Care Quality Commission

Sisters of Charity of Jesus and Mary

Stella Matutina 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

We inspected Stella Matutina Care Home on 19 February 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. We last inspected the home on 11 October 2013 and the service was meeting all the regulations assessed.

Stella Matutina is situated on the seaward side of Clifton Drive, near to the landmark of the White Church at Fairhaven, and close to Lytham Square. The property has benefited from a major refurbishment and offers very high standards of accommodation and facilities. In 2014 a new lift with extension was installed to support the home for the future. The service provider is registered to provide accommodation and personal care for 42 older people. Accommodation is offered in single bedrooms, the majority of which have en suite facilities.

In February 2015, we received concerns from a whistle blower alleging that people living at the home were potentially subject to verbal and physical abuse from a staff member. This allegation was investigated under the Local Authorities safe guarding procedures. The Local

Summary of findings

Authority did not find any information to substantiate the concerns raised by the whistle blower. During our inspection, we also found that there was no evidence to substantiate the allegations made by the whistle blower.

People using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Decisions relating to people's care were taken in consultation with people using the service, their next of kin and other healthcare professionals. This ensured people's rights were protected.

Staffing levels were determined according to people's individual needs, and there were enough staff available at the service. We saw that extra staff were provided when people's needs changed and when they required extra support.

Staff received training that was relevant when supporting the needs of people living at the home. Staff were supported through good links with local community healthcare professionals. This ensured people received effective care and support relating to their healthcare and social care needs.

There was a relaxed atmosphere at the home. People told us they enjoyed living there and their relatives told us that staff were supportive and approachable. People were able to take part in activities that they enjoyed and received support from the staff if required.

Staff members took into consideration the Mental Capacity Act (2005) for people who lacked capacity to make decisions. People's mental capacity was assessed and there was information available in the service for the staff that helped them support a person who may lack capacity. We saw consistent approaches with staff explaining to people before they undertook any personal care other staff gave the person information about the care and support they were in receipt of.

Where people using the service lacked capacity to understand or make certain decisions relating to their care and treatment, if appropriate, best interest meetings were held which involved family members, independent mental capacity advocates, and social workers.

We looked at the systems relating to medicines management and saw that the records relating to medicines were accurate and up to date. People were supported to receive the correct medicines at the right time. Staff working at the home received appropriate training in medication administration.

The service and staff respected and involved people in the care they received. For example, all the care plans viewed showed the person's choices and personal preferences. The care planning process had involved the person or their relative when they were written and their views were reflected in the plans. People told us they had input into the menus or activities at the home and we saw that the choice of meals was varied.

Staff were provided with effective support, induction, supervision, appraisal and training. The service had a system to manage and report accidents and incidents. When action plans were needed to monitor people's safety these were produced. The service had a quality assurance and, where appropriate, governance systems in place.

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.

Good

People using the service and their relatives told us they felt safe living at the home and they had no concerns.

Staff were aware of what steps they would take to protect people. People were not restricted in any way, where risks had been identified, staff supported people to make informed choices.

Medicines were managed effectively. People were supported to get the right medicine at the right time.

Is the service effective?
The service was effective.

Good

Staff completed relevant training to enable them to care for people effectively.

Staff were supervised regularly and felt well supported by their peers and the registered manager.

People were supported to maintain a balanced diet. Staff consulted with community healthcare professionals where people required a modified diet and extra support.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings would be held which involved family members, independent mental capacity advocates, and social workers.

Is the service caring?
The service was caring.

Good

We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service.

We saw that staff supported people to take part in individualised activities that promoted their independence.

People were involved in decision making about how they wanted to spend their time and the places they wanted to visit.

Is the service responsive?
The service was responsive.

Good

People using the service led active social lives that were individual to their needs.

People had their individual needs assessed and consistently met.

Care plans were person centered and staff were aware of people's choices, likes and dislikes which meant that care was provided in a person centered way.

