

The Sisters of Mercy of the Union of Great Britain St Michael's Care 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

St Michaels Care Home is a privately owned and run care home by The Sisters of Mercy of the Union of Great Britain. It provides accommodation, personal care and support for up to 44 older people. People living at St Michaels may have a mental health need or may suffer from dementia.

At the last inspection, in January 2015 the service was rated Good. At this inspection we found the service remained Good.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

There were processes in place to ensure the safety and well-being of those living at the service. Our observations and discussions with staff and relatives confirmed that the staffing levels were sufficient for the support which needed to be provided. Recruitment practices were robust and ensured that staff employed were suitable for their role.

The service operated within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Information was in place in relation to capacity assessments and processes which were required to make decisions in a person's best interest. Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation.

Medication was administered safely by staff who had been appropriately trained. We were provided with evidence of competency assessments which had been carried out. Medication records were accurate and systems were in place to order repeat medication, dispose of medication and record any medication discrepancies. An audit of the administration of medicines was completed each month.

Records management was organised and records were fully completed. Relatives said that communication at the service was effective and staff kept them fully informed.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They felt they were well supported by the management team and had regular one to one supervision and annual appraisals.

People were supported by staff to eat and drink enough to meet their dietary needs and to promote healthy eating. Staff supported people to access healthcare services.

People were treated with kindness and compassion by staff; and had established positive and caring

relationships with them. People were able to express their views about their day to day routines. Staff ensured people's privacy and dignity was promoted.

People's needs were assessed prior to them receiving a service. All care files contained individual care plans and risk assessments which were regularly reviewed and updated in order to minimise risk. Care plans were person centred and contained relevant information in relation to a person's wishes, choices and preferences.

The service had a complaints procedure to enable people to raise a complaint if the need arose. A complaints process was available at the service and we were informed by the manager, staff and relatives that any complaints or concerns could be discussed openly with the staff and managers.

Relatives told us their relatives were cared for in a safe and caring environment. The service regularly held meetings with the people living at the service. This meant that the people's ideas, suggestions and choices were listened and responded to.

Quality assurance systems in place to monitor the quality of the care provided. There was a variety of different audit tools and methods used to monitor and assess the quality of the service. These included internal and external audits as well as staff meetings and survey processes.

Further information is in the detailed findings below and you can also see our previous comprehensive inspection report for this service.

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 remains good

Is the service effective?

Good ●

the service remains good

Is the service caring?

Good ●

the service remains good

Is the service responsive?

Good ●

the service remains good

Is the service well-led?

Good ●

the service remains good

St Michael's Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 25th April 2017 and was unannounced. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. We also considered any information which had been shared with us by the Local Authority.

We spoke with people who lived at the service who were able to express their views about the service. We also spoke with staff and observed how people were cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to talk with us, due to their complex health needs. We also spent time observing care and support in the lounge, communal areas and during the lunch time meal.

During our inspection we spoke with ten people who lived in the service, three relatives, one visitor, four care staff, the activities coordinator, the deputy manager and the registered manager.

We looked at five people's care records, staffing rotas and records which related to how the service monitored staffing levels. We also reviewed daily records, four recruitment files and training records and records relating to the quality and safety monitoring of the service. We looked at the premises and also looked at information which related to the management of risk within the service,

Is the service safe?

Our findings

People we spoke with told us they felt safe at St Michael's. People told us, "It is lovely to think they [staff] are always there." and, "Yes I do [feel safe.] That really matters doesn't it?"

Safeguarding procedures were clearly displayed in the service. The service had contact details for the local safeguarding team available and the staff we spoke with were able to describe how they would report any concerns and who they would report concerns to. Staff had also received the necessary safeguarding training. One staff member told us, "We do a lot of training here and it is always very informative. I would report any concerns if I saw someone being treated in a way they shouldn't but that does not happen here." Risks to people were appropriately assessed and responded to. For example, the manager completed a monthly falls analysis to monitor trends. The falls prevention team were involved where needed for people and we saw in one person's care plan that their risk of falls had been assessed regularly and it was recognised via this process that they were at increased risk of falls due to the medicines they were taking. The service was then able to respond appropriately by ensuring the person had the correct level of supervision.

There were sufficient numbers of staff on duty to keep people safe and to allow people to access the community. The deputy manager organised the rota and told us staff absences were covered by their own staff and any staff shortfalls adequately covered. Staff and people who used the service did not raise any concerns regarding staffing levels at the home. People told us, "There are a lot of carers." and "There are lots of staff around." and, "There are always people [staff] on hand, they are very obliging. They do an awful lot for people, it has struck me as excellent." One visitor commented, "There are always staff on hand."

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when staff were employed to ensure they were suitable to work with vulnerable people. We reviewed four recruitment personnel files of staff who worked at the service. It was evident that there were safe recruitment processes in place at the home. The appropriate checks had been completed before employment commenced.

The building itself was clean and well maintained. One of the housekeepers told us, "The cleaning routine here is so good, They keep the rooms so clean." We saw evidence of health and safety audits being conducted to ensure the people who lived at the service were safe. Risks to people's safety in the event of a fire had been identified and managed, for example, we saw fire alarm and fire equipment service checks were up to date.

