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

We inspected the service on 20 July 2016. The inspection was unannounced. St Michael's View Residential Care Home For Older People is registered to provide care and support for up to 34 older people. On the day of our inspection ten people were living at the service and a further eight people were at the service for short term rehabilitation or respite.

St Michael's View is split across two floors, the ground floor accommodates people with support needs associated with old age and staff on the first floor provided care and support to people with dementia related illnesses. The service also provided a falls and fractures rehabilitation service for older people who have recently been discharged from hospital following a fall or fracture, this was a short term service lasting up to six weeks. In addition to this the service provided respite services.

The service had a registered manager in place at the time of our inspection. 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.

We found that people were supported by staff who knew how to recognise and respond to abuse and systems were in place to minimise the risk of harm. Risks associated with people's care and support were effectively assessed and managed.

People had access to healthcare and people's health needs were monitored and responded to. Medicines were managed safely and people received their medicines as prescribed. People were supported to eat and drink enough.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. There were sufficient numbers of staff available to meet people's needs. Safe recruitment practices were followed and staff were provided with regular supervision and support.

People were enabled to make decisions about their support and were asked for their consent by staff providing care. Where a person lacked capacity to make certain decisions they were protected under the Mental Capacity Act 2005.

Staff were kind and compassionate and treated people with respect and people's rights to privacy and dignity were promoted and upheld. People were supported to raise issues and staff knew how to deal with concerns if they were raised.

People and their families were involved in planning their care and support, staff knew people's individual preferences and tailored support to meet their individual needs. People were enabled to make choices

about their care and support and encouraged to be as independent as possible. People were offered the opportunity to participate in a range of social activities.

The service had a welcoming and homely atmosphere and staff and managers were passionate about their work. People using the service and staff were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe in the service and there were systems and processes in place to minimise the risk of abuse. Risks associated with people's care and support were effectively assessed and managed.

People received their medicines as prescribed and these were managed safely.

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training, supervision and support.

People were enabled to make decisions and where a person lacked capacity to make a certain decision they were protected under the Mental Capacity Act 2005.

People were supported to eat and drink enough. People had access to healthcare and their health needs were monitored and responded to.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with respect. People's rights to privacy and dignity were promoted.

Staff understood how people communicated and people were provided with information in a way that was accessible to them.

People were enabled to have control over their lives and were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning their care and support.

People were given opportunities to get involved in social activity and were supported to maintain relationships with family and friends.

People were supported to raise issues and staff knew how to deal with concerns if they were raised. People were invited to give feedback on the service.

Is the service well-led?

Good

The service was well led.

People and staff were involved in giving their views on how the service was run.

The management team were open, approachable, warm and friendly.

There were effective systems in place to monitor and improve the quality of the service.

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.

We inspected the service on 20 July 2016. The inspection was unannounced and the inspection team consisted of two inspectors and an Expert by Experience. 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 our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit to St Michael's View we spoke with seven people who used the service and the relatives and friends of three people. We spoke with five members of care staff, the activities coordinator, the cook, the registered manager and a representative from the provider. We looked at the care records of four people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People felt safe in the service. All of the people we spoke with told us they felt safe, one person said, "Well there is always someone about, and I know I am safe sitting here talking to people." Another person told us, "I have no fears, I have a contented mind and am not worrying about anything." People's relatives also felt that their relations were safe at the service. A visitor we spoke with said, "Safe? I wouldn't even question it, we have no concerns whatsoever about the staff." A relative of someone using the service told us, "If I didn't think [person] was safe, [person] wouldn't be in here."

There were systems and processes in place to minimise the risk of abuse and staff had received training in protecting people from abuse and avoidable harm. Staff we spoke with had a good knowledge of how to recognise different forms of abuse and understood their role in reporting any concerns or allegations to the registered manager. The provider had a dedicated whistleblowing phone number for staff to report any concerns, there were posters on display throughout the service and all the staff we spoke with were aware of this. Staff were confident that any concerns they raised with the management team would be dealt with properly. One member of staff told us, "I know how to whistle blow and I wouldn't hesitate." Another member of staff said, "If necessary I would get in touch with the safeguarding team but I am confident the (registered) manager would do something about it if I raised an issue." We saw records which confirmed the registered manager had taken appropriate action in response to previous issues and made referrals to the local safeguarding team as required.

