

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	

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 32 older people. People living at St Michaels may have a mental health need or may suffer from dementia.

We completed an unannounced inspection of the service on 15 January 2015. There were 32 people who lived in the service when we visited.

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.

Health and social care professionals we spoke with were all positive in their comments about the support provided to people at the service.

Summary of findings

The home had robust systems in place to keep people safe. We saw that staff followed these guidelines when they supported people, for example when people became confused, they knew how to safely support and comfort people.

Staff were aware of people's individual risks and were able to tell us about the arrangements in place to manage these safely. There were sufficient numbers of care staff available to meet people's care needs and people received their medication as prescribed and on time. Medication was stored safely and administered correctly. The provider had robust systems in place to detect any anomalies and errors and ensured they took prompt action to rectify these.

Staff were caring and respectful and had the required knowledge to meet people's needs. Staff treated people with respect and were kind and compassionate towards them. People found the staff and management approachable and could speak to them if they were concerned about anything.

The provider had a robust recruitment process in place to protect people from the risk of avoidable harm. Records we looked at confirmed that staff were only employed within the home after all safety checks had been satisfactorily completed.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

There was a process in place to ensure that people's health care needs were assessed. This helped ensure that care was planned and delivered to meet people's needs

safely and effectively. Staff knew people's needs well and how to meet them. People were provided with sufficient quantities to eat and drink and their nutritional needs were met.

People were encouraged to lead the life style of their choice and staff supported them to meet their diverse needs and their privacy and dignity was respected.

People and their relatives were involved in making decisions about their care and support. Care plans reflected people's care and support requirements accurately and people told us their healthcare needs were well managed.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to follow their interests and hobbies.

Staff interacted with people in a caring, respectful and professional manner. Staff were skilled at responding to people's requests promptly and had a detailed understanding of people's individual care and support needs.

There was an open culture and the manager and staff provided people with opportunities to express their views. There were systems in place to manage concerns and complaints. Concerns received from people had been recorded and included the action taken in response.

People understood how to make a complaint and were confident that actions would be taken to address their concerns.

The provider had effective quality assurance systems in place to identify areas for improvement and had taken appropriate action to address any identified concerns. Audits completed by the provider and registered manager and subsequent actions had resulted in improvements in the service. Systems were in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were kept safe because staff had a good understanding of what abuse was. There were processes in place to listen to and address people's concerns.

People had their prescribed medicines administered safely.

Staff were recruited safely and trained to meet the needs of people who lived in the home.

There were enough staff to provide the support people needed.

Good



Is the service effective?

The service was effective.

People's needs were assessed and care plans written in detail so that staff had the guidance they needed to support people's individual needs appropriately.

People were provided with a choice of nutritious food. They told us they could ask for what they wanted and that their views and opinions had been sought when planning menus.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the home.

Good



Is the service caring?

The service was caring.

People were well cared for and staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took the time to speak with people and to engage positively with them. This supported people's wellbeing.

People were treated with respect, and their independence, privacy and dignity was promoted. People were included in making decisions about their care.

The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and people's support was provided as agreed in their care plans

People made choices about how they lived their lives in the service and were provided with a range of opportunities according to their individual wishes and preferences including support to access the community.

Good



Summary of findings

There was a robust system in place to receive and handle concerns, comments and complaints.

Is the service well-led?

The service was well led.

The staff were well supported by the manager and there were good systems in place for staff to discuss their personal development, performance management and to report concerns they might have.

Staff understood their roles and responsibilities. The manager and staff team shared the values and goals of the service in meeting a high standard of care

People were provided with opportunities to express their views and opinions about how the service was provided and their comments were acted on.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

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.

We completed an unannounced inspection of the service on the 15 January 2015. The inspection team consisted of one inspector.

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 used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

During our inspection we spoke with ten people who lived in the service, two visitors, one senior care staff, four care staff, the activities coordinator, the hairdresser and the registered manager.

We looked at five people's care records, four staff recruitment records, medication charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at St Michael's Care Home. One person said, "I feel very safe here, it is my home now."

Staff demonstrated that they understood what abuse was and how they should report any concerns they might have. This included the steps they would take to report to the local safeguarding authority should they need to do so. Staff had received training in safeguarding people from abuse. Staff told us that they were confident and knew how to support people in a safe and dignified manner. Staff had sufficient guidance in the care plans, so they could provide support to people, when they needed it and reduce the risk of harm to others. Staff told us they would feel confident to whistle blow if they felt there was a need to. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice.

This meant that people were supported to be as safe as possible because staff had a good understanding of how to protect them.

The provider had systems in place to monitor incidents and accidents. Incident reports included details of the incident and any follow up action to be taken. Incidents were reviewed by the manager to identify any trends that needed addressing. The manager told us that the provider analysed all accidents and incidents and monitored trends such as the number of falls and any medication errors. We saw that incidents such as falls, had been recorded within people's care records and staff had been given guidance to safeguard people. Issues identified and the response of the manager protected people from identified risks and reduced the likelihood of re-occurrence.