Medication systems and processes were being safely managed. Medication was only administered by staff who had received the relevant training. Medication was stored safely and securely, temperature checks were being completed accordingly and monthly medication audits were being carried out. Medication records and stocks that we checked indicated that people had been administered their medication as prescribed. One person told us, "They keep wonderful records all filled in beautifully. I see to my own [medicines]. They get medicines from the chemist for me. They give me a month supply."

Is the service effective?

Our findings

People who lived at the service received effective care. They were supported and cared for by trained staff who were familiar with people's needs and wishes. One person told us, "They do training a lot. They know what they are doing. I have no concerns, nothing but praise and I don't think I'm an easy person to please. I regard myself so lucky to get in here." Additionally one new member of staff told us, "I'm doing induction this week and part of next week. It involves getting to know the layout and looking at the care plans." Another member of staff said, "They are good at offering training, there is always something to do." People we spoke with also knew they had individual care plans which included specific risk assessments and what support needed to be provided.

People who lacked mental capacity to consent to their necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the Mental Capacity Act 2005 (MCA). At the time of our inspection no one at the service was subject to a Deprivation of Liberty Safeguard (DoLS). This is part of the MCA and aims to ensure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. Staff and the registered manager could explain to us their understanding of legislation surrounding the MCA and the associated DoLS as well as explaining to us how the service ensured that people were encouraged to make choices and still made decisions in relation to their care and support. Appropriate documentation which related to best interest decision making was in place.

Each person who lived at the home had a personalised care plan in place in relation to their nutrition and hydration as well as their likes and dislikes. We carried out an observation of the lunchtime meal and observed many caring and attentive interactions. One person said, "I have found the staff wonderful. They are always available if you need them. They always ask in the dining room if there is anything you need." People were given choice such as, "Would you like gravy?" or "Would you like another juice? What would you like?" and, "Would you like peaches or jelly and ice-cream or something else?" Tables were nicely laid with condiments, cups and saucers, glasses, place mats and fabric napkins. There was a pleasant atmosphere and people were chatting together along with the staff. Staff assisted people appropriately and discreetly. One member of staff was observed to get down beside a person at eye level to ask if they were enjoying their lunch. People told us, "They do puree the food. That's what I'm having at the moment. It's the same as what everyone else has [but pureed]" and "It's lovely food. The [staff] in the kitchen are very good."

People who lived at the service had access to health professionals with regular health check-ups and routine appointments being documented in care files. Staff told us, "What we have here is a community nurse. Doctors do come in if you need them. The chiropodist comes in and there is a hairdresser as well." One person who had requested who requested an emergency dental appointment be arranged for them on the day of inspection said, "I was just talking to one of them [staff] about the dentist this afternoon. One of them goes with you. A car is always available to take you." Another person said, "Residents do need to go to hospital. They have a very good system, everything is nicely arranged. Their organisation for that is very good and a carer goes with you. I had a senior carer with me who took in the information and reported it back correctly." There was evidence of partnership working with social services, GP's, chiropodists, local

health centres as well as regular dentist and optician checks being supported.

Is the service caring?

Our findings

People were happy with the care they received. Comments from people included, "It's a good place to live. I like my room I like the food.", "This [home] is top notch.", "I've even got some of my own furniture. Most of the pictures are mine and the books." and "They [staff] are good. It's a good place to be for that reason." Further comments included, "You know you are cared for.", "We are very well looked after, I count my blessings." and "I'm so well looked after and cared for. They do everything here, you can't ask too much. They are so pleasant."

Visitors also raised no concerns regarding the care of their relatives when we spoke with them. They told us, "I can't fault it. The staff are very friendly, professional, good humoured and work well as a team." and "There was someone here who needed a lot of care. Whenever we came in there was always someone [staff] with [person]." Additionally they told us, "[Staff] sit and talk to [person] a lot, especially in the evenings. [Staff] are always popping their heads around to check [person] is ok." Relatives also told us they were welcomed. A residents meeting due to take place later that week was advertised throughout the service and one visitor told us there were no restrictions on visiting and, "They can come in and out."

We observed that interactions between people and staff were pleasant and respectful as they talked about their plans for the day. Staff treated people with respect and talked about them in caring manner. For example we observed a carer getting down beside a person and offering reassurance by holding their hand and asking if they would like a cup of tea. One person told us, "When they ask you how you are you know they mean it. There is sincerity. I've got a feeling it comes from the management right down. However it's done it works." Staff encouraged people to be as independent as possible. For example one person confirmed, "I've had help so now I can walk on my own to go to breakfast." A visitor told us, "It's relaxed but everything is done properly. They are always willing to do that little bit extra. When [person] went into hospital they packed a crucifix because they knew [person] would like it with [them]. When [person] came back there was someone here to welcome [them]." [Staff] sit and talk to [person] a lot, especially in the evenings.

