

# Key inspection report

## Care homes for older people

<b>Name:</b>	St Michaels Nursing Home
<b>Address:</b>	19-21 Downview Road Worthing West Sussex BN11 4QN

<b>The quality rating for this care home is:</b>	one star adequate service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>							
David Bannier	0	5	1	1	2	0	0	9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

**Judgement:**

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

**Evidence:**

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	St Michaels Nursing Home
Address:	19-21 Downview Road Worthing West Sussex BN11 4QN
Telephone number:	01903248691
Fax number:	
Email address:	info@stmichaelscare.com
Provider web address:	

Name of registered provider(s):	St Michaels Care Homes Limited
Name of registered manager (if applicable)	
Mrs Julie Marie Slater	
Type of registration:	care home
Number of places registered:	39

Conditions of registration:	
Category(ies) :	Number of places (if applicable):
	Under 65                      Over 65
old age, not falling within any other category	0                      39
Additional conditions:	
The maximum number of service users who can be accommodated is: 39	
The registered person may provide the following category/ies of service only: Care home with nursing - N to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - OP	

Date of last inspection	1	7	1	2	2	0	0	8
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Brief description of the care home
St. Michaels is a care home, which is registered to provide nursing care for up to 39 residents who are 60 years or over. The conditions of registration limit the capacity of the home to a maximum of 37 residents. The home is a large detached, three-storey building situated in a residential area of Worthing. Accommodation is provided in 21 single rooms and 9 double rooms. There are large gardens attached to the property and car parking to the front. Facilities include a large lounge, smaller conservatory

#### Brief description of the care home

style lounge with a glass roof and dining area, all on the ground floor. The upper rooms of the house are serviced by a passenger lift. Fees for the home range from £550 to £700. Chiropody, hairdressing and incidentals such as newspapers and toiletries are not included. St Michaels Nursing Home has a fax number (01903 500398) and a website address ([www.stmichaelscare.com](http://www.stmichaelscare.com)). The registered provider is St Michaels Care Homes Ltd. The registered provider has identified Mrs R Thillainathan, who is known as Mrs Nathan, as the responsible individual and is responsible for supervising the management of the care home. The post of registered manager is currently vacant.

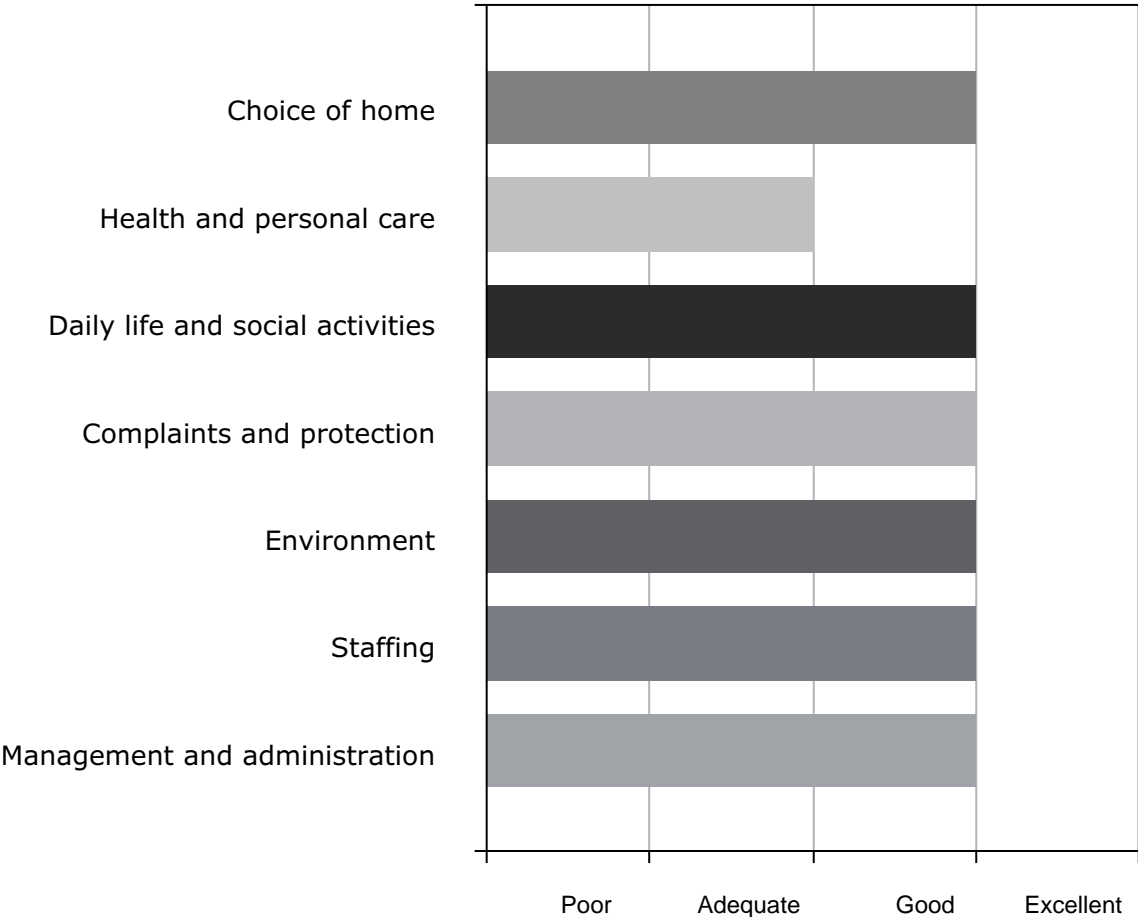
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 1 star. This means people who use this service experience adequate quality outcomes.