The service demonstrated a culture aimed towards maintaining people's independence for as long as possible. Staff knew people's needs and supported people well. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people's records which identified how the risks in their care and support were minimised. These included risks associated with falls, pressure area care and going out. The risk assessments in relation to these specialist needs corresponded accurately to what we observed and discussed with the staff and manager.

There were enough skilled staff to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us that there were enough of them to meet people's needs.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had been offered employment once all the relevant checks had been completed. This meant people could be confident that they were cared for by staff who were safe to work with them.

We looked at how people's medicines were managed so they received them safely. We checked the stock of five people's medication against their Medication Administration Record (MAR) charts and found that these were accurate. People's medication profiles included a current list of their prescribed medicines and guidance for staff about the use of these medicines.

Some people had medication that was prescribed on an 'as required' basis (usually referred to as PRN medication). This type of medication may be prescribed for conditions such as pain. For anyone who was prescribed PRN medication there were guidelines in place so that staff were able to recognise signs that would indicate the person needed their PRN medication and we saw that staff were appropriately trained in the administration of this medication.

People received their prescribed medicines correctly. The manager and senior staff completed regular medication audits to check that medicines were obtained, stored, administered and disposed of appropriately. The manager told us staff had received up to date medication training and had completed competency assessments to evidence they had the skills needed to administer medicines safely.

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, "There is an air of constant care here. You only have to pause in the corridor and someone asks you if you are ok." Another person told us, "There is a pleasant calm atmosphere and the staff are lovely caring people." Additionally one relative commented in a recent survey, "We have found St Michael's a happy, friendly and welcoming home from the moment you enter the foyer, which continues throughout the whole building."

People were cared for by staff that were well supported and well trained to deliver their duties. The staff we spoke with told us they had received enough training to meet the needs of the people who lived at the service. We reviewed training records and saw that staff had received training in a variety of different subjects relevant to the needs of the people they provided care and support to. Staff had a good understanding of the issues which affected people. Staff were able to demonstrate to us through discussion, how they supported people in the areas they had completed training in such as moving and handling, dementia, health and safety and nutrition.

Staff were supported with regular supervision, which included guidance on things they were doing well. It also focussed on development in their role and any further training. Staff told us that the standard of training provided at the home was good and that they received supervision sessions every month. They were also able to attend staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service. Opportunities for staff to develop their knowledge and skills were also discussed and recorded. This showed that the management team supported staff in their professional development.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They told us that some people were currently subject to a DoLS due to the constant supervision required to ensure their safety, especially when going out into the community. The correct procedures had been followed to ensure these people's rights had been protected and their best interests safeguarded with dates set for a review of the safeguards in place.

Each person who lived at the service had a care plan to provide guidance for staff in how to best support people to maintain good health. Care plans contained detailed information about their individual health needs and what staff needed to do to support people to maintain good health.

People had enough to eat and drink and their nutritional needs were well met. People made their own choices when eating and could eat at preferred times. When people required assistance to eat, this was given sensitively and good practices were followed. For example, at lunch we saw two members of staff supporting people to eat their meals in this way.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The service had regular contact with GP support and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare. This demonstrated that people's physical and mental health had been monitored and people's healthcare needs were responded to.

Is the service caring?

Our findings

People received support from staff that were caring and kind. In October 2014, the provider carried out an annual residents' and relatives' survey as part of its quality monitoring process. Comments we read on these surveys included, "Everything is wonderful and I thank everyone for their kindness and attention." And "I am happy with the care I receive and the carers, I am very happy here." One person we spoke with also told us, "The staff and manager are very kind and caring. You are never on your own."

Relatives told us they were happy with the care and support their family member received at the service. Relative's comments included, "Although my [relative] is a low dependency resident they always receive professional and caring assistance when needed." Another relative commented, "The care is very good, in fact excellent. In our view all the residents needs are provided for in a very caring manner. Staff make us feel so welcome and it is a pleasure to know caring staff as thoughtful as them. "

Staff treated people with kindness and compassion. The atmosphere in the service was calm and relaxed. People were relaxed with the staff who were supporting them and were talking openly about the activities they had enjoyed that day. Staff were polite and caring when they talked to people. Staff chatted with them about everyday things and things significant to people in their lives. This showed that staff knew about what was important to the person. People told us the staff listened to them when they wanted to discuss things. People were encouraged to maintain their independence.

Staff treated people with dignity and respect. Staff addressed people by their preferred name and knocked on doors before entering.

Monthly meetings were held with people and the staff. This was a forum where people could raise any issues they had with their care and support. We saw from the minutes of these meetings, that where an issue had been raised this had been followed up by the service. For example, some issues had been raised around the menu and the provision of fresh fruit. This had been resolved satisfactorily as the cook had then attended the meeting to address any concerns regarding the menu directly and action plans had then been distributed to confirm the same.