Plans were in place which detailed risks relating to people's care and support and how these risks should be managed. When people had been assessed as being at risk of falling preventative measures were in place. We saw that mobility aids were left within people's reach and equipment was in place in people's rooms to reduce the possibility of falls and lessen the impact of potential falls. Patterns of falls were analysed and action was taken to reduce the likelihood of future incidents. Staff carried out frequent checks on people throughout the day and night to ensure their safety and these were clearly recorded.

Some people using the service communicated with their behaviour. For these people there were clear plans in place detailing triggers to these behaviours and detailing how staff should respond to this to keep the person and others safe. However we saw that for one person who was staying at the service for short term care there was not a clear plan in place about their behaviour. We shared this with the registered manager who took action to put a plan in place.

Risks in relation to people developing a pressure ulcer were assessed and planned for safely. Pressure ulcer risk assessments were completed monthly and people who had been assessed as being at risk of developing pressure ulcers were provided with suitable equipment to reduce the risk such as pressure reliving cushions. We saw that this equipment was being used as specified in people's care plans. Records were in place which provided evidence care had been provided in accordance with the care plans. For example, re-positioning charts were in place for people at high risk of developing pressure ulcers and these had been completed.

People could be assured that equipment was used safely by staff who had received training. We observed

staff supporting one person to transfer using equipment and saw that staff were skilled and confident and provided the person with reassurance throughout.

People were protected from risks associated with the environment. We saw there were systems in place to assess and ensure the safety of the service in areas such as fire and legionella and control measures were in place to reduce these risks. Staff had been trained in health and safety and how to respond if there was a fire in the service. There were personal evacuation plans in place detailing how each person would need to be supported in the event of an emergency such as a fire.

People could be assured that there were enough staff available to meet their needs. People living at St Michael's View told us that there were enough staff. One person told us, "There are plenty of staff here." Another person said, "When I push my buzzer, which I only do at night, they come really quickly." A relative of someone living at the service told us, "Whenever we've been here there had been enough staff about." During our inspection we observed that people's needs were responded to quickly and there were staff available to give support throughout the day. As well as care staff there were two activities coordinators present throughout the day who provided support to people as needed. The provider also employed general assistants who had a responsibility for maintaining the cleanliness of the home and also assisted care staff by fetching equipment and conducting checks in people's bedrooms. We saw that the staffing levels enabled the care staff to spend quality time talking with people and their families.

People could be assured that safe recruitment practices were followed. The service had taken the necessary steps to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of ID and appropriate references had been obtained prior to employment and were retained in staff files. Where people had previous convictions the management team had conducted a risk assessment to ensure that the member of staff was suitable to support people. Where people had gaps in their employment history this had been explored at interview but was not clearly recorded, we discussed this with the registered manager who assured us that this would be recorded in the future.

People were given their medicines as prescribed by their doctor and medicines were administered safely. One person we spoke with told us, "I never have painkillers if I can help it, but they always ask." Medicines systems were organised and records were completed accurately to show when people had been given their medicines. Each person had a medication sheet which included a photo of the person, allergies and the person's preferences for taking medicines. There were clear protocols in place for 'as required' medications which contained detailed information about when these medicines should be given.

Staff had been trained in the safe handling and administration of medicines and had their competency assessed annually to make sure they were keeping up to date with good practice. We observed a senior member of staff administering medicines and they followed safe practice. Medicines audits were carried out monthly to ensure medicines were being managed safely and these were effective in identifying issues.

Good

Is the service effective?

Our findings

People were supported by staff who had received appropriate training. Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. One member of staff told us that the service was proactive in making sure staff were trained. People using the service felt that the staff team had the skills and knowledge to provide good support. One person told us, "The staff are very good, and they will do anything you ask them to, they know what they are doing alright."

The registered manager told us in the PIR that, "Staff receive a wide variety of training." We saw records which showed that staff had recent training in a number of areas including first aid, safeguarding, food hygiene, infection control, fire safety and medicines management. In addition to this some staff had completed training in relation to individual need such as positive behaviour management, diabetes and pressure ulcer management. One member of staff we spoke with told us that they felt able to request additional training if they felt they needed it. Regular refresher training was provided to ensure that staff were up to date with changes and developments. Staff we spoke with were knowledgeable about systems and processes in the service and about aspects of safe care delivery.

The registered manager told us in the PIR that all new staff completed the care certificate and we saw records to support this. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. The registered manager also told us that staff were given the opportunity to further develop their skills by completing a diploma.