The inspection has followed the Inspecting for Better Lives methodology. It is called a key inspection as it assesses those standards determined by the Commission as key standards. The quality rating awarded at this inspection will determine the frequency of inspections hereafter.

We made a visit to the care home on Thursday 5th November 2009. As this was an unannounced inspection we gave the provider and the manager no notice of our intention to visit. We spoke to four of the 17 residents who were being accommodated and observed care practices. We also spoke with five relatives who were visiting at the same time. This helped us form an opinion of what it is like to live at the care home. We also spoke to four staff who were on duty in order to gain a

sense of what it is like to work at the care home. We also viewed some of the accommodation and examined a selection of records.

The visit started at 10am and was completed by approximately 6.30pm. The manager was present throughout the inspection and provided us with information about the service. We gave feedback to the manager at the end of our visit.

Our pharmacy inspector also visited on Wednesday 4th November 2009 in order to assess practices related to the management and administration of medicines. This visit started at approximately 1pm and lasted two hours.

Prior to our visit we were made aware that the local authority has received a number of safeguarding adult alerts. As a result the local authority has conducted an investigation into the allegations made. This has now been completed.

### **What the care home does well:**

The needs of prospective residents have been assessed before they are admitted. This means prospective residents know that their needs will be met by the care home. Care plans are drawn up for each resident using the information gathered by assessing residents needs. Care plans are also regularly reviewed. This means that up to date information is available to staff to follow to ensure identified needs have been met.

Care practices ensure that residents are treated with dignity and with respect. One resident told us "Everyone is nice and pleasant." A programme of activities is provided each week for residents to enjoy. Residents are helped to keep in contact with relatives and friends.

A varied and wholesome diet has been provided.

Staff are available in sufficient numbers to meet the needs of residents. Staff have received appropriate training which gives them the knowledge and skills to provide good quality care to residents. They have also been supervised and supported by the manager.

The care home has been well managed and has been run with the best interests of residents in mind.

### **What has improved since the last inspection?**

Care plans have been improved to ensure they include information for staff to follow to ensure residents assessed needs have been met.

Records of medicines administered to residents have been kept up to date. This means that residents have received medication as prescribed by their GP.

### **What they could do better:**

Care plans need to include information about medicines which are given as and when required. This will mean that they will be administered in accordance with the needs and wishes of the resident concerned.

