St Michael's Care Homes Limited

St Michaels Nursing Home

Inspection report

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15 May 2018

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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

The inspection took place on 27 September, 3 October 2017 and 15 May 2018. It was unannounced.

We carried out an unannounced comprehensive inspection of this service on 11 October 2016. At which breaches of legal requirements were found. A warning notice was served in respect of Regulation 18. This was because people's safety was sometimes being compromised as there were not enough care staff to provide safe care.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on the 4 April 2017 and found that they had followed their plan and met legal requirements to comply with the warning notice.

St Michaels Nursing Home is registered to provide accommodation and care, including nursing care for up to 39 older people with a range of medical and age related conditions, including arthritis, frailty, mobility issues and dementia. The home has 30 bedrooms, some of which may be used as double occupancy. During our inspection there were 29 people living in the service who required varying levels of support.

The provider appointed a new manager in June 2017. The manager had an application in progress to become registered with the commission. 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.

People were protected from risks to their health and wellbeing. Up to date plans were in place to manage risks, without unduly restricting people's independence.

People said they felt safe at the service and knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

People were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. People's health and well-being was assessed and people's needs were met in an individualised way.

People's medicines were managed safely. People had enough to eat and drink throughout the day and night. The mealtime was an inclusive experience.

There was an open and friendly culture combined with a dedication to providing the best possible care to people. Staff were approachable, professional and keen to talk about their work. The atmosphere in the service was happy and calm. People were engaged and happy; they interacted and chatted with each other.

Every person we spoke to, without exception, was complimentary about the caring nature of the staff. People were occupied and happy at the service. We saw that there were activities that people could be involved in. The manager told us that the activities were always under review to ensure that they met the needs of the people currently living at the service. People were engaged and occupied during our visit.

Staff were able to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

There were enough staff on duty to support people with their assessed needs. The manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. The manager followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People benefited from receiving a service from staff who worked well together as a team. The manager and the staff team took pride in their work and were looking for ways to improve the service. Staff were confident they could take any concerns to the manager and these would be taken seriously. People were aware of how to raise a concern and were confident appropriate action would be taken.

People had their capacity assessed on admission to the service. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless their assessment showed otherwise. Staff adhered to the Mental Capacity Act 2005 code of practice and supported people in line with their deprivation of liberty safeguard authorisations.

The premises and gardens were well maintained. Maintenance and servicing checks were carried out, keeping people safe. People were able to contribute to improve the service. People had opportunities to feedback their views about the home and quality of the care they received.

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

Risks to people had been assessed and appropriate measures were in place to manage the risk, without unduly restricting people's independence.

There were sufficient numbers of staff to provide care and meet people's individual needs in an unhurried manner.

Staff understood their responsibilities to protect people from abuse.

People told us they felt safe living at the home.

People medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff received the training, support and supervision they needed to be able to provide safe and effective care.

Staff adhered to the Mental Capacity Act 2005 code of practice and supported people in line with their deprivation of liberty safeguard authorisations.

People were supported to have enough to eat and drink. People enjoyed their meals.

People health needs were assessed and monitored and appropriate referrals were made to other professionals, where necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff who were committed to providing quality care. Staff were quick to help and support people.

People were treated with kindness and respect; their dignity and privacy were upheld.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Is the service responsive?

Good

The service was responsive to people's needs.

People's care was delivered in a person centred way.

People were occupied and happy at the service.

People were encouraged to raise concerns.

Is the service well-led?

Good

The service was well-led.

The manager, although not registered with the commission, provided strong, clear leadership and ensured there was a person-centred culture.

Staff told us they were well managed, were treated with respect and were listened to. Staff morale was exceptionally high.

Systems were in place to effectively monitor the quality and safety of the service.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

St Michaels Nursing 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.

The inspection took place on 27 September, 3 October 2017 and 15 May 2018. It was unannounced. It was carried out by two inspectors.

Before this comprehensive inspection we reviewed the information we held about the service, including previous inspection reports and the provider's action plans following the inspections. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection, we observed care in the communal areas of the service which included observing how people were supported during their lunch and with their medicines. We spoke with 12 people living at the service. We also spoke with six visitors including a visiting healthcare professional, three care staff and the nurse on duty, the manager and the provider. We also sampled feedback surveys the service had received from people living at the service, their relatives and visiting healthcare professionals.

We looked at care records for 12 people, medication administration records (MAR), a number of policies and procedures, five staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

Good

Is the service safe?

Our findings

At the last comprehensive inspection of this service in October 2016, breaches of legal requirements were found. A warning notice was served in respect of Regulation 18. This was because people's safety was sometimes being compromised as there were not enough care staff to provide safe care. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection in April 2017 and found that they had followed their plan and met legal requirements to comply with the warning notice.