Staff were provided with an induction period when starting work at St Michaels View. The registered manager told us in the PIR that staff worked, "a minimum of two to three weeks alongside senior staff members" to learn about the people they would be supporting. They also completed training considered mandatory by the provider during their induction period. Staff we spoke with told us that they felt competent to support people following their induction. One recently recruited member of staff told us, "I read care plans, observed care and shadowed other staff" when we asked them if they felt confident in supporting people after induction they told us, "Yes, very."

People were supported by staff who had regular supervision and support. The manager told us care staff had supervision every six weeks and senior staff members had supervision monthly. Staff we spoke with told us that they felt supported and able to talk openly with their managers. One member of staff we spoke with about supervision said, "It's your chance to speak openly." Another member of staff told us, "We talk about any concerns, about people's support, health and safety and training." The registered manager also told us that all staff have an annual personal development review to assess their progress and set targets for the forthcoming year.

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported by staff who had an understanding of the MCA. Staff we spoke were able to describe purpose of the MCA and had an understanding of what it meant for the people they supported. One member of staff told us, "It's about supporting people to make decisions themselves if they can and if they can't; making a decision on their behalf." People's care plans contained clear information about whether or not people had the capacity to make their own decisions. Thorough assessments of people's capacity in relation to specific decisions had been carried out when their ability to make their own decisions was in doubt. If the person had been assessed as not having capacity to make a decision, a best interest's decision had been made and clearly recorded and this was cross referenced with the persons care plan which ensured that the principles of the MCA were followed.

A number of people had 'do not attempt resuscitation' orders in place. These had been completed appropriately by an external health professional and where possible these had been discussed with the person and their family. We saw that where people's capacity to make this decision was in question it was stated that a decision was made in the person's best interests. However it was unclear if MCA assessments had been conducted relating to these decisions and the registered manager told us they would contact the external health professional to ensure MCA assessments were in place.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications for DoLS where appropriate, these were awaiting authorisation from the local authority DoLS team.

People were supported with decision making. The people we spoke with told us they made decisions relating to their care and support. One person said, "We can choose what we want to wear and what we eat and where we want to sit." We spoke with one member of staff who told us, "People are always given choices, even if they don't have capacity we always try to offer choice." Another member of staff described how people's daily routines were tailored around people's preferences for example, what time they went to bed and got up. We heard staff asking permission before providing care and support, for example during meal times people were asked if they would like clothes protectors on and people's choices were respected. People's care plans provided clear information on how to support people with decision making to maximise choice and respect their rights.

People were supported to eat and drink enough. People we spoke with were consistently positive about the quality and quantity of food on offer. One person told us, "I've no complaints about the food whatsoever." Another person said, "The food is beautiful. It's very good." We saw that people were offered a choice of freshly cooked food and there were cold and hot drinks available throughout the day. People were given kind and compassionate support at lunchtime where needed and we saw that people we provided with explanations and assisted at their own pace. People told us their choices about food and mealtimes were respected. One person said, "Sometimes there is the odd thing I don't like, but then they bring me something different." Another person told us, "I ask for a small portion and they always make sure I get it." When people chose to stay in their room food was taken to them and they were provided with assistance when needed.

People's nutrition and hydration needs were met. The registered manager told us in the PIR, "All the

residents are assessed…and any concerns identified and followed up…Our cooks are trained to cook nutritional food and cater for individual special diets." People's care plans detailed what support they needed with nutrition and people's weight and BMI were assessed regularly. We saw that where changes or concerns were noted action was taken. For example one person's appetite had decreased, this had been identified by the staff team and they were monitoring the person's weight and food intake and had contacted the GP to request specialist support.

People were supported with their healthcare needs. Staff we spoke with had a good knowledge of people's health related needs. For example, a number of people using the service had diabetes, staff we spoke with had a good knowledge of the condition, knew how to recognise the signs that someone may be becoming unwell and could describe what action to take. We saw that staff had also had training on diabetes. We found that care plans did not contain adequate detail in relation to people's health needs, however there had not been any impact on people as staff had a very good knowledge of the people's health needs. We discussed this with the registered manager who took immediate action to ensure that information relating to people's health needs was included in care plans.

People were supported to attend appointments and access healthcare. The registered manager told us in the PIR, "We have established links with other visiting professionals, including health where we can determine any additional support that may be needed for example the tissue viability nurse, physiotherapists." Records showed that people were supported to access the GP as needed and other health professionals such as dentists, opticians and hospital appointments and outcomes of appointments were recorded. One staff member we spoke with described the service having a good relationship with the district nursing team and said they could contact them anytime. One person had a health condition which meant they had to have regular eye screening, there were records to show that the person had recently attended an appointment for this.

