

Sun Care Homes Limited

St Michaels Nursing Home

Inspection report

9 Chesterfield Road
Brimington
Chesterfield
Derbyshire
S43 1AB

Tel: 01246558828

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29 May 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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

About the service:

St Michael's is registered to provide personal and nursing care for up to 39 people. Some people may have a diagnosis of dementia. At the time of the inspection there were 27 people living in the home. The home was over two floors areas to support people with residential, dementia and nursing needs.

People's experience of using this service:

Our inspection in July 2016 found the service to be Good in all areas. At this inspection we found evidence the service did not meet the characteristics of Good in all areas. We have made two recommendations to the service about aspects of medicines and quality assurance. More information is in the full report.

The registered manager had completed audits on the service to help ensure the quality of service. However, these did not identify concerns we found during our inspection such as record keeping associated with medicines, consent, moving and handling and some aspects of the environment.

People felt safe and happy living at St Michael's. People's risks were assessed and planned for and there were enough staff to meet people's needs and give people the time and reassurance they needed.

There was sufficient and adequately trained staff to support people safely. Most recruitment processes were robust. This helped to ensure staff were appropriate to work with vulnerable people. The provider had suitable systems in place to protect people from abuse. People were safeguarded from abuse and avoidable harm by trained staff who cared about people's wellbeing.

People had choices about what food to eat, how to spend their time and were involved in aspects of their care. Staff knew them well including their likes, dislikes and preferences and provided support to people in the way they liked.

Staff had adequate professional support to enable them to support people safely and effectively.

People were supported in a friendly and respectful way. People, relatives and staff got on well and staff were aware of people's personalities and behaviours. People told us staff supported them in a patient and unhurried manner. People and relatives said that staff were caring.

People knew how to make a complaint. There was an effective complaints process in place. Complaints were thoroughly investigated, and action taken to address the complaint raised.

Care at the end of people's lives had been considered and recorded in their care plans. People and staff commented positively about the registered manager, administrator and staff

The service met the characteristics for a rating of good in three of the five key questions we inspected and

rating of requires improvement in two. Therefore, our overall rating for the service after this inspection was requires improvement.

Rating at last inspection: Good (report published 7 November 2016)

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

St Michaels Nursing Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

St Michaels's is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced and took place on 29 May 2019.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

The home is currently in administration and a new provider is being sought. The administrator and the administrators representative was providing ongoing support to the registered manager regarding all aspects of the service. During the inspection, we spoke with the registered manager, the administrators

representative and four staff. We also spoke with three people who lived at the service and two relatives.

We looked at seven care records, three staff employment related records and records relating to the quality and management of the service.

Details are in the Key Questions below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe. There was an increased risk that people could be harmed. At the last inspection in July 2016 we found the service was safe. At this inspection we found issues, in particular with medication and have rated this domain as Requires Improvement.

Using medicines safely

- Whilst we did not have concerns that people were receiving their medicines, the arrangements for recording and monitoring of medicines was not always robust. We found recording omissions on medicines administration records (MAR) and the temperature records of the clinical room and refrigerator. We also identified instances when it was not possible to accurately tally the MAR with medication stocks as the number of PRN (as required) tablets administered was not consistently recorded.
- The frequency of audits meant these issues had not been identified in a timely way.
- People told us they received their medicines. Comments included, "My medicine is regular," and "The nurse sorts out everything, I don't need to worry."
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- We raised the medication issues with the registered manager and the administrators representative. They committed to address the findings in team meetings and individual supervision. They also told us they would introduce a more frequent audit system.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this.
- Staff had an awareness of how safeguarding issues could be escalated to other agencies.
- The provider's procedures gave staff guidance and steps on how to keep people safe. The registered manager demonstrated they had acted on any concerns raised by notifying the local authority.
- A person we spoke with told us, "I feel very safe here."

Assessing risk, safety monitoring and management

- People's risks had been identified and assessed. Staff were aware of people's personal risks and the strategies used to support people, such as the management of people's falls, diabetes, skin integrity and physical health.
- People's risk assessments were regularly reviewed and updated. Information throughout people's care plans provided staff with the measures needed to reduce the risk. However, we informed the registered manager, the level of detail recorded within manual handling risk assessments regarding the safe use of slings could be improved.