There were enough staff to meet people's needs. We saw that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. People did not wait for long periods of time when they required assistance. We saw that when people rang their call bells staff were quick to respond and assist them. Staff and people staying at the home told us they were happy with the staffing levels. Staff told us, "We now have seven [care staff] in the morning. It's so much better." And, "It's much more organised. Everyone is so much happier".

The manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. The manager told us that there had been a high level of staff turnover when she initially started at the home. We were told that following this the staff group was much more stable. The previous high sickness levels had reduced and the service was less reliant on the use of agency staff. The manager was still actively recruiting staff and was hoping that this would stop the need to use agency staff. Staffing rotas for the past four weeks demonstrated that the staffing was sufficient to meet the needs of people using the service. In addition to the manager there was a trained nurse on duty at all times. There were seven care staff in the morning, four in the afternoon and two at night. Ancillary staff were employed for specific tasks, for example kitchen and domestic duties. We saw that a staff member had been employed with specific laundry responsibility. This was in response to negative feedback from people and relatives regarding the laundry.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked and references obtained. Staff records showed that, before new members of staff started work at the service, criminal records checks were made with the Disclosure and Barring Service (DBS). Checks had been carried out to ensure registered nurses had current registration with the Nursing and Midwifery Council (NMC).

People looked at ease with the staff that were caring for them. All people we spoke with told us that they liked the home. People told us that they liked the staff. We were told that, "There has been such an improvement" and "We are all very well looked after".

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Staff were able to clearly describe the action they would

take to protect people if they suspected they had been harmed or were at risk of harm. Staff said that they would raise any concerns with the manager. Staff said, "We are not humiliated if we make a mistake, like we were before. [Manager's Name] helps us to be the best we can, she is so kind." The manager was clear about when to seek advice from the local authority and the CQC. She was aware of when to report concerns and was clear about any gaps in her knowledge. She was able to access the information required to inform the local authority and the CQC. The manager told us that she had the full support of the provider and was aware of the guidance on the CQC website. The manager made sure staff understood their responsibilities in this area. The manager followed the West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with any such concerns.

Risks to people were assessed on admission to the service. Risk assessments were completed. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example, people's risk of falls had been assessed. We saw that hoists, wheelchairs and walking frames were used to help people move around safely where required. Staff provided support in a way which minimised risk for people. Where people were at high risk of pressure damage, the home had access to appropriate nursing equipment to reduce the risk. For example, pressure relieving mattresses were in place and the pressure settings were set according to people's weight. Clear individual guidelines were in place for staff to follow to reduce the risks to people. For example people had their positions changed to prevent pressure damage.

The premises and gardens were well maintained and generally well presented. Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances. Staff told us that any faults in equipment were rectified promptly. Environmental risk assessments had been completed, which assessed the overall safety of the home, including slip and trip hazards. Maintenance and servicing checks were carried out, keeping people safe.

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated room for storing people's medicines. The room was clean and well organised. We saw that a lockable fridge was available to store medicines that required lower storage temperatures. Daily temperatures of the fridge were taken and recorded to ensure the fridge remained at a safe temperature. The medicines store room was locked when not in use and during the medicines administration round the trolley was locked when unattended. Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. Staff completed the MARs appropriately. For example, staff waited to check people had taken their medicines before signing the administration records. We saw the lunchtime administration of medicines; this was carried out sensitively and appropriately. There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service. We checked a sample of medicines and found the stock tallied with the records kept. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. Records showed and staff confirmed they had been trained and that their training was regularly updated. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent.

Good

Is the service effective?

Our findings

Staff had the skills to effectively support people. People spoke positively about staff and told us they were able to meet their needs. People had confidence in the staff. We were told, "The staff are good," and, "It's improved so much."

On commencing work at the service new staff were supported to understand their role through a period of induction. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. Their progress was reviewed informally on a frequent basis by the manager.

People were supported by staff who had supervision (one to one meetings) with the manager. All staff had received a supervision session within the last two months. The manager was using the information obtained from meeting with the staff to inform and plan the training schedule. Records were kept detailing what training individual staff members had received. These records demonstrated that staff had the required training. For example, all staff had received recent training in moving and handling. We saw that the manager had completed a 'train the trainer' course so that she could provide training to staff. Staff were positive about the training opportunities available. They told us that they felt confident to do their jobs. Staff were described as, 'hugely competent and skilled' in a relatives feedback survey.

Staff we spoke with told us they felt supported by the manager and other staff. Staff told us, "The teamwork has improved," "We are appreciated, thanked and respected" and, "If we are unsure, [Manager's Name] guides and helps us." Staff told us there was sufficient time within the working day to speak with the senior staff on duty. During our visit we saw good communication between all staff. Staff told us that they could discuss any issues or concerns at any time and that their input during the shift handover was encouraged and valued. Staff felt that they were valued and supervised effectively to perform their duties.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. Staff understood their responsibilities with regards to the Mental Capacity Act 2005 (MCA).

