St Mary's Residential Care Home

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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

This inspection took place on 11 January 2015 and was unannounced. The previous inspection was carried out 5 June 2013 and there had been no breaches of legal requirements at that time.

St Mary's Residential Care Home is registered to provide accommodation and personal care for up to a maximum of four people. The service provides care and support to people with learning disabilities who are supported to as independent as possible.

A registered manager was in post at the time of inspection. A registered manager is a person who has

Summary of findings

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.

At the time of our inspection one person was in hospital and one person had gone out for the day. One person who was at home was able to tell us how they felt about living in the home. They told us they felt safe and that staff looked after them in ways that made them feel safe. Staff interactions were viewed during our inspection and were sensitive and in line with people's assessed needs. People looked comfortable in the presence of staff and were seen engaging with staff in a relaxed manner while eating their mid-day meal.

Staff received training to help them understand their obligations under the Mental Capacity Act 2005 and how it had an impact on their work. Staff we spoke with confirmed they had a good understanding. Within people's support plans we found the service had acted in accordance with legal requirements when decisions had been made when people lacked capacity to make that decision themselves.

Staff had attended Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who lack mental capacity and need to have their freedom restricted to keep them safe. One person in the home was subject to a DoLS authorisation. All documentation was appropriately completed that safeguarded the person's human rights.

We found the provider had systems in place that safeguarded people. Staff received safeguarding adults training and had a good understanding of the process and who to report concerns to.

Staffing levels were sufficient to meet the needs of people living in the home. This was confirmed by people we spoke with and staff. One person was able to go out for the day with a member of staff on the day of the inspection.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively to ensure people who used the service were safe. Training undertaken ensured their knowledge was current and in accordance with current guidance and staff we spoke with were knowledgeable of people's needs.

Processes were in place for the safe storage and administration of people's medicines and we found medicines were given as prescribed by people's GP. A policy was in place that included the ordering and safe disposal of medicines. Recording charts also showed people received their medicines on time.

People were supported to attend external medical appointments that ensured the safe management of their long term health conditions.

People's care records demonstrated their involvement in their support planning and decision making processes. Some people had signed their documentation to show this involvement. Pictures were used to enable people to understand what was being asked of them where they needed help with communication.

People received regular reviews of their care needs to ensure that staff had up to date information about how to meet people's needs. and the support plans continued to effectively meet the person's needs.

Staff meetings and registered manager meetings took place with the operations manager on a regular basis. Minutes were taken and any actions required were recorded.

Quality and safety in the home was monitored to support the registered manager in identifying any issues of concern. Meetings were held with people and their relatives to ensure that they could express their views and opinions about the service they received and raise any concerns.

There were systems in place to obtain the views of people who used the service and their relatives. People, their relatives and external professionals were also given a yearly satisfaction survey to complete. This was provided in a format to meet people's individual communication needs that lived in the home.

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?

Good

The service was safe. Systems related to medicines were robust and demonstrated people received medicines in line with their GP's prescription.

Safe recruitment processes were in place that safeguarded people living in the home. Robust checks were made before staff started working in the home.

Staff were aware of how to identify and report suspected abuse in line with the provider's policy and told us they would report concerns.

People's risk assessments were fully reflective of their needs and were reviewed regularly.

Is the service effective?

Good

The service was effective. People were supported by staff that received regular training. Training undertaken ensured their knowledge was current and in accordance with current guidance.

Staff received dedicated one to one supervision that supported their role.

People's change in health needs were acted upon. Referrals to external professionals were made promptly. The service worked together with external professionals to ensure a joint working approach.

Is the service caring?

Good

The service was caring. Staff were sensitive and caring and promoted people's independence and privacy.

People's opinions were sought through surveys and resident meetings which involved them in making changes to the service.

Is the service responsive?

Good

The service was responsive. Support plans were representative of people's current needs and gave detailed guidance for staff to follow. People and their relatives made choices about all aspects of their daily lives.

