

# Nottinghamshire County Council

## St Michael's View

### Residential Care Home for Older People

#### 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 Michael's View is a residential care home for up to 34 older people including those with dementia and/or a physical disability. The home is situated in the residential area of Hallcroft in the market town of Retford. Accommodation was available on two floors, although at the time of the inspection only the ground floor accommodation was being used, as there were only 11 people using the service. This was because the provider planned to close the service in early 2019.

At our last inspection, on 24 August 2016, we rated the service as good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring, that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Processes were in place to safeguard people from abuse. Risks to people's health and safety were assessed and actions taken to reduce these risks. Incidents and accidents were reported, investigated, and action to prevent recurrence, were identified. There were sufficient numbers of staff with the right qualifications, skills and experience to provide a high standard of care.

The premises and equipment were maintained to ensure people's safety and the required safety checks were completed regularly. Arrangements were in place to maintain good standards of hygiene and cleanliness and people were protected by procedures to prevent and control infection.

People continued to receive an effective service. Staff received the training and support they required to meet people's individual needs. People were provided with a healthy and nutritious diet and were provided with the support they needed to eat and drink sufficiently. Staff worked well with external health care professionals and people were supported to access health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

Staff were caring and compassionate towards the people they cared for and we observed a relaxed, friendly atmosphere within the home. They protected people's privacy and dignity and spoke discreetly with people when discussing their support. People were involved in discussing their care and support needs.

People continued to receive care that was responsive to their individual needs. Staff developed a good level of knowledge about the people they cared for and they responded effectively to their needs and wishes. People were treated equally, without discrimination. People were encouraged to maintain their relationships and contacts outside the home. A range of activities were provided, based on people's interests and wishes.

The service continued to be well led. The quality and consistency of care was monitored through the use of

audits and the views of staff, people using the service and visitors was sought. Improvements were identified from the results of these activities, to facilitate the continuous improvement of the quality of the service provided.

Further information is in the detailed findings below.

## 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 View Residential Care Home for Older People

## **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.

This comprehensive inspection took place on 05 December 2018 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience who had experience of the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to this inspection, we reviewed information that we held about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with four people who used the service and a relative, to obtain their views about the service they received. We spoke with the registered manager, three care staff, a housekeeper, the cook, and a visiting community nurse.

We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included

looking at two people's care records and associated documents. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the quality assurance audits the management team had completed.

# Is the service safe?

## Our findings

People using the service felt safe at the home. Processes were in place to protect people from abuse and staff were aware of their responsibilities for reporting any concerns they had about people's health and well-being. Staff told us they would report any concerns to the registered manager in the first instance and were confident they would act to address any concerns they raised. They were aware of how to escalate issues to the provider, the local authority safeguarding team or the Care Quality Commission (CQC) if necessary. The registered manager confirmed the required checks were completed when staff were recruited, to ensure they were safe to work with vulnerable people and had the right character and experience for the role.

Staff completed individual risk assessments and monitored risks to people's health and safety, such as their risk of falls and risk of developing pressure ulcers. They were knowledgeable about the actions needed to reduce the risks. For example, people at risk of pressure ulcers were assisted to move their position regularly and staff liaised with other professionals to ensure pressure relieving mattresses and cushions were provided for the person. Staff completed incident forms when incidents and accidents occurred and the registered manager reviewed these to identify any learning from them.

People were supported by sufficient numbers of staff, who had the right mix of experience and skills. Most people using the service and their relatives told us they felt there were enough staff available to provide the care and support people required. Staff said they felt there were enough staff to respond to people's needs and keep them safe. The registered manager told us that due to the move to provide care for people requiring short term assessment and rehabilitation, the number and dependency of people using the service was very variable. They therefore assessed staffing requirements on a daily and weekly basis and adjusted the levels accordingly.