People and healthcare professionals where appropriate were involved in planning their care and support. For example one person had recently had a wheelchair assessment done for a new chair as they required proper footrests. People told us, "They went through it [care plan] with me. They ask if there is anything they need to know." And "It's certainly done, it's been done with me in the last three months." Care plans had details of people's needs, preferences and choices and information about how they wanted their support delivered. One person said, "They know me well." and "There is a sort of chain of help. The seniors help the next ones, they help the younger ones, everyone helps each other." People told us and daily records confirmed they had received care in line with their preferences. People had their privacy and dignity consistently respected as staff knew how to maintain their rights. People's information was kept confidential and securely locked away to minimise any risk of unauthorised access.

Is the service responsive?

Our findings

The service was responsive. People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they moved into St Michaels. Each person's care record included important information about the person including emergency contact details, life history, family, interests, medical history, allergies and personal choices. One person told us, "They keep the care records. They are always writing things down."

People's care records were person centred, which meant the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Care plans were in place and described the needs of the person, the goals of the care plan and what interventions were required to achieve the goals. For example, one person required support with their personal hygiene. The care records described what the person could do for themselves and what they required assistance with. In another consideration had been given to the fact that this person was very independent and that staff should be sensitive to this should additional support be needed if the person was to become unwell and another also reflected a person who had told us they didn't need any help. The care plan said that the person would say they didn't require any assistance or support. Care records were reviewed monthly and records we saw were up to date.

People who used the service told us they enjoyed their planned activities and were able to make choices about what activities they wanted to take part in. We found people were protected from social isolation. One person said, "I think to get together is so good otherwise you'd be isolated. The exercises are wonderful. [Activities Co-ordinator] is very good." There were structured activities timetables in place, which described what activities people were carrying out each day. For example, during the day we observed a prize bingo game taking place. The activities co-ordinator told us, "I go around the rooms. In all of their rooms they can watch mass on the TV, so if they can't get there they can still see it. If I do a quiz I usually take it to those people in their rooms." Additionally people told us, "On Tuesdays we have mystery tours. We did a Constable country one. We usually have a meal while we are out or if it's after lunch we have scones and tea," and "We had a concert going on yesterday for St George's day. Another person said, "One thing they do quite well is trips out. Probably in the summer it's every other week. They do some very good trips like Marks Hall, pub lunch in Harwich and the garden centre." People had access to a number of communal lounges, dining areas as well as being able to enjoy activities in the garden when the weather permitted.

The registered provider's complaints policy and procedure was displayed on the notice board. The registered manager told us any issues were dealt immediately and actions were fed back to the complainant. People who used the service told us felt confident and were comfortable going to staff if they had any issues. We looked at the 'Complaints and compliments book' and saw a number of compliments from visitors and family members. For example, one person told us, "You can always say things to [registered manager] or [deputy manager]. I like a lot of air and at night they used to close the door because they are fire doors. I had a word with [registered manager] and its fine now. [Registered manager] said they close automatically. We have a fire drill every Friday so we know that." Another person said, "I've never had to make a real complaint. It's just done." This meant the registered provider had an effective compliments and

complaints procedure in place.

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. People told us, "It's all very friendly. [Registered manager] is around every day.", "It's just like home." and, "[Registered manager] is very good. She dresses up [for special events]."

We saw that records were kept securely and could be located when needed. This meant only relevant staff had access to them, ensuring people's personal information could only be viewed by those authorised to view the records. One visitor told us, "They seem quite open to everything. The paperwork has all the information if you needed it. Everything is very open. You don't ever feel you can't talk to someone, management and carers."

The service had a positive culture that was open and inclusive. Staff we spoke with felt supported by the management team and told us, "You can't ask for a nicer home to work in. They [management team] are always around and about to help. It's a good management team."

People who used the service told us they got on well with the management and staff. Staff were regularly consulted and kept up to date with information about the home and the registered provider. People said, "Knowing what is going on is good for you. They keep you informed." And one person told us, "Today the manager came across and asked how I was, [they] knew I'd had a bad night. It's that touch."

Staff meetings took place regularly. The most recent meeting had taken place in April 2017 and included discussions on training. We were told by people, "It's a thoroughly well managed, well trained establishment." and, "They are helpful. They want to be helpful. It's not just a blank establishment it's full of life." Residents' meetings took place regularly, where the registered manager could provide updates and information. The meetings also gave people who used the service the opportunity to feedback any issues and contribute to choices regarding mealtimes and activities.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. We saw a copy of the registered manager's audit file, which included a list of audits carried out on a weekly, monthly and annual basis. For example, staff training, medication, care plans, fire checks, complaints and compliments, accidents and incidents, the environment, and feedback from quality assurance questionnaires. We looked at a sample of the audits and found they were all up to date. Quality assurance questionnaires were provided for people who used the service. The most recent questionnaires had been completed in October 2016 and were all positive. One person told us, "Staff are very good at keeping you filled in, they're good at putting us in the picture. They'll always stop and talk to you, the management team too." Questionnaires were also provided to visiting professionals to give feedback on the quality of the care, all the responses we saw were positive. This demonstrated that the service had effective measures in place to improve and develop the service.

The service had good links with the local community. People who used the service accessed community

facilities and the registered provider worked with local multi-disciplinary teams and services. For example these included audiology specialists so people who wore hearing aids were supported properly. The registered provider was also meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.