Staff were responsive to people's needs, for example one person's long term health condition was managed in line with their assessed need.

The provider had a complaints procedure and people told us they felt able to complain. This information was provided in a picture format that met the communication needs of people that lived in the home.

People were supported to maintain their independence and social activities were available.

Is the service well-led?

Good

The service was well-led. There were effective quality assurance systems in place. The registered manager undertook regular audits that were fed back to the provider.

Summary of findings

Staff told us they felt supported by the management team and would be able to approach the registered manager or provider if they had any concerns about the quality of the service.

The provider encouraged people and staff to express their views and opinions. Action plans were collated and followed up to improve the service delivery.

St Mary's Residential 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 January 2015 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Most people who used the service had complex needs and not all people were able to verbally communicate with us. On the day of our inspection two people were at home and one person was able to tell us their experience of the living in the home. We observed staff interactions with the person that was unable to tell us their views.

We also spoke with two members of staff, the operations manager and the registered manager. No relatives were visiting at the time of our inspection.

We reviewed the care records and supplementary records of two people who used the service and reviewed documents in relation to the quality and safety of the service, staff training and supervision.

Good

Is the service safe?

Our findings

One person who lived in the home told us "I always feel safe here I wouldn't want to live anywhere else. Staff are nice". The provider had arrangements to respond to suspected abuse. Staff received training and a clear policy was in place for staff to follow. All staff told us they would have no hesitation in reporting any concerns should the need arise and they demonstrated they knew both internal and external methods of reporting. Records we viewed prior to and during the inspection showed that staff had made appropriate referrals when they had any concerns.

We asked staff if they understood the term 'whistle blowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way.

Risks to people's safety were assessed before they came into the service and were reviewed regularly. Risk assessments were individual to the person and included: medical needs, behaviour, personal care, accessing the local community and finance. Risk assessments gave clear guidance for staff to follow and ensured the least restrictive option for the person. We saw within records that people's individual medical conditions were recorded and risk management guidance was available. Risk assessments gave clear descriptors of any early warning signs and triggers followed by ways that may reduce the risks that could increase. For example one person's risk assessment clearly identified how the person may become agitated around new people in the home. The plan gave clear guidance for staff to be able to support the person and keep others safe.

Safe recruitment processes were in place and appropriate checks were undertaken. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS ensured that people barred from working with vulnerable adults would be identified. A minimum of two references were sought and the registered manager told us no member of staff would start working in the home before all relevant checks were undertaken. This was confirmed by staff and records that we viewed.

The staffing levels were sufficient to support people safely and enable them to go out of the home safely. Rotas confirmed that two support staff were on duty in the morning and three in the afternoon to support people's activity plans. One person was also awake at night to support anyone that needed assistance at that time. The registered manager was available in the service during the day time hours and would provide support as required.

The registered manager kept staffing numbers under review to meet people's needs. The registered manager told us that a formal dependency tool was not used to judge how many staff were needed. However they told us staff numbers would be reviewed if people experienced a change in their level of need. For example, they told us one person was currently in hospital but when they were well enough to return home, the staffing levels would be reviewed and adjusted accordingly. One person told us how two members of staff supported them when they went out. This was in line with the person's support plan as two members of staff were required in the case of an emergency.

Staff who administered medicines were given training and medicines were given to people safely. A policy was in place that covered the management of medicines from the point of ordering to any that required destruction. People we spoke with confirmed they received their medicines when they required it. The registered manager confirmed that no one in the home managed their own

medicines. However, if at any time a person wanted to this would be assessed and they would be supported if they could manage this independently.

Medication Administration Records (MAR) showed there were systems in place to record administration of medicines appropriately. Entries were clearly recorded and written in line with the prescribed medicine. Stock numbers of medicines that we checked matched what were held in the home. Weekly stock checks were undertaken to ensure that medicines could be accounted for so staff could check whether people had received their medicines as prescribed. The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed one incident was recorded in both November and December 2014. These were clearly audited and any actions were followed up and support plans adjusted accordingly.