Staff sought advice from external professionals when people's health needs changed. One member of staff described how they had reported a change in someone's behaviour which they thought may be related to pain, the registered manager took swift action which resulted in the person being admitted to hospital for treatment.

Good

Is the service caring?

Our findings

The atmosphere at St Michaels View was calm, relaxed and homely and people were supported by staff who were kind and caring. During our visit we saw many examples of positive interactions between staff and people who used the service. Staff were kind and patient and spent time chatting with people throughout the day. People we spoke with were very positive about the staff team and the support they received. One person told us, "There is always someone bobbing in and out of the lounge and you can ask them anything. They are lovely and will always help you if they can." Another person said, "I am happy to be here." Other people we spoke with used words such as "Kind", "Lovely" and "Caring" to describe the staff team.

We observed respectful, kindly relationships between staff and people who used the service. Staff we spoke with all said they enjoyed working at St Michaels View and felt it was a good place. One member of staff told us, "They are exceptional at providing a loving place that feels like home." Another member of staff we spoke with told us, "Staff have time to spend with people, nothing is a problem, that's why I have stayed here for such a long time." We saw staff encouraging and supporting people, taking their time and working at people's own pace. We saw one person being supported to move using a hoist, the staff members were gentle and reassuring and the person appeared calm and relaxed throughout. We also saw that staff joined in with activities and engaged people in a positive way, ensuring they were involved.

Staff knew people well and it was clear that they had a good knowledge of people's support needs and their likes and dislikes. Staff used natural opportunities to talk to people about their family and they used information about people's life history in conversations; it was clear staff knew who and what was important to people. One recently recruited member of staff we spoke with described how they had got to know people saying, "I talk to people and ask questions, I check preferences, I try to be open and build trust with people." People's care plans contained a one page description of each person detailing their history, important relationships and individual preferences. One person's care plan contained information about the persons history including details of how they wished to be supported to prevent avoidable distress. We saw that these wishes were respected on the day of our visit.

People were involved in decisions about their support. During our visit we saw that staff routinely checked with people about their preferences for care and support. One person told us, "They (staff) always explain fully what they are doing and help you or leave you alone whichever you want." We saw that people were offered choices about what they ate and drank and how they spent their time. People were given support to make decisions which was personalised to meet their needs. For example, we observed a meal time and saw that some people had chosen their meals in advance, other people who would have been unable to remember what they had ordered for lunch were supported to make a choice there and then. Staff we spoke with had a clear understanding of their role in ensuring that people had choice and control. We spoke with one member of staff who described people's rights to live their life the way they chose and to make decisions about what they did and did not want to do.

People were supported to be as independent as possible. There was a strong emphasis on building and maintaining people's independence and this was clearly reflected in the support provided and in care plans.

The registered manager told us that they ran a 'falls and fractures' scheme where staff worked with external health professionals to enable people leaving hospital to build the skills and confidence to return to home. There was a training kitchen in the service which was used by visiting health professionals to aid people's rehabilitation. The service had a high success rate with 85 percent of people being enabled to return home. There was detailed information in people's care plans about what people were able to do for themselves and areas in which they needed prompting or assistance. Staff had a good knowledge of peoples skills and abilities and we saw that they encouraged peoples independence where appropriate.

People were provided with information in a format that was accessible to them. We saw that photos and objects of reference were used to support verbal communication. Photos of the food were displayed on the menu board in the dining area so that people who may have difficulty reading could see the meals for that day. We also saw staff showing people food options to help communicate the different options and inform people's choices.

Staff had a good understanding of people's communication needs and tailored their support accordingly. There was clear information in people's care plans about how people communicated and how staff should communicate with them. We observed a member of staff assisting someone to eat, although the person was not able to communicate their choices the member of staff had a good understanding of the persons nonverbal communication and used this to ensure that the person was supported to eat their meal at their own pace. We also heard staff providing explanations to people using language that was appropriate to the person.

People had access to an advocate if they wished to use one. The registered manager told us that no one was currently using an advocate to support them with decision making, but added that it had been considered for people in the past. There was information displayed in the service so that people knew how to contact an advocate if they wished to. Advocates are trained professionals who support, enable and empower people to speak up.

