St Michaels Rest Home Ltd

St Michaels Home Care

Inspection report

105 Cooden Drive
Bexhill-on-sea
TN39 3AN

Date of inspection visit:
14 January 2020
16 January 2020

Date of publication:
21 February 2020

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

About the service
St Michaels Home Care is a domiciliary care service providing personal care to older people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 12 people received support from St Michaels Home Care, however only seven of them received support with personal care.

People's experience of using this service and what we found
People received support from staff who knew them well and were kind and caring. People's care and support needs were assessed and reviewed. People received care that was person-centred and reflected their needs and choices.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the service.

Risk assessments provided guidance for staff about individual and environmental risks. Systems were in place to ensure people received their medicines safely, when they needed them.

Staff received training that enabled them to provide the care and support that people needed. Staff received regular supervision and support from the registered manager. They felt supported by their colleagues. People's health needs were met, they were supported to have access to healthcare services when they needed them.

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

The registered manager had good oversight of the service. They were able to tell us about people and their needs and were working to continually develop and improve the service. There was an audit system which helped the provider identify areas which needed to be improved.

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

Rating at last inspection
This service was registered with us on 06 February 2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on the length of time the service had been registered.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

St Michaels Home Care

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
The inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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
We gave a short period notice of the inspection because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 14 January 2020 and ended on 20 January 2020. We visited the office location on 14 and 16 January 2020.

What we did before the inspection
Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
As part of the inspection we visited two people in their homes. We spoke with them and their relatives. We also contacted four people by telephone and spoke with three relatives about their experience of the care provided. We spoke with six members of staff including the provider and registered manager.

We reviewed a range of records. This included three people's care records and 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, including policies and procedures were reviewed.

After the inspection
We contacted three further people for their feedback about the service. We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. Staff received safeguarding training and were able to tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination. This included reporting to the registered manager or the most senior person on duty.
- Staff told us how they had reported concerns and the actions they had taken ensured the person and their loved one received increased support. This had enabled them to remain living safely at home.
- When concerns were identified these were referred to the appropriate authority. The management team worked with relevant organisations to ensure appropriate outcomes were achieved.

Assessing risk, safety monitoring and management

- There were systems in place to help ensure risks to people were managed safely. There were a range of individual and environmental risk assessments. These reflected people's assessed needs. They were reviewed and updated when people's needs changed.
- Risk assessments identified individual risks. Risk assessments and care plans provided detailed guidance for staff on how to minimise or prevent the risk of harm.
- Staff understood the risks associated with supporting people and knew what steps to take to ensure the risk of harm was reduced. This included checking people's pressure areas when providing personal care. Daily records showed that these checks took place. One relative told us, "They look after his skin and make sure he doesn't get sore."

Staffing and recruitment

- There were enough staff working at the service to ensure people received the care and support they needed at times of their choosing. The registered manager told us they would only agree to provide care to people if they had enough staff to do so. People's visits were planned, and this included people's preferred time for the care visit and how many staff were needed.
- The recruitment process ensured staff were suitable to work in the care environment. This included criminal record checks and references.

Using medicines safely

- There were systems in place to ensure medicines were managed safely. Some people needed support to take their medicines safely. Their ability to manage their medicines had been assessed and risk assessments were completed. These provided guidance for staff.

● Each person had a medicine administration record (MAR). Staff recorded when people had taken the medicine or if it had been refused. Some people were able to take their own medicines but were unable to take them out of the packaging. Therefore, staff popped the medicines out for people to take later. There were risk assessments and care plans in place to support this. People we spoke with understood the medicines they needed or were supported by their relatives.
● Staff completed medicine training and medicine competencies before they provided support to people with medicines.

Preventing and controlling infection
● Infection control risks were well managed. Staff had received infection control training, and food hygiene training. These were regularly updated. Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people with personal care and the application of creams.
● When we visited people at home, we saw staff washed their hands and used PPE appropriately. Staff ensured any soiled items were placed in a bag and disposed of appropriately before they left the person's home.

