

Charing Lodge Limited

St Michael's Nursing Home

Inspection report

Elm Grove
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St Michael's Nursing Home is a nursing home providing personal/ and nursing care to 59 at the time of the inspection. The service can support up to 65 people. St Michael's Nursing Home accommodates people across two separate wings, each of which has separate adapted facilities.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of using this service and what we found

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People and their loved ones told us they were happy and safe living at St Michael's Nursing home. People were supported by sufficient numbers of staff who had the training and skills to support people, including understanding the risk of abuse and how to report this.

People were supported safely with their medicines. There was detailed guidance in place to inform staff how best to support people, for example with transferring or maintaining healthy skin. When things went wrong there was a robust system in place to learn and improve.

The service was clean and well maintained. Staff completed checks on equipment to ensure it was safe to be used.

Right Culture:

There was a positive culture at the service, which encouraged positive outcomes for people. People and their loved ones were engaged with the service and felt their opinions were valued and used to improve the service. We received positive feedback from people, relatives, staff and healthcare professionals about the registered manager and their positive impact on the service.

The registered manager and staff completed a series of checks and audits to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Michael's Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Michael's Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 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.

Service and service type

St Michael's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Michael's Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people and 2 relatives about the care they received. We spoke with 9 staff members which included the nominated individual, registered manager, deputy manager, accounts manager, clinical lead, nurse, nursing assistant and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a visiting healthcare professional.

We reviewed documentation in relation to 6 people, staff recruitment files, medicines records and other documentation relating to the service. We observed care and support in communal areas. Following the inspection we spoke with 13 relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff knew how to identify the signs of abuse and would raise any concerns with the registered manager. They were confident action would be taken to keep people safe. A staff member told us the registered manager had a supportive way of discussing concerns with people, without causing people distress or anxiety.
- Staff were aware they could blow the whistle outside of the service and told us they would raise concerns with the local authority or CQC. The registered manager had worked with the local authority safeguarding team to address any concerns raised and share any areas of learning with staff.
- People and their relatives told us they felt safe living at St Michael's. Relatives told us, "I have no concerns about Mum's safety," and, "I think she is very safe there. Everybody in that home- the care staff, the nursing staff and even the people who provide the food are amazing. My [loved one] is happy in there and that means a lot."

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. Some people used equipment including hoists and slide sheets to help them move safely. Their needs had been assessed and guidance was in place for staff to follow. People told us they felt safe when staff supported them to use the equipment. A relative told us, "They use a hoist to get Mum out of bed and it is a two-person hoist. They always make sure that there are 2 carers with Mum when they do this."
- People were protected from the risks of developing skin damage. Some people used special mattresses and cushions to help them remain safe. We found equipment was set correctly. Regular checks were completed to ensure it was always used safely. People told us the mattresses were comfortable.
- Some people used bedrails to mitigate the risk of them falling out of bed. Covers were fitted to bedrails to reduce the risk of people injuring themselves. People told us they were happy for the bedrails to be in place, and they felt safe and secure.
- Risks within the building and environment had been assessed and mitigated. Regular checks were completed to ensure the service was safe, for example to make sure electrical and fire equipment was in good working condition.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. For example, when people lacked capacity to make decisions about taking medicines, staff had ensured a mental capacity assessment had been completed, and best interest meetings and decisions were made in the interest of people.

Learning lessons when things go wrong

- There were effective systems in place to learn when things went wrong. There were clear records when things went wrong to ensure relevant action was taken.
- The registered manager reviewed accidents and incidents to ensure action was taken. For example, when a person fell 3 times, they were referred to the falls clinic for support.

Staffing and recruitment

- There were enough staff to support people. The registered manager kept staffing levels under review to make sure there were always enough staff on duty. People told us staff responded quickly when they asked for help. They also told us staff were, kind, caring and fun, and they enjoyed jokes with them.
- People and their relatives told us there was always staff available. A relative told us, "I have always found that to be very good. There are always staff on hand to go and see Mum. They have activities' staff who works six days a week, which is also good for Mum's mental health. They do afternoon activities which gets the residents out of their rooms."
- Staff had been recruited safely. Checks had been completed on staff's character, skills and experience. Disclosure and Barring Service (DBS) checks were completed before staff worked with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Effective systems were in operation to order, store, administer and dispose of medicines. Medicines records were accurate and complete.
- Some people were prescribed medicines 'when required' such as pain relief. Guidance was in place for staff to follow, including the maximum dose in a 24 hour period and the minimum time between doses. Staff noted if the medicine had been effective in relieving people's symptoms.
- Some people received their medicines without their knowledge, crushed and disguised in food, known as 'covert medicine administration'. Staff followed guidance from the community pharmacist to ensure the medicines continued to be effective when they were administered covertly.
- Staff worked with people's GP to keep their medicines under review. When necessary doses had been altered and medicines stopped. This helped people stay well.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on people receiving visitors. We observed people spending time with their relatives.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open culture which was centred around people. People's views and experiences were valued, and staff included people in decisions which affected them. People told us they were supported to remain independent, and staff only gave them support when they wanted.
- People gave positive feedback about the person-centred care they received. People told us, "Staff are outstanding," and, "Staff are fantastic," and, "The staff are lovely." Another person told us, "The staff helped me through a difficult time. They made it worthwhile to keep pressing on."
- Relatives told us that staff supported people positively. Relatives told us, "Some of the staff are quite fond of her and very kind to her. I think she is looked after well as far as I am concerned," and, "All the carers are very caring and look after all the residents very well," another relative told us,

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their requirement to comply with the duty of candour. The registered manager had been open and honest when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were systems in place to improve the quality of the service. Staff and the registered manager completed a range of checks and audits to highlight areas of the service which could improve.
- All the staff we spoke with told us they were motivated and felt supported and appreciated. They enjoyed their roles and were offered opportunities to develop. A staff member told us, "I can go to [the registered manager] any time and they are there for me".
- New staff told us they had been made welcome by the staff team. Staff, including the registered manager, worked together as a team and supported each other to complete all the required tasks. A staff member told us, "We are a really good bunch of staff who all get on. We are a proper team."
- There was a clear system in place where staff understood their roles. A relative told us, "Everyone seems to know that they have got a job to do, and they are doing it. You see a lot of people being busy and supportive. They have staff in charge of doing different things and it all seems to work very well."
- Relatives gave positive feedback about the registered manager and the team. This included; "The [registered] manager now was one of the lead nurses and therefore all the staff know her very well. I think that everything runs smoothly, and I have never heard the staff complaining," and "The management are

always accessible if you need to speak to them," and, "They are very good. I can approach them all and they are very welcoming. You are able to speak to them about anything. I find nothing is too much."

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

- Staff told us the registered manager and provider were "approachable," and that they listened to any concerns staff had and acted on them. This included suggestions for changes in their role or improvements at the service.
- People and their relatives felt they received information they needed from staff. Relatives told us, "The communication is very good and when I see the manager, they are always very polite and approachable. I feel that if I have any problem, I can speak to them," and "[The registered manager] definitely cares about the residents. They make time to talk to both the residents and their families."
- There were regular meetings scheduled for people and their relatives to give feedback about the service and engage with the staff team.
- People and their relatives had given feedback on the service through quality assurance questionnaires. The feedback was positive, and where suggestions had been made, these had been acted on.

Working in partnership with others

- Staff worked with healthcare professionals to provide people with joined up care.
- A visiting healthcare professional told us, "They are a very well-run home."