

South West Care Homes Limited

Michaelstowe

Inspection report

211 Ridgeway
Plympton
Plymouth
Devon
PL7 2HP

Tel: 01752339096

Website: www.southwestcarehomes.co.uk

Date of inspection visit:

10 December 2019

12 December 2019

Date of publication:

09 January 2020

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:

Michaelstowe is a residential care home providing personal care for up to 24 older people living with dementia and/or a physical disability. 21 people were living there at the time of the inspection. Accommodation is provided over three floors and a passenger lift provides access to the upper floors. Michaelstowe is owned by South West Care Homes Ltd who own and manage eight other care homes in the South West.

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

People told us the home was well managed and they felt safe and well cared for. Relatives praised the home. Staff were seen to be kind, caring and friendly and it was clear staff knew people and their relatives well.

There were sufficient numbers of staff employed to ensure people's needs were met. Staff had time to sit and engage people in conversation and to support people's involvement in social activities. Recruitment practices were safe.

Risks to people's health, safety and well-being were assessed and management plans were in place to ensure risks were mitigated as much as possible. Staff were aware of their responsibilities to safeguard people.

People received their medicines safely and as prescribed. Medicine management practices were safe.

Quality assurance processes ensured people received safe care that met their needs and respected their preferences. People and their relatives were involved in making decisions about their care.

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 10 January 2019).

Why we inspected: The inspection was prompted due to concerns over the provider's governance of their services and whether we could be assured people were receiving safe care. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We found the service was being managed well and there was no evidence that people were at risk from unsafe care.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

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

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Michaelstowe

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 Care Act 2014.

Inspection team

One inspector undertook this inspection.

Service and service type

Michaelstowe is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

The first day of this inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and we used this information to plan our inspection.

During the inspection

We met 14 people and spoke in detail with eight people. We spoke with four relatives and 11 members of staff, including the registered manager, senior care workers, care workers and the chef. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included three people's care records and multiple medication records.

We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including accidents reports, internal governance processes and health and safety audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the home was managed in a way that protected their safety. People's comments included, "Definitely, it's lovely" and "Yes, everything is OK." A relative told us "Yes, it's more than good."
- Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns over people's safety and well-being. Staff told us poor care would not be tolerated by them or the registered manager. They told us great importance was placed on getting to know people and their families: they said, "It's a homely home."
- Recruitment practices were safe with pre-employment checks, including disclosure and barring (Police) checks, carried out prior to the commencement of employment.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care, nutrition and from long-term health conditions such as diabetes.
- Management plans guided staff to support people in a way that mitigated risks. Records showed that where necessary, specialist advice from healthcare professionals was sought. One person's records showed their risk of not eating well was being managed well and they had steadily gained weight since their admission.
- A healthcare professional told us they felt people received safe care. They said staff recognised signs when people's health was deteriorating and sought prompt advice.
- Equipment was serviced regularly to ensure it was maintained in safe working order.

Staffing and recruitment

- Sufficient numbers of care staff were available to meet people's needs and to spend time with people in conversation and social activities. One person told us "The staff are very good, they come when I need them" and another said, "I've only got to ring my bell and they come."
- The home also employed housekeeping, laundry and catering staff. Domestic staff were trained to the same standard as care staff which meant if people asked them for assistance they didn't have to wait for another member of staff to help them. Staff were allocated specific duties each day and each knew whose care they were responsible for.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Only staff trained in the safe administration of medicines and who had been assessed as competent, administered medicines to people.

- Where people took medicines 'as and when required', staff were provided with guidance about when this should be administered.
- There were safe arrangements to receive, store and dispose of medicines.

Preventing and controlling infection

- The home was clean, tidy and fresh smelling. However, some redecoration was required: the main hallway carpet was stained and the laundry room floor required resealing. The registered manager confirmed the refurbishment of the home was planned.
- People said their bedrooms were clean and well maintained. One person said, "I've never seen anything as clean in my life." Recent feedback received by the home complimented its cleanliness.
- On the first day of the inspection one washing machine and one tumble drier were not working. A member of maintenance team was present repairing these. As a result, there was a small backlog of washing, but this was stored in plastic bags reducing the possible risk of cross infection.
- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- The registered manager used people's feedback and reviews of accidents to make improvements to the home.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

In September 2019, a new nominated individual began working for the provider. Their role includes Director of Operations; they have a team of four staff with their own quality assurance responsibilities. CQC have met with this new team in October 2019 and will continue to meet with them every six weeks.

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

- People, relatives and staff told us the home was well managed. It was clear through our observations the registered manager knew people well. One person told us they had confidence in the registered manager and said, "Anything you want they'll get." A relative said, "Staff go out of their way to make sure people are happy."
- The registered manager said they had an open-door policy for people, relatives and staff, which they felt gave them a better relationship with people.
- The home used electronic care plans which relatives were able to access remotely. This supported good communication and promoted person-centred care.
- The registered manager praised the staff for their dedication towards supporting people. They said, "I have to give credit to the staff, they are brilliant. They care for the residents, it's not just a job."

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 provider and registered manager understood their duty of candour and communicated well with people and relatives when things had gone wrong.
- Relatives confirmed they were kept up to date.

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

- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager had the information they required to monitor staff performance as well as the safety and quality of the care provided.
- The registered manager said they were supported by the provider's care quality and compliance manager who visited the home regularly and undertook their own audits to monitor and assess care practices. The registered manager said of the support they received, "I feel so much more support, they help us and teach us how to resolve things."
- Any areas for improvement were identified in a service improvement plan.

- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

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

- Staff felt listened to and supported and involved in the running of the service, one said, "It's a lovely home to work in."
- Surveys were used to gain feedback from people, relatives, staff and healthcare professionals. We sampled the results from the surveys undertaken in June 2019. These showed the home received many positive responses. For example, one from a healthcare professional said the home was "Very well managed by [registered manager]".

Continuous learning and improving care Working in partnership with others

- The service worked in partnership with other agencies to achieve positive health and wellbeing outcomes for people.
- The registered manager took part in best practice forums, such as the Dignity in Care forum facilitated by Plymouth City Council, as well as networks with other care providers to share ideas for improvement and training opportunities.
- The provider was supporting the registered managers to develop their roles and interests in certain areas of care and become 'champions' for the service. This meant they would undertake additional learning to remain up to date and share good practice within the home and with the provider's other registered managers.