- The current management of people's risks and their progress was discussed in detail at the staff handover meeting.
- Any concerns, incidents or near misses were reviewed, investigated and action was taken to help prevent further incidents. Staff felt confident that any concerns would be immediately acted on.
- A relative told us, "I come every day and I am very confident [person] is safe here."
- A person told us, "They [staff] know what I need and are always there."
- Technology was used to promote people's safety, such as call bells and alarm sensor mats to alert staff if people had got out of bed who were at risk of falls.
- We saw people being supported in line with their risk assessments, for example, being moved with the assistance of equipment or using cushions to protect their skin.
- Regular safety checks took place to help ensure the premises and equipment were safe.
- Personal Emergency Evacuation Plans (PEEPs) used by the emergency services to help people in the event of a fire were available.

Staffing and recruitment

- Staff rotas showed that there was suitable numbers of nursing, care and non-care staff (kitchen and housekeeping staff) to support people during the day. Staff and relatives confirmed that there were sufficient staff to support people when they needed assistance. One staff member said, "People's needs are being met, sometimes it is really busy but we manage."
- Our observations throughout the day found there were enough staff to meet people's individual needs without keeping them waiting. We saw staff working well together as a team.
- Most staff had been recruited safely. We saw evidence of Disclosure and Barring Service (DBS) checks and two references being sought before staff were appointed. However, we identified minor recording shortfalls which the registered manager told us would be addressed.

Learning lessons when things go wrong

- The manager, nurses and senior staff were responsible for recording when incidents/accidents had occurred in the home, the action they had taken and any learning from this.
- The registered manager kept a log, so they could review action taken and identify patterns to prevent future occurrences.

Preventing and controlling infection.

- The home was visibly clean and there were no unpleasant odours. However, there were areas which could not be cleaned thoroughly such as, chipped and gouged door frames with exposed wood and stained carpets. We discussed these findings with the administrators representative and registered manager. They were aware and had begun to compile a programme of works to ensure these issues were attended to.
- We looked at the systems in place for laundry. The service had a system for keeping dirty and clean items separate. However, one relative told us, "I'm not sure if it's the heat of the wash or the products used but some things come out of the wash still stained."
- People were supported to understand safe hygiene practices. During our inspection we saw staff reminded people of the need to wash their hands.
- Staff used personal protective equipment to help prevent the spread of infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Information from people, their families and other health care professionals helped to inform the initial assessment of people's needs and whether St Michael's was the most suitable place for them to reside and be supported.
- People's involvement in developing their care plans was encouraged to ensure their preferences were met.
- People's diverse needs had been considered including consideration of the protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

Staff support; induction, training, skills and experience.

- Staff received an induction and training considered mandatory by the provider to carry out their roles confidently and effectively. Staff who were new to health and social care told us the induction gave them the knowledge, skills and behaviours expected for specific job roles within the health and social care sector. One staff member said, "The whole process benefitted me, especially the shadowing of more experienced staff."
- Qualified nurses had been supported to maintain their professional registration. The registered manager reviewed the training and support requirements of the nursing staff to ensure their practices remain current.
- There were appropriate systems such as supervisions and competency checks to help ensure staff were supported in their roles and given the opportunity to identify areas for professional development. Staff who had worked more than a year received annual appraisals of their performance.
- People felt staff were appropriately trained to carry out their roles. One person said, "All the staff seem to know what they are doing."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink throughout the day. Staff provided support to people to help them to make their meal choices. Menu choices were written on a board; however, it was not clear or legible from a distance. A pictorial menu was also available although it was not displayed or used by staff. The registered manager committed to addressing this at a staff meeting.
- Most people ate their meals in the dining room or one of the lounges. We observed staff respectfully supporting people with their meals and providing them with adaptive cutlery to enable people to eat independently.
- Staff knew people's dietary needs and people at risk of choking received appropriately textured food.
- People's weights were monitored and causes of unexpected weight loss were investigated by the

registered manager and people were encouraged to have snacks between meals if needed.

- People told us they enjoyed the food. Comments included, "It's lovely home cooked food," and "It's always nice and there is always a choice." One relative told us, "The food is ok but a lot of the crockery appears cracked or chipped." We discussed this with the registered manager who told us this had been identified and replacements would be made.

Staff providing consistent, effective, timely care within and across organisations

- Staff worked well together and handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- People had access to healthcare professionals.
- People's health was monitored and referrals for specialist advice from professionals including speech and language therapists and occupational therapists, were made promptly when required.

