

Shakthi Healthcare Limited

St. Michaels Lodge

Inspection report

68 Bulwer Road
London
E11 1BX

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16 September 2019

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29 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Michael's Lodge is a residential care home providing personal and nursing care to nine people with mental health needs aged 25 and over at the time of the inspection. St Michael's Lodge can accommodate up to 10 people in one adapted building.

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

We found improvements were required to the management of the service. The registered manager had failed to notify us of two notifiable serious incidents in August 2018. Staffing levels were not always adequate to meet people's needs.

People told us they felt safe and staff treated them well. Staff understood their responsibilities for reporting any suspicions of abuse.

People's risks were assessed, and guidance provided to reduce these. However, the fire risk assessment did not take account of people smoking inside the house. Systems were in place to safely manage medicines. Lessons were learnt when things went wrong, however follow up information was not always documented.

People were cared for by staff who received appropriate training to effectively carry out their role. Staff worked with professionals to support people's care needs.

People were asked for their consent before care was provided. 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.

People's nutrition and hydration needs were met.

Care plans documented people's preferences, likes and dislikes. People's communication needs were documented in their care plan. Staff were caring and kind and spoke attentively to people.

People were supported by staff who knew people well. People were supported to maintain their independence and their dignity was valued and respected. People were encouraged to make daily living decisions and staff supported them to make their own choices.

People were supported to participate in activities and follow their own interests. People knew how to raise a concern if they were unhappy about the service they received.

There were systems in place for monitoring the quality of the service, however, we found management presence at the service was not enough to ensure the smooth running of the service. The provider knew what was expected of them in terms of Duty of Candour, they had spoken with the local authority and relatives concerning incidents at the home.

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 15 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

Enforcement

We have identified breaches in relation to staffing levels, recruitment, governance and notification of other incidents.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our safe findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our safe findings below.

Requires Improvement ●

St. Michaels Lodge

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

This inspection was carried out by an 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

Service and service type

St Michael's Lodge is a 'care home' for people with mental health needs. 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 home accommodates a maximum of ten people. At the time of our inspection there were nine people living at the home.

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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with seven people who used the service. We spoke with four staff including three support workers and the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records, associated risk assessments and monitoring tools. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further documentation related to quality assurance. We spoke with the local authority.

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 deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staffing numbers were not always enough to meet people's needs. During our inspection we observed staff were rushed and had several tasks to complete whilst looking after people. For example, staff struggled to support one person who required constant monitoring, even though staff were always required to know the person's whereabouts. Both staff on duty at the time were busy, one staff member was preparing lunch and the other was looking after people coming into the office or administering medicines. Staff also completed domestic tasks, such as cleaning and cooking. We observed staff making every effort to engage with each person who required support, however staffing levels meant this was not always possible.
- We also reviewed the rota and saw that there were two support staff on duty, however, all the managers were either on leave or long-term absence. Staff told us there were enough staff on duty to meet people's needs, but this was not reflected during our inspection.
- We informed the registered manager about staffing levels. She told us there was usually always a manager on duty. She also told us this was not a normal day at the home, some people regularly attend day centres and other appointments. On the second day of our inspection we observed the environment was notably calmer as people were out at day centres or medical appointments.

We found people were placed at risk of harm as staffing levels were insufficient to meet their needs. This was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- Where people were taken out for the day or to appointments, we observed additional staff in attendance to do this, therefore this did not impact on the staffing numbers at the service. Records and staff confirmed this.
- Safe recruitment practice was mostly followed. Staff records reviewed showed criminal checks had been carried out. However, we found gaps related to, the verification of one reference and one staff member had a Disclosure and Barring Service check from a previous agency. Therefore, we could not be certain staff employed were safe to work with people who used the service.
- The registered manager told us they were in the process of recruiting new support workers, but it had proven difficult to find the right calibre of staff. During our inspection the registered manager carried out interviews for potential applicants.
- However, the policy used for recruitment was not sufficient as this did not document how the recruitment process, such as requirements related to how references and DBS checks would be managed.
- Following our inspection, the registered manager told us that the policy would be reviewed by 21 October 2019.

