

Hertfordshire County Council

St Michaels House

Inspection report

71 Holwell Road
Welwyn Garden City
Hertfordshire
AL7 3SF

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07 July 2017

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 07 July 2017 and was unannounced.

St Michaels House provides respite and enablement facilities in a short stay service for up to 12 adults who have a physical and or learning disability or sensory impairment. It does not provide nursing care. At the time of this inspection there were six people staying at St Michaels House

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

This was the first inspection since the service was reregistered in April 2016.

People told us they felt safe during their stay at St Michaels House and we observed staff supported people safely. Staff understood how to keep people safe and risks to people's safety and well-being were assessed and mitigated. People's medicines were managed safely by staff who had received training.

People had their needs met in a timely way and we observed there were sufficient numbers of staff who had the right skills and experience to support people safely. There was a robust recruitment process in place. This helped to ensure that staff who were employed at the service were suitable to work in this type of care setting.

Staff received regular support from their line managers which included attendance at team meetings along with regular one to one supervisions. Staff told us they felt well supported. People's consent was obtained and the service worked in line with Mental Capacity Act (MCA) principles. People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. People were supported to access a range of health care professional and services when required.

People gave very positive feedback about the staff and management at the service, along with the facilities and ethos of the service. We observed staff to be kind and caring.

Staff were knowledgeable about people's individual requirements in relation to their care and support needs and expectations. People had been involved in the planning of their care.

People were encouraged and supported to participate in activities which they had an interest in and were invited to join in events and celebrations which were organised throughout the year. There was a cheerful ambience around the communal areas of the service, including the outside areas.

There were arrangements in place to receive feedback from people who used the service. People were able

to raise any concerns they had and were confident they would be listened to and any concerns raised would be addressed.

There were systems and processes in place to monitor the quality of the care and support provided for people who used the service. There was an open and inclusive ethos and people were central to everything the service offered.

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.

People's Individual risks were identified, assessed and managed to help keep people safe.

People were supported by staff who were aware of how to recognise and report abuse.

People were supported by adequate numbers of staff who had been recruited through a robust process.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received effective support from staff who were appropriately trained and supported.

People were asked for consent before staff supported them.

People were supported to eat and drink sufficient amounts to maintain their health.

People were supported to access health care professionals as required.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way.

People were involved in the development of their care plans.

Staff knew people's needs and how they wished to be supported.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed and reviewed to help ensure people's changing needs were met.

Regular meetings were held for people who used the service to obtain feedback.

People were supported to participate in activities that were of interest to them.

People's feedback was welcomed and valued by staff and management.

Is the service well-led?

Good ●

The service was well led.

The atmosphere at the service was open and inclusive.

People had confidence in the management of the service.

The quality and safety of the service was monitored.

St Michaels House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07 July 2017 and was carried out by one inspector. The inspection was unannounced and this was the first inspection since the service was registered in April 2016.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with three people who used the service, three staff members, a senior support worker, and the registered manager.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate their views verbally.

We reviewed care records relating to two people who used the service, recruitment files; including staff support arrangements and other documents relevant to people's health and well-being. We reviewed monitoring information and feedback from people who used the service.

Is the service safe?

Our findings

People told us that they felt safe during their stay at St Michaels House. One person said, "I have no concerns at all about my safety, I have been here a few days and it is my first time here but everything has been great." Another person told us, "The staff are always around to offer support and assist you and that provides reassurance." We observed people were supported safely and staff had access to detailed information which helped them keep people safe.

Staff were knowledgeable about the potential risks and signs of abuse and were able to confidently describe how they would report any concerns both within the organisation and externally to local safeguarding authorities. Staff had received training in safeguarding and told us they had regular refresher training so that their knowledge was kept up to date. They told us that they would not hesitate to report any concerns to the senior staff on duty. Information about how to report concerns, together with relevant contact numbers, were displayed in several prominent places within the service and on the notice board as a reminder for people and staff. This showed that the provider had taken the necessary steps to help ensure that people were protected from potential abuse.

People had their individual risks assessed and where a risk had been identified actions were put in place to mitigate the risks where possible and detailed guidance provided to staff to help them manage risks to help keep people safe. These were reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of bedrails, swallowing and skin integrity. These assessments were detailed and identified potential risks to people's safety and the measures in place to mitigate risk. Staff helped people to move safely using appropriate moving and handling equipment and techniques. For example, we saw that there were ceiling tracking hoists in place and each person had their individual slings. The assessments carried out for people to establish what sling they needed took account of their physical needs or any other particular needs they had.