Learning lessons when things go wrong
● Safeguarding s, incidents and concerns were recorded and responded to promptly. Where appropriate, the information was shared with staff. This helped to ensure that they were all aware of what steps to take to prevent a reoccurrence. For example, ensuring staff only supported people with their medicines if they had been assessed as requiring this support. This was done through day to day conversations with staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. The assessment included people's care needs, what they wanted from their care visits, individual preferences such as what time they would like their visits.
- Information from the assessments was used to develop the care plan. These were regularly reviewed to ensure people received the support they needed.

Staff support: induction, training, skills and experience

- When staff started working at the service they completed an induction. This included an introduction to the service, they spent time shadowing other staff and were introduced to people who used the service. The registered manager had identified that as the service was growing improvements were needed to the induction. A new program was being developed and would be used with any future employees.
- Staff completed training in relation to moving and handling, first aid, dementia and fire awareness. They also received training specific to the needs of people using the service, for example diabetes. One relative described how staff used the hoist to move their loved one and ensure that they were safe.
- The registered manager observed staff in practice to ensure they had understood the training and had the knowledge and skills to support people appropriately. Staff completed competency assessments before they gave people medicines. One staff member who had not been assessed as competent did not give medicines to people.
- Staff received regular supervisions. This included one to one meetings, appraisal and spot checks. The spot checks included observation of the staff member in practice and reviews of their skills, interactions with people and time keeping. Further training and support would be provided as necessary.
- Staff told us they felt supported in their roles and could contact the registered manager or on-call staff for guidance and advice.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people needed support to have enough to eat and drink throughout the day. Staff were aware of the importance of encouraging people to eat a healthy diet. No one receiving support from the service at the time of the inspection had any specialist needs related to eating and drinking.
- There was information in people's care plans about their support and dietary needs. People needed minimal support with their meals which included preparing the meal of choice for each person.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

● People were supported to maintain good health. Records showed, and staff told us, that people were supported to access health care professionals when their needs changed. Where required staff contacted relevant healthcare professionals, for example the GP or district nurse, to ensure people received the appropriate care and support.

● The registered manager worked with professionals from the local authority to review the support people received to ensure it continued to meet people's needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● Staff received mental capacity training and understood how to support people who may lack capacity. At the time of the inspection people had capacity to consent to their care and support.

● During our home visits staff asked people for their consent before they provided any care or support. We heard staff asking, "Would you like…?" and, "Is it alright if….?" They waited for people's agreement before continuing.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Some people and their relatives told us on occasions they were not well treated because a staff member hurried their calls. This concern was brought to the registered managers attention and immediate action was taken. Following this a relative told us, "I'm now happy with the care."
- Apart from the above concern, people and their relatives told us staff were kind and caring. People and relatives spoke highly of the staff, they had developed particular attachments to staff who visited them regularly. One person said, "I wish I could have [name] every visit, every day." A relative said, "They go over and above to make sure [name] is well looked after." Another relative told us, "They always make sure we're alright before they leave, they always ask if there is anything else they can do."
- During our visits to people's homes we observed relaxed and caring relationships between people, their relatives and staff. Staff engaged in friendly conversation and laughter with people whilst providing care.
- We saw examples of staff thoughtfulness and kindness. In addition to receiving support with personal care, one person also received support with their shopping. A staff member told us they always checked the person had enough food and would buy some even if it was not a 'shopping' call.
- Staff received equality and diversity training to support their understanding of supporting each person as an individual and respecting the way they chose to live their lives.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us they knew people well and understood the care and support they needed. They followed the care plan, however, they asked people about the care they wished to receive. During the visits to people's homes we heard staff discussing people's support needs and being led by people's wishes. Before staff left, they asked people if there was anything else they needed.
- People and relatives told us they were involved in making decisions about their care and support. One relative told us about changes that had been made to their loved one's care. They said, "We spoke about it and [name] was involved. It was to find out what he wanted and what was best for him."
- People were supported to take part in their own assessments, care plans and reviews. These showed that people, their relatives and representatives were involved in deciding the content of the care plan to ensure it reflected people's needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and improve their independence. Care plans included information about what people could do for themselves and where they needed support. For example, some people

only needed staff to prompt and encourage them to do things for themselves.

● There was information in people's care plans to remind staff how to maintain people's dignity. For example, leaving people in private whilst they used the commode.