There needs to be an appropriate system for checking and transferring information which has been added to medication records to ensure it is done in a timely way. This will mean treatment will be continuous and will ensure the wellbeing of residents.

Although alternative meals are provided, a choice of menu should be provided each day, so that residents can select the meal they wish.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk).

You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.



## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The care needs of all prospective residents have been assessed before moving into this care home.

St Michaels Nursing Home does not provide intermediate care.

Evidence:

From evidence found during our last visit we formed a judgement that residents' needs have been assessed prior to admission.

During this visit we examined the care records of four residents, two of whom had been admitted since our last inspection. Records seen demonstrated that the needs of each resident have continued to be assessed prior to admission as required. Areas of need assessed included personal care, physical wellbeing, mental state and cognition, mobility and dexterity, sight, hearing and communication, oral health and foot care and continence.

## Evidence:

We spoke to two care staff who were on duty. They were able to explain clearly their understanding of the needs of recently admitted residents. They informed us that they had been made aware of the needs of residents via care plans and daily meetings with trained nurses.

We also spoke to residents and their relatives about the admission process. They confirmed that their care needs had been assessed and discussed with them before admission. One resident told us, "The manager came to see me to talk about what I needed."

We could find no evidence that St Michaels Nursing Home provides intermediate care.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

### This is what people staying in this care home experience:

#### Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

An individual care plan has been drawn up for each resident, which outlines the identified needs of the resident together clear directions for staff to follow to ensure they have been met. However, further work is required to ensure they accurately reflect the needs of residents regarding medication.

This means resident's social and health care needs have been met.

Residents accommodated have been treated with courtesy and respect, ensuring their dignity is maintained.

Some improvements are necessary to ensure residents' safety and wellbeing are protected by the home's practices and procedures for administering medication.

#### Evidence:

From evidence found during our last inspection we judged that an individual care plan

## Evidence:

has been drawn up for each resident. However, there was still insufficient detail recorded with regard to the action staff are expected to take to ensure the identified needs of each resident have been met.

We sampled a selection of care records during this visit and found that improvements had been made as required. Residents' care records include care plans which have been drawn up from the information gathered at the pre admission assessment. Care plans include details of residents' identified needs together with clear information for staff to follow so they know the action they are expected to take to ensure they have been met. Following discussion with the manager we identified small areas where care plans could be improved further to ensure information is clearer for staff.

There was evidence that confirmed care plans have also been routinely reviewed. This means that information about residents' care needs is kept up to date. We also noted that there was documentary evidence that health care assessments, moving and handling assessments and pressure area assessments are routinely carried out. Information gathered is used to inform and update care plans where appropriate. Care records also include details of appointments with residents' doctors or other health care professionals including details of any treatment prescribed and provided. Residents we spoke to informed us they were very satisfied with the care provided. Their needs were met by the actions of staff, and their wishes had been taken into account. One resident told us, "I was admitted with an ulcerated leg, which is now practically healed." Another resident informed us, "I didn't like it at first as I preferred to be in my own home. But, now I have got to know them, you could not wish for better staff. The staff are very good, they understand what I need." A third resident told us, "On the whole the care is good. The staff understand my needs and how to meet them."

We were informed by visiting relatives that, "Mum gets very good care. If mum has a fall, or is not well the staff will be on the phone to let us know."

We spoke to care staff who were on duty. They were able to demonstrate they were familiar with the needs of identified residents and the actions they should take to ensure they have been met.

During our last visit we found evidence that residents are treated with dignity and their right to privacy is respected. On this occasion we observed care practices and found that staff are respectful when speaking to residents and ensure residents are treated with dignity when personal care is being provided. Staff were seen to address residents using the name and title they prefer. Staff were seen to knock on the doors

## Evidence:

to residents private accommodation and wait for a response before entering. We spoke to several residents during our visit. They informed us they felt well treated by the staff. One resident told us, "Everybody is nice and very pleasant." Another resident told us, The staff are kind and helpful."

