

Sisters of Charity of Jesus and Mary

# Stella Matutina Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Stella Matutina is owned and run by The Sisters of Charity of Jesus and Mary, which is a religious order with a charitable status. However people from all religious denominations are welcome to live at the home. The home provides personal care and accommodation to 42 older people. Accommodation is offered in single bedrooms, the majority of which have en suite facilities. The home is situated in a residential area of Lytham St Annes and is close to local shops and amenities.

At the last inspection in February 2015 the service was rated Good. At this inspection we found the service remained Good.

This inspection visit took place on 27 September 2017 and was unannounced.

People who lived at Stella Matutina told us staff were all caring, kind and respectful. In addition relatives also commented how caring and kind the registered manager and staff were. One relative said, "Very caring, staff are excellent."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff spoken with were able to identify different types of abuse and had received training in safeguarding adults.

The management team had in place safe infection control procedures and staff had received infection control training. We observed during the inspection visit staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Medicines were stored in a clean and secure environment. We observed staff followed correct procedures when they administered medication during the day of our visit. They fully completed associated records so people received their medication on time and correctly. Also medication audits were in place to ensure procedures were monitored and improved where required.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes were recorded.

People who lived at the home had their care and support planned with them and where appropriate relatives were consulted. People told us they had been listened to about how their care would be delivered.

Staff had been recruited safely, appropriately trained and supported by the management team. They had skills, knowledge and experience required to support people with their care and social needs.

The registered manager ensured sufficient staffing levels were in place to provide support people required. We observed during the day of the inspection visit staff had time to sit and talk with people in their care and organise activities to keep them entertained and occupied.

People who lived at Stella Matutina told us they had choices of meals and there were always alternatives. In addition people also said the meals were of a good quantity and quality. We confirmed this by our observations at lunchtime. Comments were positive about the quality of food and included, "There's a brilliant pastry chef." Also, "Meals are lovely."

People who lived at the home had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded promptly when people had experienced health problems.

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

The service had information with regards to support from external advocates should this be required by people they cared for.

There was a complaints procedure which was made available to people on their admission to the home and their relatives. No complaints had been received since the previous inspection. The process to complain was in a document in the reception area of the home. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative surveys to seek their views about the service provided.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Stella Matutina Care Home

## Detailed findings

### Background to this inspection

We carried out this comprehensive 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.

This inspection visit took place on 26 September 2017 and was unannounced.

The inspection team consisted of an adult social care inspector 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.

We spoke with a range of people about the home. They included 10 people who lived at the home, three relatives/visitors the registered manager and eight staff members. Prior to our inspection visit we contacted the Lancashire Council commissioning department and Healthwatch Lancashire. Healthwatch is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced living at the home.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We looked at care records of two people who lived at the home, staff recruitment records and arrangements for meal provision. We also looked at records relating to the management of the home and medication records. In addition we had a walk around the building to ensure it was clean, hygienic and a safe place for people to live.

## Is the service safe?

### Our findings

People who lived at Stella Matutina told us they had confidence in staff who supported them and felt safe and secure when they received their care. For example people told us, "Best thing here is being safe, I'm well looked after and cared for. I know I couldn't do any better anywhere else." Also, "There's nothing wrong here. I am not afraid here and feel very safe."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. There had been no safeguarding incidents raised with the local authority regarding poor care or abusive practices at the home since the last inspection.

Care plans we looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. One relative said, "Very safe, [relative] is in a wheelchair and staff treat her carefully. They make sure she transfers safely moving into chairs."

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. The management team monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. This was confirmed by comments we received from staff, relatives and people who lived at the home. Comments included, "Just ring a bell if you want anything, they come straightaway." Also, "Enough staff, we don't go short." A staff member said, "We have enough staff around to enable us to spend time with residents."

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medication during the lunch time round. We saw the medication trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

The management team had a variety of systems to ensure medicines processes were safe. Records we reviewed contained evidence staff completed medication administration training. One staff member said, "Only trained staff administer or take control of medicines."

We looked around the home and found it was clean, tidy and maintained. The service employed designated staff for cleaning of the premises who worked to cleaning schedules. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking

their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties. A comment from a visitor was, "Staff are pretty much on top of everything, no dirty laundry about and also the building is very clean."

## Is the service effective?

### Our findings

People who lived at Stella Matutina received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. For example one staff member said, "Training is excellent and if you look around the place you will see once you start working here you won't want to leave." Comments received from relatives included, "Staff are competent and helpful especially when I phone up." Also, One person who lived at the home said, "They seem very good at what they do. They seem to do a lot of training."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. One person who lived at the home said, "If anything goes wrong (healthwise), staff are very good and will make an appointment, take me and bring me back. I'm due a heart check at hospital soon they took me last year and they'll be taking me again."

People told us they enjoyed the meals provided for them and were happy with the choices made available to them both at lunch and breakfast time. We arrived at breakfast and found the cook preparing a variety of food that included bacon and eggs, cereal and toast. We observed trays being prepared for people to have breakfast in their room and some were sitting in the dining room. One person we spoke with who lived at the home said, "You can have anything you want the cook is very good."

We observed lunch served in the dining room, staff promoted lunch as a social occasion and supported people where this was required. People who lived at the home told us they liked the meals and comments included, "Meals are very good." Also, "I like breakfast in my room, on a tray with a nice cup and saucer. The porridge, toast and marmalade are lovely." There were choices at lunch time staff were there to make sure people enjoyed their meal. For example, one person asked for fruit salad without apple and the staff member met their request.