We found people were placed at risk of harm as safe recruitment practices were not always followed. This was a breach of Schedule 3 of regulation 19(1) (Fit and proper persons employed). of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report abuse.
- Staff were aware of whistleblowing procedures and felt confident to raise concerns to the registered manager or external authorities, such as CQC, local authority or Police.
- People told us they felt safe. One person told us, "I'm happy here, the staff are good..."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to reduce these risks. For example, there were relapse indicators in place for one person if they became unwell, and the measures for staff to follow included contacting the hospital psychiatric liaison service. We found one person was regularly weighed and monitored by staff but did not have a food and fluid chart in place, despite their risk assessment stating they were at risk of poor nutrition. The weight chart showed their weight had fluctuated but overall, they had gained weight since joining the service. We raised this issue with the registered manager who immediately implemented a food and fluid chart.
- People who had behaviours that challenged the service were supported to manage these. This was recorded in people's care plans and risk assessments. The registered manager told us that she would implement behavioural plans and was in the process of discussing this with healthcare professionals in relation to one person.
- Arrangements were in place to address any emergencies. Checks were regularly carried out of the building and its contents.
- During our inspection we found a window without a restrictor in the top floor room and one on the first-floor landing where the restrictor did not prevent the window from opening too far. This put people at risk of harm of falling out of the window. The impact of the room without a window restrictor was reduced as the room was vacant. However, the risk related to the window on the landing remained. The registered manager who told us this room was kept locked. They also told us of the provider's plans to carry out essential maintenance work, such as installing window restrictors. Following our inspection, the registered manager confirmed this work had now been completed.

Using medicines safely

- Systems used for the management of medicines were safe. Medicines were administered and stored safely in a locked cabinet
- People received their medicines as prescribed. Medicine administration records reviewed contained no gaps. The registered manager told us there were no control drugs at the service, but procedures were available, such as a control drugs register should this be required. One person prescribed 'as and when required' medicines, such as paracetamol, had protocols in place for staff to administer these medicines.

Preventing and controlling infection

- People were protected from the risk of infection. During our inspection we observed the home environment was clean, and staff wore gloves when administering medicines and providing support. There were colour coded buckets used for cleaning different parts of the home.
- People told us they felt the environment was clean. One person told us, "It's not too bad here, they treat me good here, the bedrooms are always clean and tidy." We observed this during our visit.
- Staff were provided with personal protective clothing, such as, apron and gloves. We observed staff

wearing gloves when providing care. This helped to minimise the risk of the spread of infection.

Learning lessons when things go wrong

- Systems were in place for reporting incidents and accidents.
- The registered manager told us, learning from incidents were discussed during daily handover and staff meetings. However, records reviewed did not reflect learning had taken place.
- Staff told us incidents are reported in the first instance to the manager in charge at the time and an incident form is completed. Records confirmed this, however this did not include follow up information about the actions taken by the provider. This is an area identified for improvement.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- Records showed people's needs had been assessed by the local authority. This was used by the service to develop people's care plans. Most people who used the service had lived at the home for some time, therefore staff were familiar with their needs.
- Protected characteristics under the Equality Act was considered. For example, people were asked about their religious and cultural needs and these were documented their care plan. Daily records showed people were supported by staff to attend their place of worship.

Staff support: induction, training, skills and experience

- Staff were supported to effectively carry out their role. Records and staff told us they received regular supervision and an appraisal. Staff felt supported by the registered manager and told us the training they received had been beneficial in helping them to better understand the needs of the people they cared for. A staff member told us, "I find the training is beneficial, especially the on-line stuff you can take it at your own pace."
- Staff completed mandatory training in areas such as, first aid, manual handling, food and hygiene, infection control, challenging behaviour awareness, DoLS and MCA, medication administration and fire safety. This meant staff had the necessary skills and knowledge to carry out their role.