There was an open culture at the home and staff told us they would not hesitate to raise any concerns or complaints and felt that they would be dealt with appropriately.

Summary of findings

Is the service well-led?

Good

The service was well-led.

A number of audits were carried out at the home to monitor the service, these included health and safety audits. Incidents at the home were used as an opportunity for learning.

Reviews for people who lived at the care home had been carried out with health and social care professionals, family members and independent advocates. This showed the service worked in partnership with other agencies to make sure people's needs were monitored and met.

Stella Matutina 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, and to provide a rating for the service under the Care Act 2014.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The inspection was led by the lead Adult Social Care inspector for the service. Before we visited the home we checked the information that we held about the service and the registered manager/provider. Prior to this inspection we gathered information from a number of sources. This included notifications we had received from the provider about significant events that had occurred at the service.

In February 2015, we received concerns from a whistle blower alleging that people living at the home were potentially subject to verbal and physical abuse from a staff member. This allegation was investigated under the Local Authorities safe guarding procedures. Both CQC and the Local Authority did not find any information to substantiate the concerns raised by the whistle blower.

During our inspection we observed how staff interacted with people who used the service. We reviewed the care records of three people, staff training and personnel records, and records relating to the management of the service such as audits, policies and procedures. We spoke with eight people who used the service, three relatives of people who used the service and two visiting professionals. We also looked around the home including the communal areas and with permission of people living at the home, some of the bedrooms.

Good

Is the service safe?

Our findings

The feedback from people living at the home about safety was consistently positive. One person said, “I like it here, the staff look after me, care for me and help me to do lots of things.” Another person said, “The staff are very good and make sure we are all kept safe.” One relative that we spoke with said, “I think safety is an important aspect of what they do here, and the staff help people to feel safe whether they are in the home itself or out in the community.”

There were policies and procedures in place for the management of risks and staff understood and consistently followed them to protect people. Restrictions were minimised so that they felt safe but also had the freedom to move around the home if required. Risk assessments were found to be balanced and centred on the needs of the person. We spoke with one staff member who explained that from time to time, some people living at the home became distressed or anxious. Where people behaved in this way we found that the staff managed the situation in a positive way, protecting people's dignity and rights. They regularly reviewed how they did this and worked with people to support them, and manage their own behaviour, and sought to understand what the causes of the behaviour were, and gave people reassurance. If needed, the staff referred people for a professional assessment at the earliest opportunity. We found documentary evidence to show that the staff regularly reviewed risk assessments. The regional manager for the organisation had monthly contact with the Registered Manager, or more frequently if required, in order to keep an overview of risk and safety issues at the home.

The Registered Manager had made sure that systems were in place to protect people from avoidable harm and potential abuse. We found that policies and procedures relating to the safeguarding of vulnerable adults were available to people living and working in the home. We spoke to two members of staff, and they all had a very good and clear understanding of the different types of abuse, how to recognise abuse and how to respond to allegations or suspicions. We saw documentary evidence to show that staff had undertaken specific safeguarding training. One staff member said, “The training has helped us to understand ways in which incidents, accidents and safeguarding concerns need to be dealt with. This means reporting issues promptly when required, and making sure that investigations take place into what’s happened. Keeping people safe is the main priority” Upon receipt of the concerns raised by a whistle blower, the Registered Manager took immediate action and put systems in place to ensure that people using the service were safe. During the investigation the registered manager closely supervised the named staff member, took statements from other staff members, and worked closely with the local authority safeguarding team to ensure the investigation was undertaken appropriately.

Staff told us that they saw their role as supporting people to make decisions about their own life, and that restrictions were only placed on people if they were deemed incapable of making an informed decision. Risk assessments were found to be completed with the person if possible, and there were plans in place to show how the staff should respond to an emergency or untoward event. One person we spoke with who had only been at the home for a short period of time said, “The only rule is that you have a good time and enjoy yourself.”