Good

Is the service effective?

Our findings

People were involved in planning their care and support. One person confirmed how they were involved in this process. Documentation was called 'my person centred care plan'. This detailed goals and preferences the person wished to undertake. For example one person's stated 'I like to stick to a routine so I can understand when and what things are happening'. This document detailed the preferences for the person and had been signed by the person in agreement. People's care records were maintained accurately and completely to ensure full information was available. We saw two support plans these were person centred and written in the first person. For example all the documentation was written from the view of the person themselves as if they had written the plan, using terms such as 'I want to' and 'I can do'.

People were supported to use healthcare services where required and were supported by staff when they attended GP surgeries or hospital appointments. In addition to this, people could see healthcare professionals such as a social workers, dentists, psychologists and psychiatrists should the need arise. Documentation showed a person was referred to their consultant when the staff identified the person would benefit from a review of their medicines.

We also saw information of how the service liaised with the hospital Learning Disability Liaison Nurse. This ensured information was shared when the person moved between services. One person's file clearly depicted the conversations that took place with them around staying in hospital. Pictures were used to ensure the person understood the information and options that were available to them. This person's documentation stated "I want to be supported by staff when I go to hospital". Documentation was signed by people that used the service.

Staff said they had received training from the provider that enabled them to carry out their roles. The training record showed that training included and that staff had attended: fire, first aid, food hygiene, diversity and equalities, medicines, end of life care and health and safety. Training was also provided that was relevant to the individual needs of people living in the home and provided staff with the most up to date information and knowledge. This included: learning disability awareness, mental health and epilepsy.

Staff were given the opportunity to undertake further development training. Measures were in place that ensured staff did not work alone with people until specific training had been undertaken. For example, until staff had completed epilepsy and medicines training and had a competency assessment to check their knowledge, they would not work alone. For example records showed some staff had completed their Diploma in Health and Social Care level 2 and two staff had enrolled on the level 3 qualification.

The provider ensured that new staff employed at the home completed an induction training programme. The provider's initial staff induction was aligned with the Skills for Care Common Induction Standards which is a recognised core induction programme that includes training, supervision and competency checks. The registered manager told us new staff would also shadow established staff and would not work alone until they also felt competent. Staff we spoke with confirmed they received a comprehensive induction into the service.

Records we saw showed staff had received regular one to one supervision. Staff we spoke with confirmed this and told us "Yes I get more than enough supervision time the manager is always there to talk. We also have regular staff meetings that we can exchange ideas".

The registered manager told us supervision was provided three monthly or sooner should the need arise. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. Staff told us they could approach the registered manager at any time and would not need to wait for the planned supervision to take place if they needed to speak with them. Staff received yearly appraisals records that we viewed confirmed this. This is a process whereby staffs performance and personal development is reviewed to enhance the skills of the member of staff. The provider had a system in place that ensured staff were supported and were given opportunities to develop their skills.

All staff we spoke with told us they had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who may not be able to make certain decisions for themselves. Staff were able to tell us why this legislation was important. We saw information in people's support plans about mental capacity assessments and applications made to the local authority for a DoLS authorisation. This is

Good

Is the service effective?

a framework to protect people who lack capacity from having their freedom restricted unlawfully. The registered manager was aware of the process involved and how to make the necessary applications. The forms used were appropriately completed. The registered manager had acted in accordance with legal requirements and protected people's human rights.

Consent to care and treatment was recorded within people's care records and documentation gave details of who was involved in their care and treatment planning. People had signed in agreement wherever possible. We heard staff asking for people's consent to undertake their activities. For example one member of staff said "would you like to get your coat to go out [name]". This person was unable to verbally communicate and didn't make any attempt to move. The member of staff smiled and said "would you like me to get it for you are you happy with that?" The person smiled in response and the member of staff responded. Staff we spoke with gave good examples of how they understood the non-verbal communications of people living in the home that enabled their consent to be recognised. A member of staff told us "I know what [name] is in agreement with as I know their facial expressions and gestures they make when they are happy or not happy to do something".

