

CARE AND SOCIAL SERVICES INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
CARE HOMES FOR OLDER PEOPLE**

St Michaels Nursing & Residential Home

53 Marine Drive
Rhos-on-sea
Colwyn Bay
LL28 4HS

DATE OF PUBLICATION – 24 August 2007

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CARE AND SOCIAL SERVICES INSPECTORATE WALES

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Home:	St Michaels Nursing & Residential Home
Contact telephone number:	01492 548371
Registered provider:	Care At Home (Wales) Ltd
Registered manager:	Mrs Joy Vyner (Registration with CSSIW almost complete)
Number of places:	18
Category:	Care Home Nursing - Older
Dates of this inspection episode from: 16 April 2007 to: 6 August 2007	
Dates of other relevant contact since last report:	2 August 2007 & 6 August 2007
Date of previous report publication:	30 March 2007
Inspected by:	Janet Murfin
Lay assessor:	

GUIDELINES ON INSPECTION

INTRODUCTION

This report has been compiled following an inspection of the home undertaken by the Care and Social Services Inspectorate Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on the process of inspection and records its outcomes. The report is divided into eight distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the home's compliance with Care Homes (Wales) Regulations 2002 is recorded.

CSSIW's inspectors are authorised to enter and inspect care homes at any time. At each inspection episode or period there are visit/s to the service in addition to a range of other activities such as discussion groups, self-assessment and the use of questionnaires. CSSIW tries to find the best way of capturing service users' and their relatives'/representatives' experiences of using the service.

At any other time throughout the year visits may also be made to the service to investigate complaints and in response to changes in the home. Inspection enables CSSIW to satisfy itself that continued registration is justified. It ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards
- The care home's own statement of purpose

Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate. The National Minimum Standards are also very detailed and some are technical in nature and the CSSIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by CSSIW. This includes those made by CSSIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection. Where requirements are made, the provider may develop an action plan to show how they plan to make the necessary changes and you may wish to discuss this with them.

The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the inspector's findings, you may wish to discuss these with CSSIW or with the registered person.

The Care and Social Services Inspectorate Wales is required to make reports on registered facilities available to the public. The reports are public documents and will be available on the National Assembly web site:

www.CSSIW.wales.gov.uk

OVERALL VIEW OF THE CARE HOME

St Michael's Nursing Home is pleasantly situated on the promenade in Rhos on Sea and provides care for older persons (over 65) who require general nursing care. The home is part of the Care at Home (Wales) Ltd group and the Responsible Individual and Director of the Company is Mr Ged Fitzpatrick.

The accommodation at St Michaels comprises of 1 double and 16 single bedrooms and these are located on the ground and first floor. Access to the upper floor is via a staircase and a passenger lift. All the bedrooms, with the exception of one single bedroom that has a bathroom, have en-suite toilet facilities. The communal areas are very pleasant and homely. These areas were recarpeted not long ago and further refurbishment has taken place since the last inspection. The refurbishment programme is on going for both the communal areas and the bedrooms. The accommodation throughout is furnished in a homely and comfortable manner and the home is maintained to a very high standard of cleanliness. There is a pleasant and well maintained private garden at the rear of the home with a paved area which is safe for service users. The front has a small garden area with flower beds with views over the sea.

The home has a pleasant and friendly atmosphere. There appears to be a calm and unhurried ambience throughout the home whenever the inspector has called which has been at different times of the day. The home has its own resident cat, Brandy, who has lived at St Michaels since it opened and the home encourages relatives to bring in service users pets in order for them to maintain a relationship with them.

The home now has a recently appointed manager who is currently being registered with CSSIW. There have been many improvements at the home since Mrs Vyner's appointment and these have contributed to continually improving the service users quality of life and care at St Michaels.

At the beginning of this inspection episode, the provider was asked to complete a self-assessment document. This was to allow the home the opportunity to give an objective view of the services provided, areas of achievement and areas identified for further development. A combination of inspection methodology was used including:

- Consideration of the core policies/procedures and other information provided with the self-assessment document.
- Observation, discussion with service users and inspection of documentation during the unannounced inspection visit.
- Discussions with staff on duty at the time of the inspection.