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principals of the MCA, and whether any conditions on authorisation to deprive people of their liberty were being met. The manager understood when an application should be made and appropriate applications had been made. All staff we spoke with had a good working knowledge on DoLS and mental capacity.

People had their capacity assessed on admission to the service. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless their assessment showed otherwise.

During our visit we observed that people made their own decisions and staff respected their choices. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered a choice of drinks throughout the day. People told us, "I have my own coffee and they make it whenever I ask", "I can ask for an omelette if I want one", and "Lunchtimes can be quite social occasions". We observed the lunchtime meal experience. Lunch was taken in the dining room or lounge area, however people were able to eat elsewhere if they preferred. Staff asked people what they would like for the meal. We saw people were able to request an alternative if there was nothing on the menu they wanted. People appeared to enjoy their meal. The food had an appetising smell and looked attractive. We observed many positive interactions between people and staff. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or drinks. Staff were also seen asking for feedback on the meal after lunch. The mealtime was an inclusive experience. Staff appeared caring and took pleasure in spending time with people. There was no rush for people to eat their meal, they ate at their own pace. There was a relaxed and calm atmosphere.

People's care plans contained information about their dietary needs and malnutrition risk assessments. People's weight was recorded to monitor whether people maintained a healthy weight. Referrals were made to dieticians if required. This demonstrated staff were monitoring people and taking action to ensure their needs were met.

People had access to health care relevant to their conditions, including specialist nurses, GPs and chiropodists. Staff knew people well and referrals for regular health care were recorded in people's care records. We saw evidence that the service had sought the advice of a Tissue Viability Nurse regarding pressure sores and wound management. People's daily progress notes clearly demonstrated that the advice had been followed. The manager had a good working relationship with visiting healthcare professionals. We saw feedback from a visiting nurse practitioner that included, 'The new manager should be very pleased [with the improvements] and her efforts in changing the care, attitude and overall appearance of the home should be recognised. She has created a friendly atmosphere and is always available to help.'

Good

Is the service caring?

Our findings

The caring ethos of the home was evident. People received care and support from staff who knew them well. Staff were skilled in talking to people and established a rapport in a short space of time. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Every person we spoke to, without exception was extremely complimentary about the caring nature of the manager and staff. People described them as, "Fantastic," "Kind" and "Caring". Everyone we spoke with thought people were treated with respect and dignity. The manager was described as, 'A little treasure' in a relatives feedback survey.

Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a kind and caring way by staff who were committed to delivering high standards. Staff described how they maintained people's privacy and dignity by knocking on doors. Staff focused their attention on providing support to people. During our inspection we spent time in the communal areas of the home with people and staff. People were seen to be comfortable with staff and frequently engaged in friendly conversation. We observed people smiling and chatting. Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. People's care was not rushed enabling staff to spend time with them and encourage them to do things for themselves. Staff walked with people at their pace and when communicating with them, they got down to their level and gave eye contact. Staff spent time listening to people and responded to their questions. Staff explained what they were doing and offered reassurance when anyone appeared anxious. Staff made sure people were comfortable and had everything they needed before moving away. Staff chatted with people who appeared to enjoy their company.

People's care plans described the level of support they required and gave some guidelines to staff. The care plans were being reviewed to ensure that they were person centred; some contained details of people's backgrounds, social history and people important to them. Some care plans included details regarding people's individual likes and dislikes. Staff we spoke with said that they found the care plans useful and made them aware of people's personal preferences. People told us they received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Staff knew, in detail, each person's individual needs. Relationships between people and staff were warm, friendly and sincere. Staff said that they believed that all staff were caring and were able to meet the needs of people.

There was a strong caring culture at all levels. From manager to care staff, everyone we spoke with put the needs of the people they supported at the centre of everything they did. The overall impression was of a warm, friendly, safe and lively environment where people were happy.

Good

Is the service responsive?

Our findings

People and relatives told us that the staff were responsive to people's needs. People received support that was individualised to their personal preferences and needs. Staff told us they informed relatives if anything happened to people. Relatives we spoke with confirmed this. Comments in a relatives feedback survey included, 'It is so reassuring to know that [relative] is looked after so well'.

People had their needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment informed people's care. This ensured that the staff were able to meet people's needs. During our visit we asked the relatives of a recently admitted person what their initial impressions of the home were. They told us, "We are very happy. Everything is sorted out straight away. [Name's] chair wasn't comfortable when he was admitted, so they changed it immediately. We are always offered tea or coffee, they look after us all. [Manager's Name] is amazing."

People's care needs were kept under review and any changes or increase in dependence were recorded and added to the care plans. This meant people received consistent and co-ordinated care that changed along with their needs.