Not all people were able to tell us their experience of the food that was offered, however one person told us "the food is nice. I get asked what I like and sometimes I help with the cooking. I like mashing potatoes". During our observations of the mealtime, the atmosphere was relaxed and staff sat with people and engaged in conversations. People's food preferences and choices were recognised and considered in planning menus. The registered manager told us "We have made many improvements in the mealtime provision. We always use fresh foods as much as possible and while some frozen food items are used it is always balanced with fresh items". We saw this when we saw a Sunday roast dinner being prepared, cooked and later consumed.

Good

Is the service caring?

Our findings

One person told us the staff were caring and were sensitive to their needs. They told us; “I like the staff they are kind and help me. I clean my own room but they help if I need it. They do knock on my door most of the time”. We discussed this comment with the registered manager who told us staff did knock on people’s doors, but they would reinforce this in the staff meeting to ensure staff remembered to do this at all time, as sometimes staff may forget.

Staff promoted people’s independence and supported them to maintain this. For example, one person told us “I clean and look after my own room. I like doing this; it’s mine but they will help me if I need it”. People’s support plans held lots of information about how people’s independence should be maintained. For example one person’s stated ’I like playing my play station and I am able to connect this to my TV independently when I choose to play’.

On the day of our visit, we observed staff caring for people in a respectful and compassionate manner. People were given choices and we saw one person being asked what they wanted to do before going out. Staff and people living in the home exchanged jovial banter and people’s interactions demonstrated they enjoyed this.

Staff had a good knowledge of peoples’ likes and dislikes. We saw one staff member assisting a person who used limited verbal communication. This person responded positively to member of staff and was smiling and verbalising demonstrating the member of staff understood what the person liked and what they were happy to do.

As part of the provider’s quality monitoring, we found people’s opinions were sought through surveys and resident meetings. We saw the minutes of meetings that showed people’s attendance and the discussions that took place. This was provided in a format that met the needs of people living in the home. For example, pictures were used to help people be involved. Meetings helped ensure that people were able to raise any concerns or issues that they had, as people were asked for their views and reminded of the complaints procedure highlighting support can be given to complete forms if they wished to. One person that we spoke reflected these comments and knew how to make a complaint.

People and their relatives were involved in decisions about their care and support. This was clearly demonstrated within people’s care records through signatures and support planning documents. We saw that support plans were personalised and showed peoples preferences had been taken into account. Pictures were used to support people understand what choices were available to them and what was being asked of them to sign in agreement.

Good

Is the service responsive?

Our findings

Personalised care and choice was delivered to all people that used the service. People's support needs were assessed and personalised care plans were put in place. This document was called 'my person centred care plan' and was written in the first person. Plans provided details of all aspects of the person's daily living needs. This included; a pen picture of the person that gave an overall picture that included people's history, a 'grab sheet' information that detailed information that may be needed quickly about the person, detailed healthcare information, care plans and detailed risk assessments. Staff had comprehensive guidance to support and respond to people's individual needs. One person told us how they were involved in this process and felt staff had all the information to support them.

Support plans held additional information about people to help staff to know and understand the person and detailed things the person may like to achieve in their daily lives. These plans included; education, activities and transport. Individual's needs in each area were identified and the support required was outlined to help the person achieve their goal.

Some people living in the home were unable to verbally communicate with staff. Support plans were comprehensive and detailed how staff could understand the people's requests. We observed staff during our inspection as having a good rapport with people and responded to their requests, demonstrating they understood the person's wishes.

People's change in health needs were responded to quickly. We saw information in people's files of referrals that were made to external professionals. For example joint assessments that took place with people's social workers, GP's and psychiatrists to meet people's varied needs. The registered manager told us they had good working relationships with external professionals that supported people and referrals were actioned quickly.

People's on-going health needs were managed. One person had a detailed support plan that supported their long term health condition. This was detailed and comprehensive, clearly demonstrating who was involved in its compilation that also included the person as they signed in agreement. This person confirm old us how staff responded in the case of an emergency to support them. Medical professionals were also involved and their guidance for staff was included in the management plan.