Information held within the staff rota showed that there were always enough competent staff on duty who had the right mix of skills to ensure that practice was safe. The Registered Manager regularly reviewed the staffing levels and adapted them to meet people’s changing needs. Recruitment systems were robust and made sure that the right staff were recruited to keep people safe. Pre-employment checks had been carried out, and application forms completed, Disclosure and Barring (DBS) clearances, references and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

The processes for the safe and secure handling of medicines were found to be appropriate and in line with the relevant guidance and legislation. The service was found to have a clear process in place for the handling of controlled drugs. The senior carer explained that the staff involved in medicines administration had received training in the safe administration of medicines, and information within the training records confirmed this. The processes in place to ensure a person’s prescription were up to date and reviewed were found to be appropriate, and took into account their needs or changes to their condition or situation. Where appropriate, the service involved the

Good

Is the service safe?

people who use the service in the regular review and risk assessment of their medicines. This was to support them to be as independent as possible, and to protect people with a limited capacity to make decisions about their own care, we found documentary evidence to show that the service followed correct procedures when medicines needed to be prescribed and administered. We saw records to show that staff assessed the risks with people who wished to manage their own medicines.

The premises and equipment used within the home were seen to be well maintained, with supporting safety documentation available. Staff were seen to use equipment correctly.

Good

Is the service effective?

Our findings

People we spoke with told us, or indicated that staff who provided their service were caring and compassionate in carrying out their role. A visiting healthcare professional said that the staff they had spoken with had been knowledgeable and professional in their approach.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of MCA and DoLS. The staff we spoke with showed a good awareness of the code of practice and confirmed they had received training in these areas. Records held by the registered manager confirmed this. Whilst none of the people living at the home were subject to a deprivation of liberty, the registered manager explained that if people's needs changed best interests meetings would be convened and appropriate measures would be put in place to empower and protect individuals who lack capacity. Staff received supervision from senior staff and appraisals were also undertaken to determine how the staff were progressing in their work, and to identify their training and development needs.

The staff we spoke with showed that they were knowledgeable about the work they undertook. They confirmed that they had received an induction when they started work, and that training was periodically offered. The staff told us that they had received training on subjects such as first aid, fire, health and safety and food hygiene. Other subjects such as promoting independence, the Mental Capacity Act and managing risks had also been undertaken by staff and the records held by the registered manager confirmed this. The subjects covered were found to be appropriate to the needs of the people at the home, and the effective operation of the home.

We found that people had access to a varied diet. The records showed that the service offered people a variety of foods in the right proportions. Staff had carried out routine nutritional screening with each person at the home, and they explained that if people either had problems eating or started to lose weight then they would be referred for a professional assessment and a care plan would be put into place. The service offered people the option of breakfast in bed on a daily basis. Each person was provided with a tray, a drink and food according to their wishes. If they wanted to stay in bed or in their bedroom, then they were supported to do this. This was seen to be a very personalised way of supporting people.

The people we spoke with said that the experience of how they were supported in their healthcare was positive. The records showed that if people needed to access a healthcare professional such as a doctor, nurse, chiropodist or optician, then this was organised quickly and records of the outcome of these visits were made. The Registered Manager explained that the people living at the home had varied healthcare needs. We found information to show that some people's healthcare needs had been assessed, and those at risk of health deterioration through weight loss or dehydration had been identified. Systems were found to be in place to monitor and manage these healthcare risks, and record keeping was both accurate and up to date. Staff explained that they were fully aware of the need to record and report changes in people's health and well-being, so that prompt action could be taken to support people and intervene medically as required. We found documentary evidence to support this in the file of one person whose health needs had deteriorated over time, and the staff had made clear notes based on their observations. These had been used by a visiting healthcare professional to determine the level of care they required.

