

Mrs Helen Harris

St Michaels Residential Home

Inspection report

St Michaels
Bronshill Road
Torquay
Devon
TQ1 3HA

Tel: 01803325189

Date of inspection visit:
08 February 2019

Date of publication:
12 March 2019

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

About the service:

St Michaels Residential Home is a residential care home in the coastal town of Torquay. The home was providing accommodation and personal care to 10 people with learning disabilities at the time of the inspection.

People's experience of using this service:

Every person we met was happy and relaxed. People and staff told us they were happy living and working in the home.

There was a homely atmosphere; people showed us the pets they cared for and people's bedrooms had been personalised.

People were supported to eat and drink, they had choice in what they ate and helped with food preparation where they were able to. People could help themselves to hot and cold drinks throughout the day.

People were supported to access health services promptly. Staff knew people well including their communication needs and could identify when a person was feeling unwell, or in pain or upset.

Care plans were detailed and explained how people liked personal care provided and what activities they enjoyed.

Risks were comprehensively assessed and detailed in instruction for staff. Staff were trained to support people's specific needs. Medicines were managed safely and safe recruitment practises were followed.

Staff were supported by a caring registered manager who provided them with regular supervision and opportunities to feed ideas into the service and how people were supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practise. People told us staff asked them for consent before supporting with care tasks.

People had opportunities to spend their day how they wished, swimming, or shopping or eating out or attending groups or day centres. People helped in the day to day running of the home, some people made their own breakfast and one person supported with the weekly food shop.

Rating at last inspection:

The report from the last inspection was published on 9 August 2016. The home received a Good rating.

Why we inspected:

This was a planned inspection based on the previous rating. We had no previous concerns about this home.

Follow up:

We will maintain regular contact with the service to see how they are doing and have signposted them for further support if they require it. We will maintain our planned inspection schedule but if we receive information of concern we may visit sooner than planned.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

St Michaels Residential Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors.

Service and service type:

St Michaels Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we gathered information we knew about the home, including feedback from health and social care professionals and notifications the home sends in to us telling us about significant events.

During the inspection we spoke with five people, the registered manager and one staff member. We observed interactions between people and staff in the dining area, kitchen and communal lounge and saw an art activity taking place.

We looked at five care plans for people, records of accidents, incidents and complaints, and quality audits. We also looked at recruitment files for three staff, health and safety checks and local policies and procedures. We saw a medicine being administered and looked at medicine administration records for people living in the home.

After the inspection we received further feedback from two health and social care professionals, one staff member and two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The registered manager and staff could demonstrate they knew how to act if they had a concern about a person and where and how to report any safeguarding concerns.
- Staff had been provided with training on safeguarding adults.
- There had been no reports of safeguarding concerns in the 12 months before our inspection.
- People told us they felt safe. One relative said, "Oh yes she is safe, no doubts there."

Assessing risk, safety monitoring and management:

- Risk assessments were robust and captured the unique risks people faced from and to others, towards themselves, and any relevant risk history. It was clear from risk assessments, how staff could help mitigate risks, and how to de-escalate a situation if a person became upset or distressed.
- Where risks changed for people, risk assessments were updated and staff were supported to understand how to best support that person to manage risks and mitigate them. For example, one person had recently started having seizures. The home arranged for all staff to attend epilepsy training and risk assessments were updated with clear information on what staff needed to do.
- The environment was risk assessed and health and safety checks were completed to assess if the home environment was safe for people to live in. Maintenance issues were dealt with promptly.

Staffing and recruitment:

- Police and employment checks were completed on staff before they commenced employment to establish if they were safe to work with people.
- There were enough staff to meet people's needs. We saw staff sitting with people supporting them with an art activity and spending time talking with them.

Using medicines safely:

- People were supported to take medicines by trained staff who had been competency tested in how to administer medicines safely.
- Medicine Administration Records were complete and contained no gaps in administration.
- There were arrangements for the safe delivery, storage and disposal of medicines.
- For people prescribed medicines PRN, or 'as and when required' staff had a good understanding of when it was appropriate to administer these and this information was contained in support plans.

Preventing and controlling infection:

- The home was clean and odour free. One relative told us, "It's always tidy and clean when I go in there."
- Staff used appropriate infection control measures such as wearing gloves and washing their hands.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People had a full assessment of their needs completed before moving to the home to check the home could meet their needs.
- Where people's care needs changed their care plans were changed to reflect emerging needs.
- Best practise guidance was on display, for example on skin integrity.

Staff support: induction, training, skills and experience:

- New staff were supported to have an induction to learn people's needs and get to know them, complete training and learn how the home operated.
- Staff were provided with training in areas such as safeguarding adults, moving and handling, health and safety and fire safety.
- Staff were supported through regular supervision and appraisals with opportunities to discuss any concerns, how best to meet people's needs, and development.