People received their prescribed medicines safely. Processes were in place to ensure people's medicines were available when needed and people told us they received their medicines regularly. When people were able to administer their medicines independently, processes were in place to enable them to do this safely. Medicines were stored safely, although not all liquid medicines and creams were labelled with the date of opening as required. We spoke with the registered manager about this and they said they would speak with staff to remind them of the importance of dating these items. Medicines Administration Records (MARs) indicated people received their medicines as prescribed. MARs contained a picture of the person to aid identification, a record of any allergies and information about how they liked to take their medicines. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were carried out monthly to check that medicines were being managed in the correctly.

The premises and equipment were maintained to ensure people's safety and the required safety checks were completed regularly. Housekeepers kept the home clean and tidy and kept records to show that all areas were cleaned regularly. Staff were aware of the steps they needed to take if a person developed an infection, to reduce the risk of the spread of infection to others. There were plans in place for emergency situations and each person had a personal emergency evacuation plan.

## Is the service effective?

### Our findings

People using the service, said staff were knowledgeable and they were confident in the skills of staff providing care. For example, one person said, "Staff are very knowledgeable." A visiting professional told us staff followed their advice and provided care based on best practice guidance. They told us staff worked closely with other professionals to ensure they received specialist guidance when necessary. People told us they had access to other health professionals such as a physiotherapist, a GP and an optician.

Staff received training and support to enable them to provide safe and effective care and support. Staff told us they were provided with all the training they needed and their training needs were discussed at their regular supervision.

Consent was sought before care and support were provided and records showed people had signed to give their consent for some processes and procedures. 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 make 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, and DoLS. Staff understood the principles of the MCA for their practice. Mental capacity assessments and best interest decision making were documented when people were unable to make some decisions for themselves in relation to their care. We found DoLS applications were made when necessary.

People were supported to eat and drink enough and maintain a nutritious, balanced diet. We observed that food was fresh and meals were prepared and cooked on the premises. People were very complimentary about the meals provided and told us they could choose what they ate. The cook was knowledgeable about peoples' needs and preferences and menus were based on this. They told us they spoke with people when they came to the home to discover their needs and preferences. Staff made mealtimes a relaxed and social experience and were attentive, to ensure people were happy with their choice and the meal. Staff closely monitored the amounts people ate and drank and provided support and encouragement when this was required.

The premises and environment met the needs of people who used the service and were accessible. The communal areas and individual bedrooms were pleasantly decorated and well maintained providing a homely environment, whilst incorporating facilities to support people with poor mobility.



## Is the service caring?

### Our findings

People told us staff were caring and attentive to their needs. One person said, "Very kind; definitely." Another person said, "Nothing is too much trouble for them (staff)." They told us staff made time to listen to them and talk with them.

We observed people and staff interacting throughout our inspection visit. Some people had been at the home for a very short period and we observed staff chatting with them and getting to know them. People were comfortable with staff and all the staff were friendly; they showed genuine warmth towards people and interest in them. We saw staff responded quickly to people when they showed signs of distress and spent time with them, providing reassurance and support. One person had advanced dementia and staff sat with them and used touch to engage with them.

People and relatives told us visitors could come at any time and they were made welcome. There were areas away from the main lounge and dining room where people could sit quietly or have private time with their relatives.

Staff promoted people's privacy and dignity. We observed them knocking on doors before entering and they told us how they maintained people's dignity during personal care and encouraged their independence, to increase their well-being. We saw staff were sensitive and discreet when supporting people, and they checked with people and explained before giving care.

Staff discussed people's care needs with them when they came to the service, although people's involvement in the development of their care plans was not always documented. Staff said they spoke with people over a period of time, as when they first arrived from hospital, they were sometimes in danger of being overwhelmed and needed time to settle and relax. There was a 'key worker' system in place so that people had a staff member allocated to them to provide any additional support they may need.