People and staff all told us that there were enough staff available to meet people's needs. One person told us, "They are always around to help you whenever you need them; I think there are plenty of staff." We observed people were assisted in a timely way and were not rushed. Staff worked in a calm and relaxed way and we noted that people received their care and support when they needed it. The registered manager told us they had some staff vacancies which they were trying to recruit to, to enable them to operate the service to full capacity.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable to work in this type of service. We checked the recruitment records of two staff and found that pre-employment checks had been completed such as taking up a minimum of two satisfactory references, a disclosure and barring (DBS) check and proof of identity and address.

There were appropriate arrangements in place to manage people's medicines safely. People brought their medicines with them when they came to stay at the service and these were checked in by two staff members. All medicines were recorded on a medicine administration record (MAR) chart and were signed by

staff when they administered medicines to people. Staff had received training in the safe administration of medicines and we saw that there were appropriate storage systems in place. People told us that they received their medicines regularly and that their medicines were managed safely. Where people 'self-medicated' staff supported them to ensure they took their medicines regularly. Regular audits of medicines were completed to help keep people safe.

Is the service effective?

Our findings

People told us that the care and support they received at St Michaels was appropriate to meet their needs. One person said, "This place has been fantastic I would give it 10 out of 10 for everything. Yes, they have met my needs and expectations." Another person told us, "I have been here before, it's a great service and the staff know exactly how to help everyone. I am sure the service is effective."

Staff received training to support them to care for people effectively. Staff told us they had received regular training and updates and we saw that further training had been planned. This included training in moving and handling, safeguarding and administration of medicines. Staff told us they could also undertake specific training relevant to the needs of people who used the service such as diabetes. The registered manager and staff confirmed that they were well supported through regular team meetings and individual supervision and one staff member told us "We don't have to wait for our planned supervision, [name] Registered manager is always available to see us if we need to discuss anything".

People told us that staff obtained their consent before supporting them. Staff members were knowledgeable about mental capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills.

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. The application procedures for this in care homes and hospitals are 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 were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They knew the process that needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection three applications had been made to the local authority in relation to people who used the service and one had just been authorised while the other two were pending authorisation.

People told us that they were provided with a good choice of food and could eat and drink when they wanted. We saw there were drinks and snacks available and people could help themselves or ask staff for support if they required it. We noted that most people opted to eat in the communal dining room at times that suited them. One person told us, "The food here is lovely and you always get a choice, if you don't like what's on offer they will always make you something else." Staff told us how they catered for people with

specialist dietary requirements such as pureed or fortified foods. Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration.

We observed the lunchtime meal served in the communal dining rooms and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. Staff and the registered manager confirmed that people were supported to maintain their health during their stay at the service.

Is the service caring?

Our findings

People were extremely complimentary in respect of the staff who provided their care. One person told us, "They are a gold star service; they [staff] are diamonds, all of them. I could not say one bad thing about my stay at St Michaels House. I just wished other people knew about it and wished there were more services that operated in the same way." Another person told us, "I do look forward to coming here, I enjoy the company and the staff are lovely, I wouldn't choose to go anywhere else."

Staff were calm and gentle in their approach towards people and demonstrated that they knew people well and supported them at a pace that suited them and that they were comfortable with. Staff told us they enjoyed working at the service. One staff member who was from an agency told us, "It is my favourite place to work; the people's care is the best here." Throughout the day we observed there was good communication between staff and the people who used the service. For example we saw that a person was seated outside with a member of staff and they were chatting and exchanging banter, which the person visible enjoyed.

People told us they were both involved and consulted about the care they received at the service and how the service met their expectations. Staff told us that an initial assessment was completed and then people were contacted a week before they came to the service to discuss their needs and wishes and what they wanted to do during their stay at St Michaels House. People's care and support plans were reviewed regularly to help ensure they continued to meet people's needs as they changed as there were often extended periods of time between their stay at the service.

Staff respected people's dignity and made sure they supported people in the way they wished whilst supporting and encouraging them to remain as independent as possible. We observed that staff were always kind and courteous towards people they supported.

Staff had developed positive and caring relationships with people who they clearly knew well. People were relaxed and comfortable with all staff members. One person told us, "From the manager to the cleaner, they are the best there is, they always have time for you and really make you feel you matter." We observed staff interacting with people in a cheerful, warm and caring manner listening to what they had to say and responding accordingly. We saw a person who was leaving the service after a period of respite and the staff were all seeing them off. We also saw a person arriving at the service and they were welcomed back to the service with all the staff greeting them, making them feel valued. Staff demonstrated they were genuinely happy to welcome the person back to the service.