The home was found to be a large property. The registered manager explained that she had a rolling programme of maintenance for the home. The property was found to be in good order, and very well maintained. A new lift had been fitted, which was capable to taking a bed between the

Good

Is the service effective?

floors. The registered Manager said that this was a great addition to the home as it allowed people to be moved from room to room in bed (if required) if their health or mobility was poor.

Good

Is the service caring?

Our findings

People living at the home said that they liked the staff. The staff were found to be approachable and had positive relationships with the people living at the home. People we spoke with told us they were happy with the care they received from the service. One person told us, “The staff are lovely. They (the staff) are very kind and considerate. I’ve only been here for a day, and they have helped me feel at home, and have been very kind to me.” Another said, “They notice if I’m not well and get the doctor when I need him.”

We observed that staff took the time to sit and chat with people about their lives and what was going on in the home. The atmosphere in the home was relaxed and staff used humour to assist people to feel at ease. One relative that we spoke with said that the staff really do make my (relative) feel special. “They like to listen and talk to them and make them feel wanted.” Staff were seen to speak about the people living at the home in a positive and caring manner.

People told us that they were given the opportunity to make a number of choices about the care and support they received and the care plans we looked at supported this information. People’s preferences regarding issues such as food, drink and social activities were clearly laid out within their care plan. There was also evidence to show that this information was regularly reviewed. The care plans for people who were unable to communicate verbally showed staff how they would recognise if someone was happy or unhappy, for example when choosing activities to undertake.

Information was made available to staff which included areas such as dignity and respect, confidentiality and equality and diversity. We saw policies for each of these areas and that staff had signed to state they had read and understood them. We discussed with staff how people’s privacy and dignity were ensured. All the staff we spoke with were knowledgeable in this area and were able to give good examples of how privacy and dignity were maintained. For example when assisting with personal care and supporting people with eating, we observed staff to do this discreetly and with patience. We spoke to one staff about the care needs of one person living at the home, and before discussing their needs, the staff member made sure that no one else was listening to our conversation so as to protect the person’s confidentiality.

Information contained within care files showed that staff had considered people’s preferences and choices regarding end of life care. These had been clearly recorded, and we saw that the person themselves had been involved in the discussions, and planning arrangements. The Registered manager explained that if a person required healthcare input at the end of their life, then these arrangements would be made with the local teams in the area. Staff had received training on the subject of end of life care, and one said, “I feel quite well equipped since doing the training. I know what to expect, and I feel confident in supporting, and talking with people about the subject.”

Good

Is the service responsive?

Our findings

People living at the home were found to express themselves freely, and were happy to discuss their lives, activities and interests. Comments from people included, "I think the staff are very interested in me as a person. I've told them about my life history, and they haven't forgotten it. We are able to talk about things that mean a lot to me."

Support staff were seen to promote choice through discussion and the provision of information so that people were informed. We found that people had their individual needs assessed and consistently met. Photos of previous outings that had been arranged were on display. We looked at care records, and observed the ways in which people moved around the home. People were not restricted in any way. The care records held at the home showed that people's needs had been assessed and that care plans had been put together with the person. The plans showed how people liked to be supported in ways that were individual to them. Care plans and risk assessments had been reviewed, and this process was undertaken each month or when people's needs changed. We saw that people's care plans were written in a clear, concise way and were person centred, meaning that the person being care for was the focus of the plan. People's healthcare needs were carefully monitored and discussed with the person, or their family or representative, as part of the care planning process.

The home had a complaints procedure and the staff and relatives we spoke with were aware of this. If people at the home wanted to raise an issue they confirmed that they would approach the staff or the Registered Manager. Advocacy services were available for people who found this difficult and staff confirmed that support would be given to people to access these services.

The home had appropriate processes in place to ensure that when people were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between other health and social care agencies. Information held within people's personal care records showed that liaison had taken place with other health professionals and a relative spoken with confirmed that they had been involved with the assessment process and had been kept informed at every stage.