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

- People were encouraged to eat a healthy balanced meal. This was confirmed by the weekly menu plan which contained a balance of fresh fruit, vegetables and hydration.
- During our inspection we observed there was a positive atmosphere at lunch time. People told us they enjoyed their meal. One person told us, "It's nice, I enjoyed it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans included an assessment of their mental and physical health needs, we saw that their treatment plans were followed through.
- People received support to manage their healthcare needs. Staff worked in partnership with other agencies to ensure people received specialist advice when needed.
- During our inspection we observed people being escorted to various medical appointments, such as the GP and hospital.
- Care records contained information about people's health histories which provided guidance to staff about how to identify changes in people's health.

Adapting service, design, decoration to meet people's needs

- People told us they liked their rooms and they had made efforts to personalise these. We observed this during our inspection.
- The registered manager told us where people require a ground floor level bedroom due to their mobility needs this was accommodated.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were deprived of their liberty referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- People told us they were asked for their consent before providing care and support. We observed this during our visit.
- Staff and records showed they had completed training to help them understand the principles of the MCA and understood the importance of gaining people's consent before providing care and support. One staff member told us, "How much a person can do for themselves whether that person needs help to make a choice, not making choices for them encouraging, prompting good hygiene, medication and eating."
- Care records showed people had signed to give their consent to receiving care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- People told us staff treated them well. Comments from people included, "I like it here, the staff are very kind, friendly and hard-working," and "I'm happy here, the staff are good."
- We observed positive interactions between people and staff. Staff knew people well, including people's life histories and relationships that were important to them.
- Staff were aware of people's diverse needs, therefore understood how to support people.
- The registered manager told us, they had an equalities and diversity policy to "Support LGBT people with their choices and lifestyle without any prejudice or bias or using your own values, acknowledging that every person is different, but equal to you."

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

- People were able to express their views about their care and be involved in making decisions about their care. Records showed 'Service user' meetings took place and regular keyworking sessions were held with people. Keyworking sessions enable people to have a responsible staff member to talk to about their care/needs. This afforded people the opportunity to make suggestions about and discuss their care.
- The registered manager told us people who used the service were involved in the recruitment process as a panel member. Recruitment records reviewed confirmed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff spoke to people in a kind and caring manner. Staff knocked on people's doors and waited for permission before entering.
- During our inspection we observed staff respected people's space. For example, staff gave one person the space they needed to calm down after becoming distressed about making a phone call. This showed the staff member knew the person well and understood their need to have their privacy.
- One person who told us, "I sometimes go shopping for the house all by myself." We spoke with this person who confirmed they had just returned from shopping for the home.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended the service follow best practice to find activities for people within the service. The provider had made some improvements.

- We found Improvements had been made to activities provided by the home. Records showed the provider had organised various activities, such as a trip to the seaside in July 2019 and a caravan holiday in May 2019. However, some people felt further improvements were needed in relation to the activities provided in the home.
- People told us they were able to take part in activities which they enjoyed. One person told us, "I go to the day centre two days a week and my [relative] comes to visit me. Other days I watch TV and listen to music. I do art, painting, drawing and use the colouring books." Another person told us, "I go out by myself, I go to the day centre twice a week, I also go to the cinema and cycling. When I'm in the house I just watch TV in the lounge or in my room."
- People were supported to maintain relationships with those who were important to them. Records and our observations during this inspection confirmed this. One person told us, "My family comes to see me."
- Staff understood people's needs and gave us examples of people attending their place of worship.

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

- People received personalised care and support that mostly met their needs. Due to staffing levels people may not have received the care they required during busier times.
- Staff were aware of people's life histories and preferences. We observed staff having conversations with people about their family and how they felt in general.
- Care plans were reviewed, and any changes were shared with staff to ensure people received care that met their current needs. Records showed relatives were kept informed of any changes in people's health or needs.

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.

- Staff told us of the different ways they communicated with people and understood their needs. For

example, a staff member told us for one person where there is a language barrier, they would watch the person's body language to know whether they wanted any support and the person would use signs or expressions to indicate their needs. During our inspection we observed this staff member using their skills and knowledge of the person to effectively meet their communication needs.