People told us they were encouraged by the staff to keep in touch with people who were important to them and to build up social relationships. One person said, "My family and friends visit me quite often and are made very welcome."

The manager told us that where some people did not have family or friends to support them, arrangements had been made for them to receive support from advocates. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes. This demonstrated that the service was aware of advocacy services and pro-actively introduced the service to people so they could access independent advice when they wanted too.

Is the service responsive?

Our findings

People and their relatives told us that they felt the service met their needs and were satisfied with the care and support they received. They had been given the appropriate information and opportunity to see if the home was right for them prior to moving in and could respond and meet their needs appropriately. People also told us they had had the opportunity to be involved in their care planning. One person's relative said, "I know exactly what goes on with my [relative]. We are kept well informed." Another person said, "They offered me a key to my room but I don't feel I need one. I have no concerns and there is always someone to help me should I require it."

The care plans demonstrated the service had conducted a full assessment of people's individual needs prior to them moving into the service, to determine whether or not they could provide them with the support that they required. Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, activities, communication and with their night time routine. Care plans covered all aspects of the individual's life and the support they required to enjoy their chosen lifestyle, this included offering a wide range of opportunities to participate in recreational and social activities both in house and within the local community.

Care plans were regularly reviewed. People had opportunities to discuss their care, treatment and support at individual care reviews. Care reviews were attended by health and social care professionals as well as relatives when requested by the person. This was evidenced from a review of minutes from these meetings and from our discussions with people who used the service.

People could choose to participate in a range of social events and follow their own individual interests. The service also had IT facilities and one person told us, "If it was not for St Michael's I would never have learned how to use a computer, or use facetime or bought an Ipad." Staff sat with people when they spoke with them and involved them in things they were doing. Staff told us how they respected people's wishes in how they spent their day and

the individually assessed activities they liked to be involved in. The manager told us, "Everyone has a social care planner in place as well as one for the month. People can choose what they wish to do." Another staff member said, "I always like to help them with the activities with them its such an inclusive atmosphere."

One person regularly did talks about their life which people told us they enjoyed a lot. One person said, "[Person's] talks are fascinating, I could listen for hours." People attended day centres and one person was supported to attend a stroke club. The activities coordinator told us how they organised activities and the transport for trips out for meals, with locations being slightly further away for people who were more mobile. A beach hut had been hired at a local coastal destination and a number of planned trips were organised for that. Bingo was a regular Thursday afternoon fixture and we observed that nearly everyone attended this as it was very popular. There were pictures displayed along the hallway of past events that had taken place. The manager told us, "Everyone has a social care planner in place as well as one for the month. People can choose what they wish to do." Another staff member said, "I always like to take part in activities with them its such an inclusive atmosphere."

People were confident about how to raise any concerns or complaints if they were unhappy with anything. They told us they would speak to the manager or staff if they needed to.

People and their relatives told us the manager always listened to their views and addressed any concerns immediately. One person told us, "If I have any concerns, which is rare, then I always get a good response and they are dealt with. There is really nothing to complain about I think."

Records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Staff were aware of the actions that they should take if anyone wanted to make a complaint. There was a complaint procedure in place which was displayed prominently in the service.

Is the service well-led?

Our findings

The service was well managed and the manager was visible and accessible. All the people we spoke with told us they knew who the manager was and comments included, "They are very helpful." Another person said, "I always find their attitude helpful and attentive."

All of the staff we spoke with told us they worked in a friendly and supportive team. They felt supported by the manager and they were confident that any issues they raised would be dealt with. One staff member told us, "We all work well together we know all the people here so well." Another staff member agreed with this saying, "We have staff meetings to discuss any issues and staff morale is never really low." Staff felt able to raise concerns with their manager and felt listened to by both manager and colleagues. Staff felt able to suggest ideas for improvement. Staff had access to regular staff meetings, supervision and annual appraisals. Staff and resident meeting minutes reviewed demonstrated that staff had been consulted regarding health and safety issues and any proposed changes.

The management sought people's views and used these to improve the quality of the service for them continually. Relatives and visitors told us they had expressed their views about the service through one to one feedback directly, surveys and through individual reviews of their relative's

care. We looked at the responses and analysis from the last annual satisfaction survey in October 2014 which provided people with an opportunity to comment on the way the service was run. We saw that 100% of relative respondents were happy with the care at the home and the attitude of management and staff. Additionally we saw that 95% of respondents who lived at the home were happy with the home and its communication. Action plans to address any issues raised were in place and were completed. Meeting minutes from November 2014 showed people were encouraged to feedback about the quality of the service and to share ideas and suggestions for improvements. For example, a request had been made to provide more writing space in the library and this had been done.

The manager told us that the provider monitored trends such as the number of falls and any medication errors. Issues identified and the response of the manager protected people from identified risks and reduced the likelihood of re-occurrence. Effective quality assurance systems were in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the provider and registered manager and subsequent actions had resulted in improvements in the service. Systems were in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop the service.