A pharmacy inspector also visited the care home to carry out a review of those standards related to medication. With regards to medicine management we found there is enough storage space for medicines and facilities lend themselves to allow safe management of medicines. The written policies relating to medicines are comprehensive. Trained nurses give medicines to people. Medicine are received in a medication dosage system and a trolley is available to use to transport of medicines safely to where residents are. We checked all records relating to medicine use and found the these are complete and accurate. We noted that this month information transfer from last month's record chart to the had current charts had not been done. When asked we were informed it was to be done later that day. The norm is for the lead nurse to do so on her next shift after delivery of the charts. This would be four days later. We identified that as a result medicine due could potentially be omitted as it would not be recorded on the current chart for a few days. There were no care plans on medicine to be given only when needed. This would mean that people would not be treated consistently with regards to this medicine. We noted that on several occasions, hand written changes to medicine dosage directions were not dated and initialled or checked by a second person for accuracy.

The recent investigation into allegations of abusive practices confirmed that they had been substantiated. This included evidence of poor record keeping, poor care and nursing practices. The manager and provider has drawn up an improvement plan under the supervision of the local authority. We found evidence that the manager has been able to implement the plan and, as a result, has made significant changes with regard to the quality of care provided. However, it will need time to ensure these improvements become embedded in practice.

The recent investigation also identified the home's end of life care practices as an area of concern. The manager informed us that, currently, no residents require end of life care. However, in response to the investigation, she had recently attended a refresher seminar with regard to the implementation of the Liverpool Care Plan, a recognised means of providing such care. The manager also informed us that she has obtained up to date paperwork to assist staff in implementing this when necessary.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

### This is what people staying in this care home experience:

#### Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Activities and social events are provided for residents enjoyment on a regular basis.

Residents are supported and encouraged to maintain contact with family and friends.

Residents are able to exercise choice and control in their daily lives.

Residents have been provided with a nutritious and wholesome diet which meets individual needs. However, residents should be afforded a choice of menu at mealtimes.

#### Evidence:

From evidence we found during our last visit we formed a judgement that residents have been provided with activities and social events on a regular basis.

During this visit we noted that care records include a Life Story Book which includes details of each residents' life history, interests and hobbies. We were also informed that there is programme of activities which are arranged on a daily basis. We were shown a copy of previous week's activities programme and noted they included arts and craft sessions, exercise sessions, bingo, hoopla, board games and music sessions.

## Evidence:

On display in the front hallway were photographs of a recent Halloween party which had been arranged for residents to enjoy. We were told about a barbecue which took place in the grounds during the summer. Residents and the families were invited to take part. We were also informed about a pantomime which is planned for December.

We did not observe any social activities taking place during our visit. Residents we spoke to informed us that, whilst they enjoyed the activities that had been organised, they were able to choose if they wished to take part in them. One resident told us they enjoyed the recent Halloween party and the barbecue. They told us, "I like to go to the exercise session which is held one afternoon a week. I had my first hamburger at the summer barbecue!" Relatives we spoke to also commented on how much they enjoyed the barbecue.

During our last visit we found evidence which confirmed that residents have been supported in maintaining contact with their family and friends.

During this visit we noted that care records include details of residents' families and next of kin, including telephone numbers, so that they may be contacted. We looked through the record of visitors to the care home and noted that relatives do visit every day of the week and at various times of the day.

Residents we spoke to confirmed that they are able to keep in touch with family and friends. One resident told us that the reason why they moved into St Michael's was to be near her friends who live in the Worthing area. Another resident told us, "My family can visit me as they please." A third resident told us, "My husband visits me every day and is also given his meals." We also spoke to several relatives who informed us they are made welcome by the manager and her staff.

Evidence we found during our last visit enabled us to form a judgement that residents have been provided with a varied and wholesome diet which meets individual needs and preferences.