● Staff had developed good relationships with people and supported them to maintain the lifestyle of their choice. For example, staff knew the importance of keeping people's homes clean and tidy and ensured this was maintained.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care and support was person-centred. It met their individual needs and reflected their choices. Care plans and assessments provided detailed guidance about their care and support needs. They included information about personal care, mobility, nutrition and health needs. There was also information about people's histories and their interests.

● People's visit times were agreed when they started using the service. These were arranged with people and their relatives. The registered manager told us before people were accepted into the service visit times would be arranged. They said as far as possible they would accommodate people's preferences. People and relatives told us they usually received their visits on time. One relative said, "If they're going to be late they will let us know. "

● People were supported, as far as possible, by a small group of staff who knew them well and visited them regularly. People and their relatives told us they usually had regular staff unless staff were not working. People told us they had built good relationships with the staff and missed them when they were not working.

● Staff told us they looked after regular groups of people. They knew people well and told us about each person, their individual care and support needs. Before supporting people, they met the person and were given information about the person, their care and support needs and background information. This helped to ensure people received care and support that met their individual needs.

● Apart from the issue discussed in the 'caring' section of the report, people and their relatives told us they received the care and support they needed. They told us staff stayed for the correct amount of time. One relative told us, "They stay as long as they need to get everything done. They never go before checking we don't need anything else."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●There was information about people's communication needs in their assessments and care plans. One person's assessment stated they needed glasses to help with their vision. There were reminders for staff to clean people's glasses.

● Staff knew people well and communicated in a way that each person understood. For example, ensuring they spoke clearly, and that people understood what had been said.

Improving care quality in response to complaints or concerns

● There was a complaint's policy, the registered manager told us they had not received any formal complaints. They said any concerns would be addressed. People and relatives told us they contacted the office when they had concerns.

● People's complaints were addressed appropriately. One relative told us they had contacted the office on one occasion but had not had a response. They told us call had been answered by the care home staff and the message had not been passed on. Therefore, the registered manager had given the relative their mobile phone number and they could now contact them direct.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was also the registered manager for a care home, owned by the provider, on the same site as the domiciliary care service. They worked at the home and the domiciliary care service each day. They were available to people and staff from both services and had a good oversight of people and staff.
- The registered manager told us they had agreed to open and develop the domiciliary care service until the structure was in place and people were receiving support. They told us they had reached this point and a new manager would be appointed to take the service forward. The registered manager was supported by an external consultant who was helping her to continue to improve and develop the service.
- There was a quality assurance system which helped to identify areas that needed to be improved and developed. Currently, people were told verbally who was providing their care. A new computerised planning system was being introduced which would enable a rota to be produced. Discussions were taking place with people to see how often they would like to receive their rota. The registered manager was also introducing an electronic monitoring system which would monitor staff to ensure they spent the correct amount of time at each visit.
- There was analysis of late calls. There was an expectation that people would be informed if their call would be late. If this had not happened and the person had called the service, this would be considered a late call and was investigated to identify why and take any appropriate actions.
- Following the concerns discussed in the 'caring' section of the report the registered manager completed the care calls for two days. She told us they done this to ensure people were receiving the support they needed, and that staff had time for travel and to complete the care calls. She told us although she could have telephoned people, she wanted to see for herself that everything was alright.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had promoted an open, person-centred culture at the service. People and relatives spoke well of them and told us she was approachable and responded to concerns. office staff and care staff. One person said, "We can always contact her."
- One staff member said, "I can't fault [name], she will always respond to concerns. If we need anything for people, or if people need more support, she will get things sorted."

●The registered manager was aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to CQC when required.
●The registered manager acted openly when dealing with safeguarding, incidents, accidents and complaints within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People were given regular opportunities to provide feedback about the service. Surveys were sent out for people and staff to tell the provider about their experience of the service. The registered manager sent a few out each month and these were analysed every three months to identify any themes or trends. The registered manager contacted people or their relatives monthly to review their care and support. They were able to provide feedback, both about the staff providing care, the service and any changes they would like.
● Staff were regularly updated about changes to the service. The registered manager told us whilst the service was small this was achieved through daily discussions and supervisions. She said meetings would be held in the future.
● The registered manager worked in partnership with other services, for example people's GPs, district nurses and social workers to help ensure people received the appropriate care and best practice was followed.