People's confidential care records were stored securely to ensure personal and or sensitive information remained private and secure.

People were very complimentary about staff. One person told us, "This service is more like a hotel and the staff treat everyone as an individual and make them feel special." They went on to say "Here, I am a person first, and my disability does not define me." This demonstrated that staff treated people kindly and were aware of people's feelings.

Is the service responsive?

Our findings

People's care plans contained detailed information which enabled staff to provide care that was responsive and flexible to people's changing needs. For example, one person's care plan contained very specific details about their complex health issues and how they should be supported, encouraged and monitored so that any change in their condition could quickly be identified and responded to.

The service had facilities for people who needed bariatric equipment. Bariatric equipment is used for people who suffer from obesity. For example they had ceiling tracking hoists, larger wheelchairs, specialist baths, beds, and a Jacuzzi to assist people in a person centred way.

Care plans showed that people were central to all discussions about their care at the service and how the service would meet their expectations. For example one person told us, "The staff asked me what I enjoyed doing, like going to the shops, going into town or the cinema." We saw that people were supported to participate in activities that they were interested in such as arts and crafts and also days out to the seaside or to a show. At the time of our inspection the staff were in the process of organising a tea party and were busy collecting china and crockery as well as items being donated for a tombola organised for fundraising.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this information to provide personalised care and support that met people's individual needs. People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, one person had returned to St Michaels House after a short stay in hospital and staff were discussing ways in which they could support the person most appropriately and to help them settle after a change of environment.

We observed that staff members sat with people for extended periods of time and told us this was very much the practice for the service. One staff member told us, "We always spend time socialising with people." One person who used the service told us, "I love coming here for respite; it enables me to be around people and have some social interaction. At home it can be quite socially isolating as I don't go out much." This interaction had a positive impact on people, we noted they smiled and enjoyed talking about all sorts of topics including what they enjoyed doing and what they were planning for the weekend during the hot weather.

People knew how to raise a concern and told us they were sure any issues would be addressed immediately. One person told us, "I think they have 'Residents' meetings although I have not attended myself but if people want to raise anything they can do it there." A staff member told us people had regular opportunities to discuss their expectations from the service and if they had any complaints, they would be listened to. There was a complaints policy and procedure in place and this was displayed prominently of the notice board in the communal dining area. Complaints were managed in accordance with the provider's policies and procedures. However, one person who used the service told us, "I can't say that I have anything to complain about, everybody is very kind and very helpful."

Is the service well-led?

Our findings

People who used the service were very positive and complimentary about all aspects of the service. One person said, "This place is so good. Honestly I can't describe how good they make you feel here." They went on to say, "The staff, well they just go over and beyond, nothing is too much trouble they are fantastic every one of them."

People knew the registered manager by name and said that they were visible at the service and felt they were approachable with any problems. One person told us, "You just know that they put people first here and they all listen to you what you have to say." Another person told us, "As far as I am concerned I feel very lucky to have spent time here, at least I know about it for the future and if I need to come here again I would look forward to it."

Staff told us that since the service had been refurbished last year the changes were amazing and they felt they really could offer people a 'good quality personalised service'.

The registered manager demonstrated an in-depth knowledge of the people who used the service and the staff and their individual qualities and attributes. We observed the registered manager interacting with people who used the service, and staff in a kind caring and positive manner.

Staff told us that there were regular staff and service user meetings held to enable them to discuss any issues arising in the service. The minutes of these meetings showed that all areas of the service were discussed including food, activities future development and staffing.

There were various audits completed along with maintenance checks and fire drills to help ensure that the service was safe. These included such areas as fridge temperature checks, equipment safety checks and bedrails checks.

People told us that meetings were held in the home to support them to raise any issues or concerns and to discuss any suggestions they had. The minutes from a recent meeting showed that people were satisfied with all aspects of the service and feedback was very positive.

People were given questionnaires to complete which were distributed annually to people who used the service. We saw that the results from the last survey contained positive feedback from everyone who had used the service.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

We observed throughout our inspection that staff and managers operated in an open and transparent way and were 'inclusive'. Even those people who could not communicate verbally were included in

conversations and on several occasions we seen people respond through various types of body language including smiling or eye contact or making sounds indicating they were happy. This approach helped demonstrate a personalised service which put people first and where staff and managers had developed individual methods to communicate with people who used the service.