We spoke to the cook during this visit who told us about the main meal of the day that was being prepared. This consisted of chicken casserole, mixed vegetables and mashed potatoes or ham salad followed by fruit flan with cream. Whilst a choice of meal is not routinely provided, we were informed that alternatives such as sausages, ham, chicken burgers, beef burgers, omelettes and salad were also available for those residents who did not want the meal on offer. The cook also informed us of the special diets that were currently being catered for. This included diets for residents who are diabetic and also those who required liquidised meals. We were given copies of recent



Evidence:

menus to look through. They demonstrated that a varied, wholesome and nutritious diet has been provided.

We observed the main meal of the day being served. We noted that tables in the dining room had been laid with linen tablecloths and napkins, condiments, a choice of cold drinks and individual place settings. We were informed that some residents have chosen to take their meal in their rooms. The meal was served out by the cook directly from a heated cabinet in the kitchen.

Comments made by residents we spoke to were varied. One resident told us, "The food is always nicely served and is always hot." Another resident commented, "The food is eatable." A third resident commented that the menu can be a bit predictable. All the residents we spoke to commented that it would be nice if they were provided with a choice of meal. We spoke to the manager about this who informed us that they were looking at reviewing menus in the near future.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

### **This is what people staying in this care home experience:**

#### Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The provider has ensured complaints made by residents and their relatives will be listened to, taken seriously and, where necessary, acted upon.

All staff have received appropriate training to ensure residents are protected from abuse.

#### Evidence:

During our last visit to St Michaels Nursing Home we formed a judgement that systems have been put in place to ensure complaints will be listened to, taken seriously and, where necessary, acted upon.

On this occasion we saw that the home's complaint procedure was on display in the front hallway of the care home. This gave details of who the complaint should be reported to and timescales the complainant should expect their concerns to be investigated and acted upon.

The manager showed us the record of complaints which have been received. This showed that one complaint had been received in the last 12 months. It was not possible to discuss it as it had been made prior to the current manager's appointment.

Residents and relatives we spoke to during our visit confirmed they knew who to speak to if they had any concerns and were aware of the home's complaint procedure.

## Evidence:

They informed us they found the manager was approachable. They also confirmed they were confident their concerns would be listened to and taken seriously. One resident commented, "I had a few problems when I first arrived but I spoke to the manager and they were sorted out."

Evidence we found during our last visit enabled us to form a judgement that all staff have received appropriate training to ensure residents are protected from abuse.

During this visit we spoke to some staff who were on duty. They confirmed they have received training with regard to identifying different types of abuse. Following discussion the staff were able to demonstrate they knew the different categories of abuse that they might encounter. They were also able to explain who they should notify if they witnessed an incident where a resident had been abused.

We also examined records of staff training which confirmed they had received training in this area.

Residents we spoke to confirmed they were satisfied with the quality of care provided. They also confirmed they felt they were in safe hands.

Prior to our visit we were made aware that the local authority has received a number of safeguarding adult alerts. As a result the local authority has conducted an investigation into the allegations made. We have been informed that the outcome of the investigation is that the majority of the allegations have been substantiated. They relate to the delivery of care to residents. We have also been made aware that the registered provider has put together an action plan to make the necessary improvements and submitted it to the local authority, who will be monitoring how improvements have been implemented using its powers under safeguarding adults procedures. The manager also showed us evidence of the action which has been taken to make improvements to care records, staff training and supervision, care practices and nursing practices.

## Environment

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The environment has been well maintained and is safe and comfortable for residents accommodated.

The home has been kept to a good standard is cleanliness and hygiene.

Evidence:

During our last visit we found evidence which confirmed that the registered provider has ensured residents live in a safe, well-maintained environment. We also found evidence which confirmed that the registered provider has ensured the home is clean and hygienic.

We looked at the private accommodation of several residents along with the communal areas, including the dining room and the lounges. These areas were clean, decorated and furnished in a comfortable manner that met the needs of the residents accommodated. Residents have been encouraged to bring personal effects and small items of furniture in order to make bedrooms as individual as possible.