People's rights to privacy and dignity were respected. People we spoke with told us that staff respected their right to privacy. The registered manager told us that staff were asked to complete a dignity questionnaire as part of their supervision to test their knowledge and values. Staff we spoke with had training focused on dignity and were aware of how to respect and promote people's privacy and dignity. A member of staff we spoke with described the actions they took to ensure people's privacy including, knocking on people's doors, covering people when supporting with personal care and ensuring that people had an opportunity to have private space when friends and family visited. We observed that people's privacy was respected throughout our visit. Staff consistently knocked on doors before entering, they ensured that bedroom and bathroom doors were closed during personal care, and we saw that people were supported to spend time alone if they wished. A number of people chose to remain in their rooms, staff ensured that these people were provided with drinks and meals and checked people regularly to ensure their wellbeing.

Staff respected people's right to confidentiality. Conversations about people's support needs were held in areas that could not be overheard and care records were stored securely. We spoke with one member of staff who described the steps they took to ensure confidentiality. They told us, "We don't discuss people (who use the service) outside of work, files are kept locked away and we don't share information about people with other residents."

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning their own care and support and care plans were focused on people's individual needs. Each person had a succinct care plan which gave staff a clear oversight of their individual needs and preferences. The care plan included information about how to respect people's diverse needs such as which gender of staff people preferred. Care plans contained information about the person's level of independence and details of areas where support from staff was required. People's care plans also contained plans for supporting people towards the end of their life. These plans had been developed with people using the service and contained information about people's wishes.

Care plans were up to date and had been reviewed monthly, there was evidence that people and their families were involved in these reviews. The registered manager told us in the PIR that, "Our care plans are reviewed monthly but any changes identified in between are amended at the time." Staff we spoke with told us that they found care plans easy to use and they were given time to read and contribute to them. Staff we spoke with had a good knowledge of peoples support needs and preferences and used this to inform support.

People were offered the opportunity to plan and take part in social activities. The registered manager told us in the PIR that, "We are very keen to keep our residents actively involved in daily life skills to keep them motivated / stimulated and engaged in the running of the home." The provider employed activities coordinators who had responsibility for planning and delivering activities for people using the service. We spoke with an activities coordinator who told us that regular meetings were held with people using the service to enable them to plan their activities. Activities were funded in part by fund raising and people using the service were encouraged to get involved with this. The activities coordinator told us that the provider was responsive to their requests for resources and said, "Anything we ask for we get."

People told us that there were a variety of activities on offer and they had enough to do. We saw records of activities that had taken place and a board advertising planned activities such as bingo, entertainers, and quizzes. Church services were also held within the service. The activities coordinators worked with the kitchen staff to organise regular 'tasting sessions' and we saw that people had enjoyed recent cheese and wine tasting sessions. People were encouraged and supported by staff to get involved with activities and one person we spoke with told us, "I call the bingo." On the day of our inspection an external company hosted an activity where people were given the opportunity to learn about, observe and touch exotic animals such as snakes, hedgehogs and lizards. We saw people enjoying the activity, smiling and laughing. The activities coordinators conducted informal evaluations of new activities and also developed scrap books for people so that they could look back and reminisce on things they had been involved in.

It was clear that care staff saw social activity as part of their role and we saw that when staff had spare time they sat and talked to people and played card games, or supported them with other activities such as knitting.

The building was well equipped to provide a range of activities. There was a shop, café and bar area which

was occasionally used by people who used the service, we also saw a range of games and activity equipment which took account of people's individual needs, such as large print playing cards.

People were supported to maintain relationships with friends and family. People's friends and relations were welcome to visit and we saw a number of visitors on the day of our inspection. We saw people's relatives and friends spending time with people in communal areas and making use of the facilitates. We spoke with someone who had come to visit a friend, they commented on how welcome they had been made to feel, spoke positively about the service and were impressed with the hospitality shown towards them. They told us, "(The tea) came on a tray with a lovely teapot and everything – we didn't expect that."

People could be assured that complaints would be taken seriously and acted upon. People we spoke with told us they did not currently have any concerns but would feel comfortable telling the staff or manager if they did. One person told us, "I would go to the manager – she would sort it out." People's relatives told us that they would feel comfortable and confident in raising an issue or complaint with the staff team, one relative we spoke with told us, "We would take it up with the staff initially and if that didn't work we would go to the council."