The home is to be commended on the improvements that have been made since the last inspection.

The Inspector would like to thank Mrs Joy Vyner, Manager and Mr Fitzpatrick, Owner and Responsible Individual and all the staff, for their welcome and co-operation during the inspection process.

CHOICE OF HOME

Inspector's findings:

The home has a Statement of Purpose and a Service User Guide and these provide information about the service and facilities in the home. These had recently been updated and current copies were submitted with the self assessment documents. A copy of the last inspection report had now been included in the Service User Guide. Prior to admission, service users are assessed to ensure their needs can be met by the home.

The assessments are performed by the Lead Nurse and the Manager of the home. This process involves obtaining information from any assessment by other agencies such as the Local Health Board. The initial assessment is then used as a basis from which to plan the service users care. The home does not accept emergency admissions. Once admission to the home has been agreed, a statement of the home's terms and conditions of admission is provided and signed by the service user (or a named representative, if they are unable to do so) and the registered person and a copy is issued to service users at the point of moving into the home.

It was highlighted at the last inspection that the home did not have an admissions policy. This has now been written and a copy was provided at the time of the inspection. This clearly outlines the admission process.

Registered Nurses with the appropriate qualifications and experience in general nursing care are employed in the home 24 hours a day. The home are aware of the importance of ensuring there is a Registered Nurse on duty at all times. The qualified staff are supported by Care Assistants and the Lead Nurse and Registered Nurses are responsible for supervising the care staff and planning the nursing care.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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PLANNING FOR INDIVIDUAL NEEDS AND PREFERENCES

Inspector's findings:

At the last inspection, the Care Plans were being reviewed at St Michaels and through out the Care at Home (Wales) Ltd group. The Daily Record which was previously recorded on the computer, had now been discontinued. Considerable work has been done with regards to the Care Plans over the past few months and several were reviewed at the time of the inspection. A dedicated nurse was appointed initially, to oversee the introduction of the Care Plans within the group and there had also been joint working by the Registered Nurses at St Michaels and the other homes and the Nurse Assessor from the Local Health Board. This was to ensure consistency throughout the group.

The Care Plans are excellent and contain thorough risk assessments of the service users to ensure the appropriate care is given for their identified needs. The risk assessments are reviewed regularly and evidence of this was seen by the Inspector. The Care Plans are also being audited by the home Manager, Joy Vyner to ensure they cover all aspects of the service users care and needs and to ensure communication is improved with the multidisciplinary team such as the General Practitioners, Physiotherapists, Social Workers etc. The audit tool being used is also being reviewed and refined on a regular basis. The Manager hopes that through the audit process they can identify any areas of care that may need to be further improved. The Lead Nurse is encouraging and guiding the care staff in the use of the new Care Plans and this seems to be going well. The home are to be commended for the work that has been done on this area which ultimately will help to improve the care delivered to the service users.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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QUALITY OF LIFE

Inspector's findings:

The service users who live at St Michaels, are encouraged to exercise as much choice and control over their life that is within their capacity. Service users and/or their representatives are consulted to determine their likes and dislikes and ensure that there are no unreasonable restrictions imposed upon service users to prevent them from achieving and maintaining a lifestyle of their choice. Their choices are documented in their care plans. The inspector saw evidence during the inspection visit, of service users who, through the encouragement and care of the staff, have had their quality of life improved considerably and the home is to be commended for this. The staff ensure that service users are treated in a manner that respect their individual choices.

The service users are able to have some of their own possessions with them such as items of furniture and are able to make a contribution as to the décor of their room. The refurbishment of the bedrooms is on going. One service user has the use of their own bed and others have their favourite arm chair as well as personal items such as pictures and ornaments.

There is open visiting and relatives are made welcome at any time. Relatives are encouraged to participate in the service users care if this is agreeable to all parties. Relatives/friends are encouraged to take service users out whenever possible or service users can receive visitors in the privacy of their own rooms or in the lounge areas. Relatives/friends are offered refreshments if they wish.