Residents we spoke to told us they were satisfied with their accommodation. One resident told us, "I have a very pleasant, nice room." Another resident, who uses a wheelchair, told us, "The room is satisfactory with sufficient room for my wheelchair. However, the bathroom can be problem." We spoke to the manager who informed us of the provider's future plans to transform some bathrooms into shower rooms or wet

Evidence:

rooms. This will improve access for residents who find it difficult to use a traditional bathroom.

We also visited the kitchen area, the laundry, and several bathrooms. We noted that these areas have been maintained to a good standard of cleanliness. However, we expressed some concerns about the state of cleanliness of a sluice room. We discussed this with the manager who agreed to take the necessary action to improve the cleanliness. Although we did not return to the sluice room before the end of our visit, we observed the manager giving directions to domestic staff.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staffing levels are sufficient to meet the current needs of residents.

The home's recruitment procedures and practices supports and protects residents accommodated at the care home.

Staff have been provided with training and supervision to ensure they are skilled and competent to do the work expected of them,

Evidence:

During our last visit we formed a judgement that the registered provider had ensured that there were sufficient staff on duty with the appropriate mix of skills to meet the needs of residents accommodated.

During this visit we examined a selection of staff rotas. They showed that there is a trained nurse on duty 24 hours a day. From 8am to 2pm the trained nurse is supported by four care assistants. From 2pm to 8pm the trained nurse is supported by three care assistants. From 8pm to 8am each night care is provided to residents by a trained nurse and a care assistant who are awake and on duty.

In addition to the care staff there are housekeeping staffing, including cooks and

## Evidence:

domestic staff who are responsible for the providing meals to residents and for keeping the premises clean.

The manager informed us that currently 17 residents are accommodated. We walked around the care home with the manager and noted that rooms on the top floor are vacant. The manager informed us that this had been organised deliberately to ensure the current staff team were able to deliver the care required effectively. We were also informed that, as the numbers of residents accommodated increased the manager would review staffing levels and arrange for their increase as necessary.

Residents we spoke to during our visit confirmed they are very satisfied with the care provided. One resident told us, "The staff are very nice. It's like being in a hotel, being waited on! I'm glad I moved here from home. It has given me peace of mind as there are people around if anything goes wrong." Another resident commented, "The staff are bloody good!" A third resident told us, "The care here is, on the whole good. I get the help I need getting in and out of bed." A relative told us, "Residents are provided with very good care."

From evidence seen in care records, discussions with residents relatives, and direct observations of care provided we concluded there were sufficient staff on duty to meet the current needs of residents.

During our last visit we judged that staff receive suitable training and are competent to do the work expected of them.

During this visit we looked at staff training records. They demonstrated that newly appointed staff undertake structured induction training. This includes providing an understanding of the principles of good care practices and covers the promoting of residents rights, independence, choice and dignity. We looked through training records which provided evidence to demonstrate staff have been provided with mandatory training including fire safety, first aid, health and safety manual handling and food hygiene. In addition some staff have received training in understanding dementia, providing palliative care and infection control.

In addition, training records seen confirmed that, of the 12 of the permanent care workers employed, four have obtained the National Vocational Qualification (NVQ) in Care or Health and Social Care at Level 3. We spoke with two care staff who were on duty. Following discussion, they told us about their role in the care home, the training they have undertaken, their understanding of the needs of identified residents and the action they are expected to take to ensure residents needs have been met.

## Evidence:

We also spoke a Learning Facilitator who was visiting from a local college. We were informed they had started to visit the care home three weeks ago and were helping with the training of seven staff. They had been working on short introductory courses in health and safety, palliative care, understanding dementia and the safe administration of medicines. Following discussion, we were informed that the staff had demonstrated a very positive attitude to the courses and were eager to learn. We were also informed that staff had a good understanding of the principles of good care practices.

Staff on duty who we spoke to confirmed they receive supervision at least every two months and attend staff meetings regularly. They also confirmed they felt well supported by the management. The manager showed us recent records of supervision sessions together with a record of sessions planned to take place in the future. The manager also showed us minutes of recent staff meetings. Records seen confirmed that the manager has ensured staff are regularly supervised and that meetings are held in order to discuss care issues and general issues regarding the day to day running of the care home.