Support staff were seen to promote choice through discussion and the provision of information so that people were informed. We spoke to three members of staff and both spoke positively about their employer and the Registered Manager, and had a good understanding of their roles and responsibilities. Staff told us their work involved "Supporting people to be independent", "Respecting their choices" and "Treating them with dignity." The Registered Manager added that this was the culture of the home. We saw good examples of these values being put into practice with staff supporting people to do the things they wanted to do in a professional and positive manner

We found written records to show that information was shared in a timely way and in an appropriate format so that people received their planned care and support. The Registered Manager explained that staff worked with other providers and professionals such as district nurses, hospital staff and social workers, to ensure that people's care plans reflected their individual and diverse needs. This was documented. Staff at the home told us that confidential information was only shared about a person once it was established it was safe to do so. We observed this in practice when a staff member spoke to another professional over the telephone regarding a sensitive healthcare matter.

Good

Is the service well-led?

Our findings

One relative said, “There’s a great atmosphere in here. The staff are good at asking people how they liked to be cared for. The senior staff are very good at showing the way, and if we have ever had a problem with the care provided, then all we have needed to do is talk to any of the staff, and the problem either gets resolved, or we are given a clear explanation of the situation.”

The registered manager explained that the ethos of the service was to enable and support people to live in a homely environment that promoted their rights, individuality and choices. People living at the home were found to express themselves freely, and were happy to discuss their lives, activities and interests. Information held within the records confirmed that people living there used community facilities such as cafes and shops, and other services. This enabled people to have a presence within the community.

The people we spoke with (service users, staff and relatives) all said that the Registered manager and management team representative provided good leadership. Staff said that the Registered Manager was knowledgeable, and that she was able to deal with issues in a positive manner as they arose. One relative said “ The Registered Manager values other people’s contributions, and is clear about the way she wants the home to be run.”

The care and support systems in the home were based on current best practice. The home was organised and we found that there were clear lines of responsibility. There were good systems in place to monitor if tasks or care work did not take place. Partnership working with other agencies was planned, and was seen to be an important aspect of service provision.

The Registered Manager staff told us, “We are all involved to a lesser or greater degree in undertaking regular audits of the home, and these are done on a periodic basis depending on the items or systems that need checking.” She added, “The Care Manager and myself take on most of the audit and monitoring work, but the staff review records and care practice, and this feeds into understanding the overall quality of what we are doing here.” Information held within records confirmed that the provider had systems in place to monitor incidents at the home and implement learning from them. We saw that incidents such as falls or illness was recorded accurately in people’s files, and people’s care records and risk assessments had been updated following these incidents to ensure that the most up to date information was available to staff. Records showed that staff regularly carried out health and safety audits for the home which covered fire safety, electrical checks, water temperature checks and clinical waste. Where faults had been identified, actions to rectify the fault were assigned to staff along with timescales so they could be addressed and monitored effectively. We saw clear and detailed policies and procedures were in place. The policies covered areas such as freedom of choice, storage, recording, supply and disposal of medicines and staff training and competence.

Information held within records confirmed that there were regular reviews of care which enabled individual’s support needs to be monitored. We saw that recent reviews for people who lived at the care home had been carried out with health and social care professionals, family members and independent advocates. This showed the service worked in partnership with other agencies to make sure people’s needs were monitored and met.

Staff said that communication throughout the service was good and they always felt able to make suggestions. Information held within records confirmed that staff had regular staff meetings to discuss the needs of the people living at the home, and the ways in which they would support people to take part in individual activities. People living at the home also took part in meetings to talk about activities. This meant people who used the service and staff were able to influence the running of the service and make comments and suggestions about any changes.

The service was found to have a complaints procedure, and the people we spoke with knew how to access it and use it. One relative said “ I did worry about how my (relative) would be able to complain if they had a problem, as (they) can get a bit confused from time to time, but the staff and manager are very turned in to how people are feeling, and I find them all very approachable. Information held within the records showed that the service had not received any complaints since the last inspection.