Supporting people to eat and drink enough to maintain a balanced diet:

- People had access to cold and warm drinks when they wanted, we saw drinks being offered frequently.
- One person said, "The food is nice we make our own breakfast" and, "We make our hot drinks and we have a sandwich or something for lunch and a nice cooked meal for dinner, cottage pie or stew or a nice chicken French thing."
- We saw the food shopping arriving and there was a range of healthy foods.
- People were supported to have different dining experiences, to eat in the home and to go out in to the local community to cafés and restaurants.
- Detailed information was available for people who needed additional support to eat or who were at risk of choking. One person had specialist eating equipment to help them identify that it was theirs.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to have their healthcare needs met, and access healthcare services when required such as the dentist and chiropodist.
- People were supported to exercise. One person was being supported to go swimming and others to go for walks in the local area.
- One healthcare professional said, "The manager has always acted upon my advice to provide the best care

possible."

Ensuring consent to care and treatment in line with law and guidance:

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the home was acting in accordance with the MCA.

- Where restrictions had been placed on people's liberty to keep them safe, authorisation had been applied for.
- Staff gained consent from people with each interaction.
- Consent documentation was up to date and complete in care files.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- One person said, "If I was going to be in any care home it should be this one." People told us, "I like it here" and "I am happy."
- Interactions between people and staff were relaxed. People were at ease with staff, smiling and joking and there was open affection between people living in the home and staff.
- There was accessible information in an easy read format on display for those people that required it.
- Relatives we spoke with said they were happy with how their family member was supported. One relative said "I can't fault the care, they really do care."
- People's unique communication needs were documented and staff knew them well. For one person staff showed us the signs they used so we could communicate with them during the inspection.

Supporting people to express their views and be involved in making decisions about their care:

- People had choices about how they spent their day, what they ate and what they wore. One person said, "You can get up when you like and go to bed when you like."
- We saw examples where people were actively involved in how their care was provided. People fed into the creation of their care plans. During the inspection we saw examples where staff and people had open discussions about what they would do next and how the person might like to spend their afternoon.
- People told us they wanted pets in the home because that made it feel more like a home. There was a dog and a bird at the time of our inspection. People told us they also wanted a cat which was being considered.

Respecting and promoting people's privacy, dignity and independence:

- One person lived in a flat in the house and was being supported to develop their independent living skills.
- People were encouraged to make their own breakfasts, warm drinks and lunch where appropriate. Some people had been supported to build their confidence to use public transport independently and were able to navigate around the local community within known routes.
- Staff knocked on doors and waited for a response before entering
- Staff spoke to people as equals and listened carefully to their responses, showing respect and consideration for people's views.
- Relatives told us their family members were treated with dignity and respect.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans were highly detailed and rich in information about people's histories and interests.
- Guidance for staff on care and support was specific. For example, one care plan specified which soap was to be used where, and what parts of a person body they used the flannel for and other parts a sponge. This ensured staff knew exactly how this person liked their care to be provided.
- People were supported to pursue activities they enjoyed such as swimming or art activities or attending groups in the wider community.
- We asked the registered manager how they supported people to be part of wider community. They said, "We ensure we get people to have great holidays. A few years ago, we took everyone to Florida to do Disney. People really enjoyed that."
- One person showed us their bedroom, it was personalised with photographs, their artwork and soft toys they had bought.
- People's rights were considered by the staff and registered manager. People were supported to vote where possible and there was a risk assessment in place for a person explaining they might not understand their rights and staff should advocate with them for equality of opportunity.

Improving care quality in response to complaints or concerns:

- The home had received no complaints in the 12 months before our inspection but had robust processes in place if any complaints were made.
- Relatives told us they felt comfortable approaching the manager or staff with any concerns. One relative told us their feedback had been acted on promptly when they had a minor issue they wanted resolving.
- People told us they would go to the manager if they were worried about something. We saw the complaints policy in an accessible format on display in a communal area where people could see it.

End of life care and support:

- Care plans contained information on people's end of life wishes. This included how comfortable they were talking about it and recognised the sensitive nature of the conversation.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There was a clear understanding from staff and the registered manager about what their day to day roles were. They also recognised their wider role in supporting people to have opportunities and live in the way they wished.
- The registered manager had good risk oversight of the home and was part of the daily support for people. Risk assessments were detailed, thoughtful and clear.
- People and staff told us they were happy and liked the registered manager and could approach them at any time.
- The registered manager understood regulatory requirements and knew when to notify us of events.
- Audits were in place and undertaken regularly to review medicines, care plans, risk assessments, and health and safety and building checks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People's opinions were sought on both a day to day basis and on a more formal feedback process with questionnaires. Relatives were asked for their opinion and staff fed into the running of the service.
- People's rights were a consideration in all aspects of the home, people were consulted on decisions and supported to access opportunities.

Continuous learning and improving care:

- The registered manager was keen to hear feedback during the inspection and responsive when we discussed best practise care. This showed a willingness to improve.

Working in partnership with others:

- Feedback from professionals working with the home was all positive. Professionals told us the home was good at communicating people's needs and acting promptly to make referrals for health and social care services where needed.
- The home worked in partnership with people and recognised that people were the main stakeholders in

the home.