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

- The premises incorporated environmental aspects that were dementia friendly. Signage was in place to aid people's orientation around the home. Handrails clearly stood out, communal bathroom and toilet doors were painted a different colour. Whilst corridors were light and clear from obstruction one shower room stored equipment such as a hoist and vacuum cleaners. The registered manager addressed this during our inspection.
- People's bedrooms were comfortably decorated according to their own tastes.
- The provider had carried out some redecoration improvements across the home although accepted more were required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Consent to care was sought in line with relevant legislation and guidance.
- The registered manager had submitted DoLS applications to the local authority for review and approval.
- We found some care plans had ambiguous entries. We discussed this with the registered manager who committed to strengthening their documentation relating to the MCA to ensure that records evidenced how staff were following the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff received training in equality and diversity and people's cultural and spiritual needs were respected.
- The provider had systems which ensured staff were monitored to make sure their practice was kind and caring.
- We saw staff demonstrate a kind and compassionate attitude. People felt at ease with staff and there was conversations and laughter between them.
- People were respected as individuals. Care records contained information about people's life histories.
- People told us how caring and kind the staff were. One person told us, "All the staff are lovely." A relative said, "I have no issues with the staff, they treat people very well."

Respecting and promoting people's privacy, dignity and independence.

- We observed staff interaction and saw staff treated the person with dignity and respect.
- People's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured they were sensitive and people were comfortable with the care provided. Staff explained how they knocked on doors and waited for a response before entering the persons bedroom.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- We observed people carrying out tasks independently, such as eating and drinking, and mobilising. However, staff were on hand to provide assistance if required.

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

- People's preferences and choices were clearly documented in their care records. For example, preferred name, likes and dislikes, and choices regarding personal care routines.
- People told us they felt involved in the planning of care and support, and were kept up to date. However, one relative told us they thought the speed of communication could be improved.
- Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care records were regularly reviewed and were person-centred although we did find some instances where greater detail and clarity was required. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- People's communication needs and preferences had been assessed and recorded in line with Accessible Information Standard (AIS). AIS aims to ensure people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services.
- Records included important information about the person, such as next of kin and GP contact details, medical history, life history and preferences with regard to their care and support.
- People's individual goals and outcomes were recorded. These described what the person wanted from their care and support.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs.
- People were protected from social isolation and we observed activities taking place at the home. However, one relative told us, "There doesn't seem much to do for those who aren't in the lounge." We noted that an activities programme was not displayed. The registered manager assured us this would be rectified immediately.
- The provider used technologies such as nurse call systems and room sensors to help ensure people received timely support.

End of life care and support

- The service provided end of life care. The registered manager told us they worked with the district nurses and GP when a person required end of life support. Where people had expressed wishes, care plans included specific end of life plans.
- The home had received compliments about its end of life care. For example, we saw cards received by the home from friends and relatives expressing their thanks of the care and compassion shown by staff following the loss of a loved one.

Improving care quality in response to complaints or concerns

- There was an effective complaints process in place. The registered manager investigated complaints thoroughly and took appropriate action to resolve the complaint.
- People and relatives were aware of the complaints process and how to make a complaint. No one we spoke with said they had made a formal complaint. Comments included, "If I had any concerns I would go

straight to the manager and they would sort it out" and, "I have no complaints but if I did I'm sure the staff would resolve it."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Some aspects of the service were not always well led. There was an increased risk that people could be harmed. At the last inspection in July 2016 we found the service was safe. At this inspection a programme of audits was undertaken but this was not always effective and had not picked up all of the issues we found. We have rated this domain as Requires Improvement.

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

- Current audit processes were not sufficiently robust as they had not always identified the issues we found during our inspection. This included record keeping around medicines, consent, moving and handling and some aspects of the environment.
- The registered manager and the administrators representative had established sufficient processes to assess, monitor and improve the quality and safety of care provided. However, they were not always undertaken with the frequency or robustness required. Therefore, the issues we identified had not been identified or improved prior to our visit. This meant the provider and registered manager had not always effectively ensured the standard of care was of good quality at all times.
- There was a clear staffing structure in place and staff were clear of their responsibilities.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.
- The service had systems in place to manage risks to people. For example, there were checks to fire alarms, water, gas and equipment within the home.

The above is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff, people and relatives spoke highly of the registered manager. Staff told us they had an open-door policy and could go and speak to them at any time. One person told us, "The manager always has a chat with me."
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- The home had a calm and relaxed atmosphere. The culture at the home was warm and friendly.
- Some, but not all, staff told us morale had initially been affected by notice of administration. They said they had quickly received information, support and reassurance from the registered manager and the administrators representative which had a positive effect. We observed good working relationships amongst

the staff team.

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected from discrimination under the Act. People's individual needs were assessed and regularly reviewed by staff and they received care and support free from discrimination.
- The service held relative and resident meetings to gain their views. There were also meetings for all staff and specific meetings for qualified nursing staff.
- The manager and staff worked closely with local health professionals and, when required, sought specialists in areas including speech and language therapy.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had quality monitoring systems, but they had not always been frequent or effective enough to identify issues which required addressing.
Treatment of disease, disorder or injury	