We looked through the recruitment records of two staff who have been appointed since our last visit. These records demonstrated that the registered providers have obtained appropriate checks for staff, including criminal records checks, written references and proof of each person's identity. We also looked through the recruitment records of two staff who are waiting to start work at the care home. As their first language is not English, the manager has obtained evidence to demonstrate their ability to speak and write in English is sufficient to meet the requirements of the work they will be expected to do.



## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A manager has been appointed since our last visit. They are currently in the process of registering with us.

St Michaels Nursing Home is being run in the best interests of residents.

Staff are receiving support and supervision on a regular basis.

Systems are in place to ensure the health and safety of residents and staff.

Evidence:

The current manager was appointed in May 2009. Whilst she has submitted an application to register with us the process has not yet been completed.

We were shown copies of minutes of residents' meetings. They demonstrated they take place regularly and residents' relatives are able to attend if they wish. Meetings include discussions about activities and planned outings or seasonal events such as

## Evidence:

the recent barbecue and Halloween party. There is also an opportunity for residents to raise issues regarding the day to day running of the home.

We spoke to residents and the relatives of one resident who confirmed that such meetings are held regularly. They also informed us that, whilst the management uses such meetings to communicate with them, there is also ample opportunity for residents and their families to share ideas, opinions and concerns with the manager. One resident told us, "When the manager came to see me before I came in, I clicked with her. She made me feel very welcome. I am glad I came to this home because I am very happy." Another resident told us, "I came into this home because it was recommended to me. I have had some bother with another resident. The manager knows about this and is sorting it out." Some relatives told us, "In the early days, when there was no manager the care staff were struggling. However, when we mentioned any concerns to the providers, they were dealt with straight away. Since the manager was appointed the home is really on track. It is fantastic! We have meetings every three months where the residents and their families can meet with the manager and Mrs Nathan."

We were also shown minutes of staff meetings. They also demonstrated they are held regularly and that the manager uses them as a means of communicating with the staff of the care home. We were also shown records which demonstrated that all staff have attended individual supervision sessions on a regular basis. This ensures they receive the support they require and there is a means of identifying training needs for each member of staff.

From observation of care practices, discussions with residents, their relatives and staff on duty, and examining records we concluded that this care home has been run in the best interests of residents.

The registered provider has set up a quality assurance system. The manager showed us evidence that this was in use at St Michaels Nursing Home. Since their appointment the manager has carried out monthly audits on various areas about the day to day management of the care home. We were shown audit reports carried out on the care plans, accidents and incidents, and complaints received. The manager informed that, with regard to medication, she is expected to review records and assess practices against national minimum standards and award a score. We were informed, when the manager assess accidents and incidents, she looks for trends and reasons why they have occurred. This information is then used to review policies and practices to determine if improvements are needed. Representatives of the registered provider also visit the home on a monthly basis to monitor and evaluate how well the home is

Evidence:

being managed. We examined copies of the reports of such visits. They confirmed that they had been undertaken regularly and had been used to monitor the service provided.

We did not examine records of monies kept by the care home on behalf of residents during this visit. The manager informed us that she does not get involved with residents' personal finances. However, residents we spoke to informed us that either a friend or relative deals with this on their behalf. One resident told us, "My son has power of attorney and looks after my affairs." A relative of another resident informed us they have power of attorney over their mother's financial affairs.

During this visit we noted that the premises had been well maintained. There was no evidence that the property or equipment seen put at risk the safety and wellbeing of residents or staff.

Are there any outstanding requirements from the last inspection?

Yes

☐

No

☒

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>To have individual care plans on the use of medicines to be given only when needed</p> <p>For a person centred approach and so that there is consistency around the use of this medicine.</p>	31/12/2009
2	9	13	<p>To have a system in place to transfer and check additional information added to medicine dosage instructions in a timely fashion.</p> <p>For continuity of treatment to protect the wellbeing of people</p>	31/12/2009

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

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