Improving care quality in response to complaints or concerns

- People were supported to make a complaint if not happy with any aspect of their care. We saw a copy of the complaints displayed on the communal notice board.
- People told us they didn't have any complaints. One person told us, "I'm happy here, I have no complaints."
- The registered manager told us there had been no formal complaints since our last inspection in March 2017. An informal complaint had been reviewed and satisfactorily addressed.

End of life care and support

- People's end of life care and wishes were explored and arrangements where possible were documented in people's care plans. The registered manager told us they had approached the GP for feedback, but this had not been successful. They told us this was a difficult subject to discuss with people, but she would continue to pursue this.

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 deteriorated to Requires Improvements. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits and systems were in place to monitor the service but had not identified the issues found during our inspection. We found areas where the provider needed to make improvements in relation to records, such as recording learning from incidents, staffing levels, safe recruitment and health and safety.
- The management structure at the service included, the registered manager, deputy manager and two senior support workers. The deputy manager was on long term leave and the two senior support workers worked at night and completed audits. Therefore, the current structure of the service did not support the delivery of high-quality, person-centred care.

We found management oversight and structures needed to improve to avoid the risk of harm to people. This was a breach of regulation 17 (Good Governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Daily medicine audits took place after each shift. This ensured that any errors would be identified and addressed without delay.
- The registered manager also carried out weekly and monthly internal audits. These covered areas such as, risk assessments, care plans, food, fire and health and safety.
- There was a local authority continuous improvement plan in place for the service. We saw the provider had acted on most of the actions listed.

Continuous learning and improving care

- The provider had failed to notify us of two incidents where Police attendance was required. Both incidents took place in August 2018 and involved the same person who no longer lives at the home. One involved an assault on a staff member by a person who used the service and the other involved an altercation between two people who used the service whereby Police were called. The provider had worked closely with the community mental health team to resolve the issues.
- The registered manager told us they had responsibility for reporting all notifiable incidents to CQC but thought she had submitted these. This meant the management structure at the home did not support the running of the service to ensure these notifications were submitted as required by law.

The provider failed to notify the CQC as required by law of two notifiable incidents. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

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 was aware of their responsibilities under the Duty of Candour. When things went wrong the registered manager had been open with people and their relatives and informed the local authority to explain what action they had taken to reduce the risk of reoccurrence.

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

At our last inspection we recommended the provider follows best practice to ensure they seek staff feedback to improve the service. The provider had made improvements.

- Since our last inspection in March 2017, the provider introduced a staff questionnaire. Feedback from this was positive.
- People felt able to offer feedback about the care they received through meetings and keyworking sessions. People said they felt able to approach the registered manager or staff with their suggestions and concerns, knowing this would be taken on board.
- People and relatives were asked their feedback about the care provided by the service. This indicated that people and relatives were happy with the service.

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

- People said they were happy with staff and the way they were looked after by the service.
- The registered manager told us they had an open-door policy whereby people can come and talk to her at any time. We observed people coming and going in to the office to talk with the registered manager or staff, who welcomed them and took the time to listen to them.
- Staff told us they felt supported by the registered manager who was approachable and supportive. They were able to give their views and make suggestions about the running of the service.

Working in partnership with others;

- The registered manager and staff worked positively with healthcare professionals.
- The registered manager told us they had a very good working relationship with healthcare professionals, including the community mental health team and local authority contracts team. This was confirmed by the local authority who told us they did not have any concerns about the service.
- The registered manager attended provider forums and had recently attended a continuing care group network. This meant they were able to share ideas with other services and professionals to improve the quality of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that systems and processes to audit the service operated effectively to assess, monitor and improve the quality and safety of services. Regulation 17 (1)(2)(a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure people were protected because safe recruitment practices were not followed. Regulation 19 (1)(2)(a)(3)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not always efficiently deployed to ensure people's individual needs were met. Regulation 18 (1)