were offered any alternative, the registered manager told us they observed staff regularly so they could identify areas where

improvements were needed. They stated they would continue to do this so that these types of issues could be identified and acted upon. People's weight records showed people's weight fluctuated. Where people had lost a significant amount of weight, or staff had nutritional concerns, these had been referred to the GP. This was so support such as advice from a dietician could be sought to ensure people's nutritional health was maintained.

People and their family members told us GP's and other health professionals were contacted promptly by staff when people needed them. For example, when their health deteriorated or they needed a review of their care. One person told us, "They call the GP if I am not well." Another told us, "They take me to the opticians once a year." A relative confirmed their family member had seen a GP when needed and said, "I think [registered manager] organises it, they come quite promptly."

The home was on two different levels and there was a lift to enable those people with limited mobility to move around between the two floors. There was a large lounge with an integrated dining room on the ground floor. There was also a quieter area off the main lounge with a separate television that some people chose to use. We saw people had personalised their bedrooms with various items to make them more homely. The registered manager told us some areas of the home were being refurbished. An 'improvement plan' seen showed the provider had decorated eight bedrooms at the home and there were plans for others to be done when they were not in use. The plan also showed new seating was to be obtained for the garden area to make it more pleasant for people to use.

Good

Is the service caring?

Our findings

At our last inspection we rated caring as 'Good'. At this inspection we found people continued to receive care and support from a caring staff team and the rating continued to be 'Good'.

Overall, people spoke positively of the staff. People told us, "The staff are very pleasant" and "[Staff name] and [staff name] are lovely members of staff. [staff name] plays me up and I play them up (referring to friendly banter)." One person told us, "This set are nice, however, some do please themselves, call in sick late. I hear them discussing it." A relative told us they had no concerns about the staff and stated, "There is a lot of stability here, no inconsistency. Staff get on together and this transmits to the residents."

People were encouraged to maintain links with family and friends. Visitors were encouraged to visit when they wished to. One person told us, "My son and his wife feel welcomed and they can come and see me any time they like." We saw staff acknowledged visitors and offered them a chair and a drink to make them feel welcome. Relatives and visitors told us they always felt welcomed by staff when they visited. One told us, "Oh yes I always feel welcomed by the staff. They always offer me a drink."

We asked staff how they got to know people and what made them caring. One staff member told us, "I talk to them (people) and ask them questions, get to know their backgrounds and what they used to do." They told us how they felt it was important to talk with people, including those living with dementia, and went on to say, "Explaining properly what is going on makes them feel calmer."

Staff knew people's names and took opportunities to engage with them when providing assistance and guidance. Staff were kind in the way they approached people and knew how to communicate effectively with them. For example, one person had been unable to verbally communicate due to ill health. Staff told us they were able to communicate with the person through their facial expressions to ensure the person's needs were met. We saw staff made sure they were at eye level with those people who were seated, and altered the tone of their voice appropriately. A staff member explained why they felt this was important, in particular, for those living with dementia. They told us, "They are able to understand when speaking to them. It's only [Person] you have to sit down and really explain in a calm manner, if you are calm, they are calm."

We saw staff reassured people who became anxious and responded promptly, calmly and sensitively. For example, when a person became anxious, a staff member sat next to them to provide them with reassurance. When the person's mood changed again during conversation, the registered manager noticed this and sat next to the person to divert their attention away from what they were discussing which had a positive and calming effect.

Staff understood the importance of maintaining people's independence and encouraging this where appropriate. Care plans were clear what people could do for themselves or where they may need support or encouragement so staff could ensure this happened. For example, in one person's care plan it stated 'encourage me to wash parts of my body'.

People told us staff respected their privacy and dignity. This included taking into account their preferences for male or female staff when supporting them with personal care. One person told us, "The staff always treat me with respect, they always speak to me and ask my permission before doing something for me. When I have a shower they cover me. I also choose to have female staff help me with my shower and they always do this."

We saw staff were respectful towards people and during our discussions they explained how they worked to maintain people's privacy and dignity. One staff member told us, "If giving personal care, we close the curtains and make sure they are clean, look tidy and are washed properly and their faces are clean." We saw staff knocked bedroom doors before entering people's rooms and people told us most of the time staff waited for a response before entering.

The provider had an equal opportunities policy and staff had received training in equality and diversity to help them support people's individual needs taking into consideration their cultural and religious backgrounds as well as people's gender and sexual orientation. People who chose to follow their religious beliefs told us a minister visited the home on a monthly basis to support their needs. One person told us, "Yes, the service once a month is enough for me." Another stated there was a, "Once a month service in my room, I quite enjoy it."

Good

Is the service responsive?

Our findings

At our last inspection visit we found the responsiveness of the service required improvement. This was because people had limited involvement in their care planning and they did not always receive care that met their needs and preferences. We also found the provider had no clear overview of complaints to assure themselves these were managed effectively. At this inspection we found there had been improvements made and these were ongoing. We therefore rated this key question a 'Good'.