Activities are provided in the home and this is continually being improved. There are regular activities from "Someone to Turn to" who visit the home weekly. The role of the Management Support member of staff, has been developed to include organising activities with those service users who are able and wish to be involved. This includes, flower arranging, hand massage, hair care, board games or anything that the service users wish to do. One of the care staff has also expressed an interest in organising service user activities and Mrs Vyner is encouraging this. The home held their Summer Fair in June and the theme was "The 1920`s". The staff dressed up in 1920`s outfits with some service users joining in and an old fashioned afternoon tea was served to the service users, relatives and friends. Any money raised from such events is used for the benefit of the service users.

The home encourages service users or friends pets to be brought in to visit and in some cases, may remain with the service user at the home if this is deemed appropriate. No service user had a pet with them at the time of the inspection. The service users can enjoy the company of the homes cat, Brandy, if they wish, who has been provided with his own special cushion and toys. At the time of this inspection, Brandy was curled up near a service user who was fond of cats.

Service users also handle their own financial affairs for as long as they wish and as long as they are able and have the capacity to do so. Should it be required, an advocate will be sought to act on behalf and, in the interest of a service user.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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QUALITY OF CARE AND TREATMENT

Inspector's findings:

Many of the service users accommodated at St Michael's were observed to be requiring a high degree of support and care because of their frailty and/or their medical conditions. However, despite the high degree of care needed by some service users, their personal choices and right to privacy appeared to be respected. The issue of privacy and dignity is discussed as part of the induction. The Inspector went around the home with the Manager and spoke with several service users, They all looked clean and well cared for with their hair neatly combed or styled. Most of the service users get up and dressed each day except those who were nursed in bed. The service users spoken with informed the Inspector that they were very happy with the care they received and they spoke highly of the staff.

Staff addressed service users by their preferred mode of address that had been determined on admission and recorded in the care plan. Prior to entering a service user's room, staff respected their privacy by knocking first. Any visit from legal or financial advisers, also took place in the privacy of service users rooms.

General Practitioners based in five local surgeries provide medical care as required. Service users remain with their own Medical General Practitioner whenever possible. Good working links have been established with specialist advisors from the Glan Clwyd NHS Trust. They are contacted when required for advice and support such as the Tissue Viability Nurse or Dietician for example. The Nurse Assessors from the Local health Board also are available for help and advice as required. Dental treatment is provided by the service users own dentist wherever possible. Physiotherapy is available by referral of the doctor or on a private consultation basis. Service users who require optical treatment are seen by their own optometrist or by visiting, independent optometrists. If they are able, they are taken by the home to their own optometrist.

Individual personal hygiene is attended to by the care staff where needed or assistance is given for those service users who have the capacity for self care. The home are aware of the importance of ensuring that female service users have a choice with regards the gender of those caring for them particularly for personal hygiene purposes. There is specialist equipment in the home to enable to staff to care for service users appropriately such as, hoists and special mattresses and electric beds. Nearly all the beds in the home are specialist profiling beds. One service user does have the use of their own bed from home and it has been assessed as being suitable for their needs.

The home has a designated, lockable clinical room for the storage of medicines. The room was inspected and was found to be clean and tidy. A check of the Controlled Drugs was undertaken and found to be correct. A detailed inspection of the medications was not carried out at this time. However, a two weekly audit of the medications had been introduced by the Lead Nurse. The audit covers all aspects of the care of medications from ordering right through to the process of disposal of any waste medications. This is considered to be a positive process and any areas of concern are highlighted and immediately actioned. This is an ongoing process. The updated medicine policy had been submitted with the self assessment documents and included points raised at the last inspection.

The home has a Catering Manager who oversees all aspects of food ordering, food preparation and hygiene in the kitchen. The catering budget has been increased which has enabled the home to provide more variety with the menu. A fresh fruit salad is prepared daily and there is fresh fruit on the dining tables. A member of the catering staff has been baking cakes and biscuits which are enjoyed by the service users. The Inspector did visit the kitchen which looked tidy and clean but a detailed inspection was not carried out at this time. The comments regarding the food from the service users spoken with on the day of the inspection, were positive. The Inspector sampled very good home made biscuits and had lunch at the home on the day of the inspection. It was noted that new curtains and co-ordinating table linen had been purchased for the dining room. The trays for service users taking their meals in their rooms, were dressed with linen tray cloths and matching linen napkins.