Staff we spoke with knew how to respond to complaints if they arose and were aware of their responsibility to report concerns to the manager. Staff told us they were confident that the management team would act upon complaints appropriately. There was a complaints procedure on display in the service informing people how they should make a complaint, people also had a copy of the procedure in their bedrooms. We saw records of complaints made in the past 12 months and we saw that they had been recorded and addressed, the complainants view on the outcome of the complaint was also recorded.

People were encouraged to give feedback about the service in a number of ways. We saw that There was a book left in the dining room for people to provide feedback about food and we heard people being encouraged to add their comments at a mealtime. We also saw that there was a suggestions box in the foyer.

Good

Is the service well-led?

Our findings

We observed a warm, homely and open atmosphere at St Michael's View. People spoke positively about the service they were getting and told us they were happy to be there. One person told us, "They are doing a grand job here, I don't know what they could do any better." Another person said, "You can't improve on this, it is fantastic." One visitor commented, "If I were running a care home, I would want it to be like this one."

People who used the service and their families were supported to have a say in how the service was run through meetings and an annual satisfaction survey. Regular meetings were held for people using the service and their families to discuss how the service was run and to make suggestions for changes. Although people we spoke with were not able to recall attending these meetings minutes showed that the meetings were well attended, a visitor we spoke with told us, "Relatives meetings are held on a regular basis." Records of the meetings showed that people used these meetings to discuss things such as activities, menus and suggestions for improvement. We saw that where people had made suggestions these had been acted upon, for example someone asked for bingo and this was acted on and bingo was now being played each week.

The annual satisfaction survey gave people a further opportunity to provide feedback about their experience of the service. The last satisfaction survey was carried out in May 2015 and the scores were very positive. People were 100 percent satisfied in some areas of support such as being treated as an individual and being given independence. The results of the survey were on display in the foyer of the service.

There was a registered manager in place who was passionate about her role and who had led the team through periods of uncertainty. Staff remained motivated and passionate about their jobs and were encouraged and driven to continue to provide high quality care. One person we spoke with said, "Oh yes the (registered) manager is great, that is why all these other workers are great, they take their lead from her." Staff we spoke with were very positive about the management team and the support and leadership provided by them. One member of staff told us, "The managers are easy to talk to and open."

The registered manager had good relationships with people using the service, we saw her spending time chatting with people throughout our visit and people clearly felt comfortable with her. People told us the managers and staff team were approachable and friendly. One person spoke about the registered manager saying, "She is very nice, very caring and always available if you need her." Another person said, "The (registered) manager is wonderful."

Although the registered manager had notified us of some events in the service, they had failed to notify us of a serious injury sustained by someone using the service. A notification is information about important events which the provider is required to send us by law. We spoke with the registered manager about this and they assured us that they were now aware of their responsibilities to notify us of these incidents.

Staff we spoke with had a clear understanding of their role. Staff had different areas of responsibility such as

checking equipment was safe and clean and checking people's bedrooms to make sure they are clean and tidy. There was a management structure in place and meetings were held for staff with management responsibilities to ensure the smooth running of the service. The registered manager met regularly with other local registered managers and attended leadership forums run by the local authority to stay up to date with current practice.

Staff were given an opportunity to have a say in the service in regular staff meetings. Records of these meetings showed that these were used to discuss activities, health and safety and issues within the service. The manager told us in the PIR, "We have an open door policy where we encourage all staff to speak to us about any concerns they have." Staff we spoke with told us they felt well supported and would feel comfortable in reporting any issues or concerns to the management team. One member of staff described a time when they had needed support from the registered manager, they told us, "I was really impressed with how well it was handled, I felt really supported by the (registered) manager ."

There were systems and processes in place to monitor and improve the quality of the service.
We saw that the registered manager conducted a number of audits across the service such as auditing the environment, safety checks, staff training and supervision, care plans, weight charts, health and safety, fire, infection control and medicines. There were also checks made on cleaning schedules and the kitchen and laundry areas. Where any issues were identified actions were recorded as being taken. Accidents and incidents were analysed monthly to identify trends and to assess if any changes needed to be made. For example one person had an injury from a bed and all beds of that make and model were assessed and changes made to prevent further accidents.

During our visit we spoke with a representative from the provider who had recently taken over supervision of the service. They had identified that improvements were needed to the quality assurance system used by the provider and they shared their plans to implement a comprehensive quality assurance framework. They had conducted a very recent audit at St Michael's View and told us they planned to audit the service quarterly.