The care plans were being reviewed. Some of them contained personalised and detailed daily routines specific to each person. Some care plans contained information about the person's likes, dislikes and people important to them. Staff attended a verbal handover between each shift to ensure that all staff were aware of people's needs and had knowledge of their well-being. This ensured that any changes were communicated so people received care which met their needs.

People were engaged and occupied during our visit; there was a calm atmosphere within the home. We saw that people interacted and chatted with each other. Staff and people told us that they liked each other's company. The staff appeared happy; they were smiling and laughing as they went about their work.

We saw that there were activities that people could be involved in. The manager told us that the activities were always under review to ensure that they met the needs of the people currently living at the service. The manager said that she had monitored people's involvement and engagement with the activities to see if they were appropriate. For example, the exercise class involving throwing and catching a ball had a high level of engagement and was a lively session, whereas a large number of people fell asleep during a music and singing session. We saw that the staff were in the process of compiling a list of people's interests, so that they could plan activities to match individual interests as well as group sessions. The activities assistant had recently arranged for children from a local nursery to visit the service. This had been very well received by the people living at the service and currently took place every two weeks. The manager told us that, due to its' popularity, they were planning to increase this to a weekly event. People told us they were happy and, "Not bored." People were supported to maintain relationships with people that mattered to them and to avoid social isolation. Visitors were able to visit at any time. This was confirmed by relatives we spoke with. People told us that the home was, "Happy," and, "Friendly."

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People told us they knew how to raise a concern, but were happy at the home and had no cause to complain.

Everyone we spoke with was confident that any issues raised would be addressed by the manager. People gave numerous examples of issues they had raised and praised the manager for her prompt action. One person told us, "The manager is good, she deals with everything." A relative gave an example of an issue they had had with a member of staff. They told us, "It was dealt with. The staff member was spoken to by the manager and later apologised. It was all sorted out very quickly."

Good

Is the service well-led?

Our findings

The provider appointed a new manager in June 2017. The manager had an application in progress to become registered with the commission. 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 manager provided strong, clear leadership and ensured the service was a person-centred and inclusive. Comments in a relatives feedback survey included, there is a, 'Vast improvement from the previous management,' and, 'I have no hesitation in recommending this home'.

There was an open, positive and friendly culture. Staff at all levels were approachable, professional and keen to talk about their work. People appeared at ease with staff and staff told us they loved working at the service. People knew who the manager was. There was mutual respect between the manager and other staff, and a strong sense of teamwork. People told us, "They [staff] all work together." A staff member told us that the, "Teamwork has improved. It's now a happy place to work" Staff told us that they felt supported by the manager and each other. The manager and the staff team took an obvious pride in their work. The manager was not complacent, and was looking for ways to improve the service.

The manager was clear about when to seek advice from the Care Quality Commission. She was aware of her responsibilities under the legislation and was clear about any gaps in her knowledge. She was aware that it was her responsibility that all significant events were notified to the CQC. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The manager told us that she had the full support of the provider and was aware of the guidance on the CQC website.

Staff were positive about the inspection process, valued the feedback given and saw it as an opportunity to further develop the service. Staff were keen to share the positive changes that had taken place at the service following the last inspection. One staff member spoke enthusiastically about their role as a dignity champion. Every person we spoke to, without exception was extremely complimentary about the manager. Staff told us that, "[Manager's Name] has done so much." "The home is much more organised" and, "We are really appreciated, thanked and respected. It's like a family here, I love it."

We were told, and records confirmed that staff meetings took place regularly. Staff used these meetings as an opportunity to discuss the care provided and to communicate any changes. The manager used these meetings to ensure that staff put people at the centre of everything they did. Staff meeting records evidenced that discussions took place regarding protecting vulnerable people, duty of candour, mental capacity, equality and diversity. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation. They felt confident to raise any concerns with the manager. Staff also told us that they were able to raise concerns without fear and that they were, "Respected". Staff told us they were well managed, were treated with respect and were listened to. Staff morale was exceptionally high.

Quality was integral to the service's approach, the manager and staff were keen to drive improvement. We saw that the service had an improvement plan which clear identified shortfalls. The service improvement plan specified the actions to be taken, the person responsible for the action and the timescale for completion. The plan was updated as progress was made in achieving the actions. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to improve.

During our visit we were told, and records confirmed, that the provider visited the home regularly. This visit included looking at records, talking to staff and talking to people and any visitors. The manager told us that she found the provider to be supportive and that any areas requiring action were regularly discussed. The service improvement plan confirmed this.

People were empowered to contribute to improve the service. People and their relatives had opportunities to feedback their views about the home and quality of the care they received. Feedback surveys were sent out to people and / or their relatives. The responses were sampled during our inspection. People's comments were positive and no areas of concern had been identified.