The accident book was inspected and the Manager informed the Inspector that she was reviewing the way accidents were recorded and kept, to ensure a copy of any service user accident was kept in their file. The home records all accidents on a summary chart which enables them to identify any trends or action to be taken.

The Fire File was inspected and there were clear fire risk assessments for each service. Each assessment had a photograph of the service user, a plan with the route of evacuation in the event of a fire from the service users room and the method required to transport the service user. The Fire File also contained a fire risk assessment for the home, fire policies and fire hazard analysis. A routine fire alarm test was carried out at the time of the inspection by the Maintenance Person.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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STAFFING

Inspector's findings:

A list of the staff working at St Michaels including their qualifications, a list of training and copies of duty rotas, were submitted with the self assessment documents prior to the inspection. Of the 11 carers on the staff list, 50% of these now have either their National Vocational Qualification Level 2 or 3 with one other carer undergoing their NVQ level 2.

At the last inspection, discussions were held regarding the importance of staff supervisions and appraisals. Since Joy Vyner took up the post of Manager, this issue is now being resolved. During the inspection, evidence was provided for the Inspector that staff supervisions and appraisals are now taking place. Any training and development issues that had been highlighted during the appraisals, were being addressed. In order that staff receive regular supervisions, the Training Co-ordinator has been assisting with some and are carried out on a 2 monthly basis. Joy Vyner performs the supervision for the person carrying out the Management Support role and all the other staff appraisals. There are still some supervisions and appraisals outstanding but the process is well under way.

The Manager had been reviewing all the staff rotas to ensure staff are organised effectively and according to the needs of the service users. Whenever there are extra staff on duty, time is allocated for training or care planning. Kitchen staff now participate in the making of breakfast, are more involved at coffee time and do more home baking.

The Care at Home (Wales) Ltd group have two training co-ordinators who are regularly in the home. Evidence of staff training was submitted with the self assessment documents. It had been highlighted at the last inspection that staff needed to attend Protection of Vulnerable Adults (POVA) training and the training record provided evidence that this training had been accessed. A further 7 staff attended this training on 2nd August. The Training Files were inspected and these are kept in a locked cabinet in the main office. The files appeared up to date. The induction process was updated and improved towards the end of 2006. The Manager has arranged for Clinical Governance training to be provided by the Local Health Board and all the homes in the group will participate in this. Staff are also undergoing training in feeding and two qualified nurses have undergone the Swallowing Assessment course and will be holding training sessions in the home in order to pass on this knowledge.

Three staff were spoken with during the inspection and they all felt the organisation were very encouraging with regards to training. The general comments from the staff were also positive with regards to morale and they felt the management were approachable.

The Staff Files were also inspected. The Manager and the Lead Nurse, have been reviewing all the staff files since they took over their new roles. A check list has been introduced to ensure the staff files are fully complete. There is clearly a need to re-organise and review the staff files to ensure they are fully complete and compliant with the regulations. As this work is already in progress, the Inspector will return to review the Staff Files at the beginning of December.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number
Staff receive regular supervision and annual appraisals.	02/08/07	19 (2) (b) 18 (2)
A registered nurse to be present and available in the home 24 hours per day in order to ensure care staff are appropriately supervised.	02/08/07	18 (3) (b)
All staff must undergo Adult Protection Training, mandatory training and any other training relevant to their role. Staff need to be booked on the relevant training by the date stated in the timescales for completion.	02/08/07	18 (1) (a) 18 (1) (c) [i]

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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CONDUCT AND MANAGEMENT OF THE HOME

Inspector's findings:

St Michaels appointed Mrs Joy Vyner as their Manager earlier this year and her registration process with CSSIW is almost completed. Mrs Vyner has made many positive changes within the home since her appointment and this is important to ensure the home has consistent and visible management for the benefit of the service users and staff. RGN Karen Fitzsimmons has been appointed as the Lead Nurse for the home and is using her particular strengths and experience to improve the care of service users. The Manager and Lead Nurse seem to have a good working relationship.