People and relatives spoke positively of the care and support provided at St Michaels. One person told us, "I get on well with the staff. They are helpful and friendly." A relative told us, "They take good care of [Name]. [Name] is always well groomed."

We saw staff were more responsive to people's needs and people's requests for assistance. This included responding to requests for personal care in a more timely manner. We saw staff recognised one person needed a chair with arms to sit at the dining room table to ensure they were safe and could sit independently. Staff had ensured another person was seated on their air cushion to help prevent them from developing skin damage. The person also had a blanket over their legs for warmth and a neck pillow to ensure they were comfortable when sitting for long periods of time. Foot stools were in use so people could elevate their legs when needed.

People told us an assessment of their needs had been undertaken before they came to the home to ensure these could be met. Information in care plans confirmed people's involvement in this assessment process so that staff had the information they needed to meet their needs. One person told us, "The manager came to see me before I moved here. We went through everything, like what I like to eat, what I like to do and my history." A relative told us, "Oh yes, they came to talk to us before she moved in. Questions like, 'What does she like to drink? And what hobbies she had."

People's care plans detailed their needs and showed where people had been involved in decisions about their care. One person told us, "I am given a chance to say what I want, I have to be reasonable." Another told us, "I do have a say, like what I want to eat and drink." However, most people felt they had not been involved in decisions related to their care.

Staff spoken with knew about some people's preferences. For example, one staff member told us, "[Person] likes her hair up and when I do it, she is always very happy, she really likes that. She likes her matching clothes. We always ask her if she is happy with what she is wearing." They went on to tell us, "You get to know them through the care plans and know how they are and we sit and talk to them. We ask them." Another staff member told us, "We always ask them. We know from the care plans what they like doing. Just because the care plan says something does not mean it will stay like that." They gave an example of a person sometimes wanting a cup of tea and at other times wanting coffee. Staff said care plans usually contained a "life history" to support them in getting to know people well and to understand what was important to them.

We asked people about their hobbies or interests and if they had been able to continue with these since being at the home. One person told us, "I like to read my paper and I get it delivered every day. I also like to watch TV." We saw this happened. Another person told us, "There are opportunities to do what you want, they (staff) are marvellous, personally I don't (choose to participate)."

The registered manager told us, "We find out their interests and hobbies but when we try to do it, they don't always show an interest." However one person had shown an interest in knitting and crochet and the registered manager explained how they had been supported with the equipment they needed to do this. They also explained how they tried to get everyone involved in an activity and celebrated special events during the year. For example, people's birthdays were celebrated and other occasions were recognised such as Mother's day when flowers had been provided to the ladies, and Father's day, where the men were provided with shaving kits and chocolates. The registered manager told us about a Rainbow day that had taken place at the home in recognition of 'Gay Pride' (Gay pride or LGBT pride is the positive stance against discrimination and violence toward lesbian, gay, bisexual, and transgender (LGBT) people) to promote their self-affirmation, dignity, equality rights). This had included a rainbow cake that had been shared with people.

Staff planned and provided activities at the home and told us they sometimes took people outside of the home, such as to the shops, if they wished. An activity plan showed what specific activities were planned each day. The registered manager said this sometimes changed depending on what people wished to do and staff confirmed this. Activities included, colouring pictures, skittles, bingo, making cards and singing entertainment. On the day of inspection a game of skittles was played. A staff member told us, "Sometimes they like listening to the music. We do dancing as well [Person] likes dancing and moving around." They advised they had a church service in the home every month for those who wished to attend.

People and relatives told us they had spoken with the registered manager when they had concerns which demonstrated they felt confident these would be listened to and acted upon. A relative told us, "I have complained in the past, but it was resolved. Not in recent times." Staff told us if people or visitors made a complaint they referred it to management staff for them to address. Staff said there was a suggestion box that people could use anonymously to post any concerns or compliments. A complaints procedure was on display at the home but this would not have been easy for people to access as it was high up on a wall and not easy to read. We advised the registered manager of this so this could be addressed. The manager told us they had a system to record complaints centrally when received so these could be reviewed by the provider.

Staff recognised the importance of seeking medical attention and support when people's health deteriorated. Staff told us about a person who needed regular support because they were cared for in bed. Staff told us they knew how to recognise if the person was in pain by their facial expressions. They told us about how they regularly checked the person to make sure they were comfortable and safe. The registered manager told us they had spoken with the GP about reviewing the person's medication as the person had found it difficult to swallow.

ReSPECT forms were in place which contained personalised recommendations for a person's clinical care in a future emergency where they may be unable to make immediate decisions about their emergency care and treatment.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we identified systems and processes to monitor the quality of the service were not consistently effective and required improvement. During this inspection we found areas that needed improvement and the rating therefore continues to be 'Requires Improvement'.

The manager who was in post at our last inspection had registered with us so there was a registered manager in post. They worked in a supernumerary capacity which meant they were not counted in the staff numbers on shift although they told us sometimes they worked with staff on the shift. This enabled them to have a good management oversight of the home.

People and relatives were positive about the registered manager. One person told us, "[registered manager] listens to me. I feel she really cares about me. [registered manager] calms down other residents who are feeling fractious." Another told us, "[registered manager] is excellent." A relative told us, "She really cares."