The registered manager told us that people's care needs were reviewed. These reviews were undertaken every month and the registered manager undertook audits to ensure these were completed. Records that we viewed confirmed these reviews took place and the person we spoke with confirmed this. They said "staff sit with me and ask if am happy living here and if I get enough support. I like this".

The provider had systems in place to receive and monitor any complaints that were made. One person told us they knew how to make a complaint and how to gain support if they needed it to complete the form. However this person told us "I would speak to [name] if I wasn't happy". The provider's policy gave clear guidance for people to follow. This was provided to people living in the home in a pictorial format to support them. It was also discussed with people when they came into the service and documentation was signed by people who could and understood what it meant to them.

No formal complaints had been made since our last inspection. We asked the registered manager why this might be and they told us people go to staff anytime with anything they are not happy with. It can then be addressed immediately and recorded in their care documentation.

Good

Is the service well-led?

Our findings

People, their relatives and others were involved in service improvements. A yearly satisfaction survey was sent to people who used the service, relatives and external professionals. We looked at the results of the last one dated December 2014. Responses overall were positive. People were asked what the service did well. Comments included: "Looking after [name] general health well and striving to give [name] a variety of activities each week and "I feel you do a good job caring for my [name]". People were also asked for comments how the service could improve things for people. Comments included; "I would like an update on [name] activities and wellbeing twice a year". Following the collation of results an action plan was developed to meet any areas that needed improving. For example, one relative commented that they would like more music activity to be explored. Documentation showed that this had been explored and a local venue was identified.

Staff said the service was well-led and the registered manager had a visible presence in the home and was approachable. Staff told us they felt valued and supported by the registered manager. Comments included; "[name] is very supportive, I can go to her anytime if I need support. It's like we are part of a family here. I love working here". One person also confirmed they could go to the registered manager and provider at any time and that they were often in the home and sat and spoke with them. We saw people openly engaging in conversation with the registered manager and the operations manager. People looked relaxed and happy in the presence of staff.

The management communicated with staff about the service. The registered manager told us they promoted openness and had a supportive management style. They said staff were given opportunities to share ideas and be included in the service development. One forum for this were team meetings. Team meetings took place monthly and discussions were recorded that noted any actions that were required. Minutes from 7 January 2015 demonstrated discussions were held around the care that people received and documented some improvements that had to be made. For example, discussions highlighted that better recording of people's monthly weights and incidents were required. Actions were monitored by the registered manager to ensure they were completed.

The provider had systems to monitor the quality of the service. The registered manager undertook a monthly audit that included: health and safety, records, medicines, environment, social activities and care provision. Records were comprehensive and showed actions that were required to be taken and by whom. Progress of any actions was monitored by the registered manager to ensure they were completed. The registered manager also audited incidents and accidents to look for any trends that may be identified. This ensured the registered manager was fully aware of any events that took place that may require actions or follow up.

The operations manager undertook weekly visits to the home and six monthly audits. These were used as an opportunity for the operations manager and registered manager to discuss issues related to the quality of the service and welfare of people that lived in the home. These audits included; the environment, medicines, support records and health and safety. These audits were recorded and scored from one to three, one being unacceptable and three being excellent. Actions were set as required and followed up at the next meeting. This gave the provider regular updates on all aspects of the service and provided support to the registered manager. The registered manager told us; "I receive a lot of support from [name] they often just pop into the home to see people and do informal checks". One person confirmed the operations manager visited often and talked with them to see how they were. This person said "I like [name] they are nice".

The registered manager was aware of when notifications had to be sent to CQC and had sent these as required. These notifications would tell us about any events that had happened in the home. We used this information to monitor the service and to check how any events had been handled. We saw the necessary notifications had been made to CQC when a Deprivation of Liberty authorisation had been agreed and when safeguarding adults alerts were made to the local authority.