At the last inspection there were concerns that the home needed to improve its quality monitoring in a more structured way. The home have now introduced new quality control systems which include, an Annual General Meeting for residents and their relatives/representatives and staff. The first one is planned for an evening in September when there will also be a buffet meal. A three monthly audit of the care plans has been introduced, a medicines audit which has been discussed in a previous section and a Food and Drinks audit. The Manager has also introduced a book for visiting professionals to write any comments they may have. Benefits have been seen through the audits already carried out in the home and has shown how the service can be continually be improved.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number
The registered person shall establish and maintain a system for reviewing at appropriate intervals and improving the quality of care provided at the home, including the quality of nursing where nursing is provided at the home.	31/07/07	25 (1) 25 (2) (a)

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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CONCERNS, COMPLAINTS AND PROTECTION

Inspector's findings:

This area was not inspected in depth at this time. However, it was raised at the last inspection that staff needed to access Protection of Vulnerable Adults training. This has now been addressed and evidence was provided in the self assessments documents that a number of staff having now attended this training. This training is ongoing.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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THE PHYSICAL ENVIRONMENT

Inspector's findings:

St Michaels Nursing Home is pleasantly situated on the promenade in Rhos on Sea, just a short distance from the shops and other amenities. The accommodation at St Michaels comprises of 16 single and 1 double bedroom and these are located on the ground and first floor. All the rooms are numbered and have the names of the service user on the door. Access to the upper floor is via a staircase and/or a passenger lift. All the bedrooms, with the exception of one single bedroom that has a bathroom, have en-suite toilet facilities. The communal areas are very pleasant and homely. These areas were recarpeted not long ago and further refurbishment has taken place since the last inspection. The dining area has new drapes with co-ordinating table cloths and linen napkins. The refurbishment programme is on going for both the communal areas and the bedrooms. The accommodation throughout is furnished in a homely and comfortable manner and the home is maintained to a very high standard of cleanliness. There were no offensive odours noted anywhere in the home when the Inspector went round with the Manager.

The home only has one sluice which is situated on the ground floor. There is no room for a further sluice on the first floor which is required by the Standards. As there is nowhere suitable for staff to wash their hands on the first floor, the Manager has had liquid soap and paper towel dispensers fitted in the bedrooms upstairs to enable staff to wash their hands properly between assisting service users.

The bathroom which houses the Parker Bath is shortly to be converted in to a shower room. This will be a "wet" shower room which will make it easier to shower service users who require to be hoisted when being transferred.

The doors on the downstairs toilets have been fitted with automatic door stops. This is so the doors can be held open when staff are manoeuvring service users in wheel chairs. All the doors fitted with automatic door stops, close when the fire alarm sounds.

There is a pleasant and well maintained private garden at the rear of the home with a paved area which is safe for service users. There are tables with umbrellas and chairs for the service users should they wish to be outside. Some service users are taken outside in their wheelchairs if they wish. At the front of the building there is a small garden area surrounded by flower beds and has pleasant views over the sea.

The main office has been moved to a larger room at the rear of the home which had previously been the staff room. This room has been redecorated and fitted with new shelving and lockable filing cabinets and has much more space. This room has a pleasant outlook on to the rear garden. The old office has been re-decorated and made in to a pleasant staff room where staff can have their meals and breaks in comfort.

All bedrooms and communal areas are centrally heated and service users who have the capacity are able to control the heating in their room. The home felt warm and comfortable at the time of the inspection.

The home provides equipment to meet the assessed needs of service users that include mobile and fixed hoists, glide sheets, slide boards, blue handling belt and turntable. Other aids are available to assist service users who have difficulty with mobility. Hoists are regularly inspected and tested by an independent engineering contractor.

There is a call system with an accessible alarm facility in bathrooms, toilets and service users` private accommodation.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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