We saw the registered manager held regular 'resident' meetings where people were asked if they had any concerns. Some people told us they had attended these meetings and others told us they were not aware of them. We saw meeting notes confirmed the food and laundry service were discussed as well as any planned changes within the home. Meeting notes did not consistently show action taken to address issues people raised and we could not be confident people were informed of actions taken to show their comments had listened to. We discussed this with the registered manager who told us this always used to happen and she would ensure this was addressed.

A satisfaction survey had been undertaken in November 2017 to assess people's views of the cleanliness of the home and the décor. An action area that came of out this was for the home to have an "uplift" of the décor. We had identified areas where the décor could be improved such as scuffed paintwork and the cleaning of the carpet. The provider forwarded to us a copy of their improvement plan which showed actions planned. Eight bedrooms at the home had already been refurbished and there were plans for others to be completed on a rolling programme.

Staff told us they felt the home had improved. They stated communication was better. One staff member told us, "We are now working together as a team and now we communicate, before (Prior to current registered manager being in post) there was not much communication. There was information forgotten, now there is a lot of passing messages across and sharing information." We asked this member of staff if anything else had improved. They told us, "At the moment it has improved quite a lot, the management and the staff, they are all lovely, we get on with everybody. The home has picked up from what it previously was."

We saw notes of staff meetings which showed they regularly took place but they did not make it clear what areas staff had raised for improvement or actions taken in response. However, staff spoke positively of these meetings and said they had resulted in improvements being made. One staff member told us, "We have

them every month. We discuss, like last month [registered manager] was not happy with the paperwork and us doing our job properly, the next one it's improved. We never used to have a staff meeting every month. It props you up and keeps you going, you feel better in yourself."

When we asked people and staff what could be improved at the home, one person told us they would like a hairdresser to come to the home as the one that used to come had stopped. Staff told us they would like to take people out more.

Whilst we identified there were arrangements in place to ensure safe medicine management, we identified some staff who were medicine trained were not administering medicines. There was also only one member of night staff who was doing this. We established this was being managed by a member of senior care staff arriving early and leaving late in order to ensure people had their medicines as required. The registered manager told us this was something they were working with staff to address.

Staff were issued with job descriptions so they were clear about their roles and what was expected of them but staff appraisals had not been carried out to set objectives and formally assess these were met. The registered manager said this was something they planned to do.

We found there continued to be areas relating to records that required improvement. Records were not always up-to-date to show the provider was monitoring the service. For example, when we looked at the training schedule, it showed not all staff were up-to-date with essential training such as 'manual handling' (moving and transferring people) and infection control. When we queried this with the registered manager they produced another training matrix following our visit that showed some of the information on the original training matrix was not correct.

Supplementary charts were not completed with sufficient information consistently. This had been an issue at our previous inspections to the home. For example, one person had a skin inspection chart that was to be completed daily but it had not been completed for two days. The person had red heels in addition to other damaged skin but records did not consistently state where creams had been applied so that it was clear all skin areas were treated. The registered manager was aware of this persons skin concerns and advised a district nurse had been involved in their care.

Incidents that impacted on safeguarding people were not made available to us during our inspection visit so we were confident about the number of safeguarding incidents since the last inspection. The registered manager advised following our visit, there was a central recording process which she was required to complete in relation to these.

There was a range of audit processes to check the home was operating effectively but it was not always clear from the audits that actions were carried out as a result of them. Audits included call bell checks, emergency lighting and water temperatures. We noted that some of the hot water temperatures were below those recommended but did not see actions planned to address this. This had been the case at the previous inspection. The registered manager told us hot water temperatures fluctuated during the day but there was sufficient hot water to support people when required. The provider told us following our visit, arrangements had already been made for maintenance of the system. This included full drainage of the water system in the home which was to take place in the warmer months due to this impacting temporarily on the heating.

Accidents and incidents had been recorded but there had been no analysis of these to identify patterns and potential areas that may need action. For example, an analysis of times of day, locations etc to help

determine any potential actions to reduce them from happening again. The registered manager stated they had not had many since the last inspection. They also told us they had the 'paperwork' to complete an analysis of complaints (when received), accidents and resident questionnaires and this would be implemented.

There was an equal opportunities policy in place which included an equal opportunities questionnaire. However, we could not establish if this was to be used for people or staff, or both. This included questions such as gender, marital status, ethnicity and sexual orientation etc. We noted the home's brochure did not reflect the diverse group of people the home could support such as those from different cultural backgrounds and gender. The registered manager said this would be discussed with the provider.

Health and safety checks had been undertaken to ensure the environment was safe. This included portable appliance tests for electrical equipment, a check of the main electrics in the home and boiler maintenance. We noted the fire alarm service certificate on the health and safety file showed this was due in September 2017, we asked the provider for confirmation following our visit this had been completed and they advised this had been completed in October 2017. This was in addition to quarterly checks that also took place.

The provider had ensured the Care Quality Commission rating for the home was on display within the home as required.