The cook had a good understanding of special diets. Menu programmes we looked at evidenced people had a good selection and variety of meals. Staff completed fluid, food and weight monitoring charts and screened each person for any nutritional risks.

The kitchen was clean and hygienic. Cleaning schedules were up to date and signed off when cleaning tasks were completed. The cook informed us only staff who completed food and hygiene training prepared meals. This was confirmed by discussion with staff and the registered manager. The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

We looked around the premises and garden areas and found it was appropriate for the care and support provided. Bedrooms were single occupancy with some ensuite. There were bathroom/shower rooms and toilets on each floor. There was a lift that serviced the building to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. Doorways into communal areas, corridors, bedrooms, bathing and toilet facilities offered sufficient width to allow wheelchair users access. The service had a facility for religious meetings and prayers where the priest would conduct services for people who wished to go there. In addition a large garden area was available for people to sit and wheelchair access was available for people with mobility problems.

## Is the service caring?

### Our findings

People who lived at Stella Matutina told us staff were all caring, kind and respectful. In addition relatives also commented how caring and kind the registered manager and staff were. Comments from people who lived at the home included, "Staff are very thorough they rub my back every morning and evening with cream, they are gentle and also respectful of my privacy and dignity." A relative said, "Very caring, staff are excellent."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. One staff member said we do have training available about equality and diversity and respecting people's individuality."

People who lived at the home had their end of life wishes recorded so staff were aware of these. We found people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

Information about access to advocacy services was available for people. They had information details in the reception area of the building that could be provided for people if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

During the inspection visit we observed staff had an appreciation of people's individual needs around privacy and dignity. We saw many examples of staff and management team respecting people's privacy. For instance we observed staff knocked on bedroom doors before entering a room or waited for a response. One person who lived at the home said, "It is my home and the staff respect that." We observed they spoke with people in a respectful way, giving people time to understand and reply. This demonstrated staff awareness of respecting people's privacy and choices.

We observed staff welcomed and encouraged relatives and friends to visit those who lived at the home at any time. They offered family members a drink and chatted with them in a friendly manner. Relatives we spoke with told us they could visit their relatives when they wished to. One relative said, "Extremely polite to me and my [relative]."

## Is the service responsive?

### Our findings

People who lived at the home told us staff were responsive to their needs and assisted them with an individualised approach. One person said, "The staff know me well and respond straight away if I show signs of not being myself."

The registered manager and staff developed a person-centred approach to people's choices of activities and individual hobbies. Assessments and care plans we looked at highlighted what each person enjoyed. These were reviewed to ensure people continued to be as occupied as much as possible in things they liked. The activity coordinator had recently left however the registered manager informed us they were in the process of recruiting another person. Comments from people about activities and entertainment provided by the service included from a person who previously enjoyed gardening, "I've grown some pansies from seed, with help from staff." Also, "The accordionist is good. Tuesday and Fridays we do exercises sat in a chair, does you good, and loosens you up." We noted on the day of the inspection visit a person came into the home to conduct an 'armchair exercise class' and 18 people took part. One person we spoke with following the event said, "It is very enjoyable." A staff member said, "The residents love it that's why a lot join in."

The registered manager told us they had not received any complaints in the last 12 months. Information was made available to people and relatives about how to complain, which included timescales and the various stages taken. Those who lived at the home said they knew how to comment about their care and felt confident these would be dealt with. Complaints procedure which was made available to people on their admission to the home and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

The registered manager followed good practice guidelines when managing people's health needs. For example, people had documents containing information about their health needs should they need to visit a hospital. This ensured people who had difficulty communicating their needs had information as to how to support them and include information about a person's mobility, dietary needs and medication.

## Is the service well-led?

### Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found Stella Matutina had clear lines of responsibility and accountability. The registered manager was supported by the charity provider and senior staff. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. One staff member said, "We don't change much and once new staff start they rarely leave." Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service. This was confirmed by people we spoke with. For example a visitor to the home we spoke with said, "A well run home which would suit me in time."

Relative/resident surveys were conducted annually and recently completed September 2017. 2017. Returned surveys were all positive in their comments about the home and care provided. Comments included, 'Happy with [relative] care.' Also, 'Very good leadership and support from everyone.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals and General Practitioners. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The registered manager systems in place to monitor the quality of the service provided in terms of regular audits. These audits were completed on a regular basis and included, accidents and incidents, care plans, and medication. An audit of accidents to people who lived at the home highlighted a person was falling regularly. The registered manager took action and involved the 'falls team'. In addition following discussion with family and the person they moved to a room on the ground floor to enable staff to monitor the person more closely. This demonstrated the registered manager looked to continue improvements to the service and provided effective auditing systems.

Staff/resident meetings were held to discuss the service provided. We looked at minutes of recent meetings and found topics relevant to the running of the service had been discussed. The registered manager informed us they were looking to hold more meetings regularly to ensure people were able to voice their opinions on a formal basis.

Relatives and staff felt the registered manager and staff were supportive and approachable. People told us the atmosphere was relaxed and homely around the home. A relative wrote in a survey, 'Always find staff and manager willing to spend time to discuss anything relating to [relative].'

Stella Matutina had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.