## Is the service responsive?

### Our findings

Staff provided care that was personalised and catered for people's individual needs. The care plans for a person that was receiving long term care were detailed and provided information about the person's preferences in relation to each aspect of their care. Care records for people who were admitted for assessment and short term care were less detailed, however, they contained the key information staff needed to provide their care and support. People were supported to maintain their preferred daily routine and encouraged to maintain their independence. Staff explained the importance of this to facilitate their eventual return home. Staff told us they received a detailed handover at the start of their shift and this was essential, due to the frequent admission and discharge of people from the service.

People were encouraged to maintain their interests and join in social activities. On the day of the inspection several people were involved in a baking activity and another person sat close by watching, as they said they would like to do this although they did not want to actively participate. The registered manager told us of activities people had undertaken based on their past experiences. For example, a person went to visit the area they had previously lived in accompanied by a member of staff. Staff had obtained some equipment from the place a person's place of work, to enable them to discuss their previous job and demonstrate to others. We saw photographs of group activities people had participated in and celebrations were organised for different occasions. There were plans for a number of events over the Christmas and new year period and menus were displayed in the dining room for Christmas and New Year's Day dinners. The activities coordinator maintained a record of activities people were engaged in and we saw these included individual time spent with people, based on their interests. The registered manager said they were working to promote activities that were personalised and catered for the specific interests of individuals rather than traditional group activities.

The provider ensured people were protected under the Equality Act 2010. The registered manager was not aware of the Accessible Information Standard, which applies to people who have information or communication needs relating to a disability, impairment or sensory loss; however, they were able to tell us about things they did to make information accessible to people. They told us they would explore how this could be further developed. We observed there were objects around the home to help people find their way and orientate them to the date, time etc. For example, the dining room had a large clock and attractively presented board with the current day, and date.

The complaints procedure was available in the front entrance to the home. People told us they were able to raise any concerns with staff or the manager and they were confident they would be dealt with. We reviewed the response to a complaint made by a relative and saw the registered manager investigated and acted to address the issue raised by the complainant. They provided a written apology and response in a timely manner.

There was no one receiving end of life care at the time of the inspection. However, we spoke with a visiting professional who told us staff provided sensitive and appropriate care to people at the end of their life. We saw the gold standards framework for end of life care was utilised within the home and staff showed an

awareness of good end of life care practice. National Institute for Health and Care Excellence (NICE) on the care of adults in their last days of life was available within the home for staff to use.

## Is the service well-led?

### Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and sent us the information they were required to, such as notifications of changes or incidents that affected people who used the service.

The people using the service and their relatives had confidence in the registered manager and their ability to manage the service. Staff told us the manager was approachable and supportive. The provider was planning to close the service in the new year. Staff said that prior to the current registered manager coming to the service there had been a period of uncertainty about the timescale for closure, however, they felt they were now fully informed, although were uncertain about the opportunities for further employment within the provider's services. The registered manager told us each member of staff was being allocated their own human resources advisor to assist them explore future employment opportunities.

Staff confirmed they had regular staff meetings and they were encouraged to express their views. An annual staff survey was undertaken and the survey completed in July 2018 showed a high level of satisfaction with opportunities for development, staff feeling supported, regular supervision and team meetings. Staff told us they had an annual appraisal and records supported this. Staff said they were given positive feedback and their training and development needs were discussed at supervision and appraisal.

At the time of the inspection, all the people using the service, except one who unable to speak with us, had been admitted within the previous month. Therefore, they were unable to give us feedback about their involvement in meetings for people using the service. Records showed that regular meetings were held and issues relevant to people's experience were discussed. An annual visitor's survey was undertaken and we saw the responses from the survey carried out in the current year was unanimously positive.

Effective systems were in place to monitor the quality of the service and the care provided. A range of monthly and quarterly audits were completed by the registered manager and provider. Actions to address areas for improvement identified in the audits were documented and dealt with promptly. The provider had a whistleblowing policy and staff were aware of it. Some of the provider policies in the central policies folder were past their review date. The registered manager took immediate action to secure the most recent electronic policies and make them available.