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St Michaels Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 6 March 2018.

St Michaels Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St Michaels Lodge can accommodate 13 people in one adapted building. At the time of inspection, six people with mental health support needs were living at the service .

At our last inspection in August 2017, we rated the service as requires improvement, we found the service to be in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Need for consent. This was because of a failure to involve people in their assessments of capacity, lack of consideration for the least restrictive strategies to support people and lack of consideration of people's best interests. At this inspection, we found that some improvements had been made, and the service was no longer in breach of this regulation. However, further improvements were still required to make sure every person had the same opportunity for support with decision making, and to make sure all people's interests were appropriately represented.

There was a registered manager in post who was also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager was not available to see us on the day of inspection.

Staffing levels had improved since our last inspection, although this was not always consistent. During the day of our inspection, only one member of staff was on shift, when there would usually be two. This limited the amount of interaction and activity available for people. The staffing levels within the home required strengthening to fully enable a selection of meaningful activity for the individuals living at the service.

Improved quality monitoring systems and processes were in place and audits were taking place within the service to identify where improvements could be made. Further detail was required with environmental audits to ensure that maintenance and levels of cleanliness remained adequate.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by the registered manager.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to

ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff giving care. Staff told us that they were able to update their mandatory training with short refresher courses.

Staff supported people with the administration of medicines, and were trained to do so. The people we spoke with were happy with the support they received.

Staff were well supported by the registered manager and senior team, and had one to one supervisions and observations.

People were able to choose the food and drink they wanted and staff supported people with this. People could be supported to access health appointments when necessary. Health professionals were involved with people's support as and when required.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and they provided their care in a respectful and dignified manner.

People were able to contribute to the way in which they were supported. Care planning was personalised and mentioned people's likes and dislikes, so that staff understood their needs fully. People were in control of their care and were listened to by staff.

The service had a complaints procedure in place. This ensured people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

The service worked in partnership with other agencies to ensure quality of care across all levels.

Communication was open and honest, and improvements were highlighted and worked upon as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe

Staffing levels required further improvement to ensure that there were always consistently sufficient numbers of staff deployed within the home.

Risk assessments were in place to cover the risks in people's lives.

Medication was administered safely by trained staff.

Is the service effective?

Requires Improvement 

The service was not always effective

Improvements had been made to ensure the principles of the MCA had been followed when developing people's plans of care. Further improvements were still required to make sure every person had the same opportunity for support with decision making.

People were supported to have enough to eat and drink.

Staff received the training, supervision and support that they needed to work effectively in their role.

Is the service caring?

Good 

The service was caring

People were treated respectfully by staff.

Privacy and dignity was respected.

Is the service responsive?

Good 

The service was responsive

Care planning had improved and included a person centred plan for each person.

The activity programme had improved and records were kept and evaluated to identify what people enjoyed.

There was a system in place to manage complaints.

Is the service well-led?

The service was not consistently well led.

Formal quality assurance systems required strengthening and further detail to ensure that improvements were sustained.

The provider had taken steps to improve the quality of environment with a refurbishment plan.

Feedback was gained from people and relatives.

The service worked successfully with outside agencies to improve care.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for well led at the next comprehensive inspection.

Requires Improvement 

St Michaels Lodge

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 checked 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 6 March 2018 and was unannounced. The inspection was completed by one inspector.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted and met the health and social care commissioners who monitor the care and support of people living in the home.

During the inspection we spoke with two people living at St Michaels lodge, two care staff and the provider. We reviewed the care records of four people who used the service. We also reviewed records relating to the management and quality assurance of the service such as audits, cleaning schedules, staff rotas and staff files.

Is the service safe?

Our findings

At our last inspection in August 2017, we observed that staffing levels were not sufficient. At this inspection, we saw that staffing levels had improved, but were not consistent. We saw that the service had gone from one member of staff on shift, to two for most of the day. This is because the registered manager or a second member of staff was normally on shift and available to support people. On the day of our inspection, this was not the case as the registered manager was not available. The provider told us that the staff were able to call upon help from the providers neighbouring service in an emergency. The provider did not use a tool to determine the levels of staffing that were required in the home, so could not evidence the level of support required for each person, was available to them. The service provided care to people with a range of different abilities, and we saw that people were sitting in the lounge area watching television. Our observations were that at times people's experience of living in the home could be improved through further increases to staffing levels. One member of staff was not enough to attend to people's needs promptly, should more than one person require assistance. The provider told us they would review staffing numbers within the service.

Staff were aware of how to report safeguarding concerns if they identified that an individual may be at risk. All the staff we spoke with told us they would report concerns to management or the local authority safeguarding team if required. One person we spoke with said, "Yes I feel very safe living here, no problems."

Risk assessments were in place that detailed the risks present within people's lives. We saw that these assessments were detailed and gave staff guidance on how to support people in a variety of situations. The assessments were personalised to each individual and reviewed regularly to ensure updates were included as necessary. The staff we spoke with were confident that the risk assessments in place enabled them to safely support people.

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that references had been obtained for staff prior to them working in the service as well as checks with the Disclosure Barring Service (DBS). One person told us, "Yes there is always someone about to help if I need it."

People were safely supported with the administration of medicines. The staff completed medication administration records (MAR). We checked the MAR and saw that they were filled out accurately, and signed for every time. Appropriate storage and disposal methods were being used. We looked at stock levels of several medicines, and saw they were accurate. Appropriate training was in place for staff to safely administer medicines.

People were protected by the preventions and control of infection. We saw that the service was nearing the end of a refurbishment plan that had improved the environment throughout the building. The service had been cleaned appropriately. All of the rooms and facilities within the service were clean and tidy. Cleaning rotas were in use, and these showed that the service was regularly cleaned, although more detail was required to ensure that levels of cleanliness were sustained across all aspects of the environment.

The service recorded and reviewed any incidents and passed on information within the staff team to ensure that lessons were learned. The staff we spoke with told us that they were confident in recording and reporting information about people's needs, and discussing within the team to ensure people's safety. We saw that this information was shared within supervisions and team meetings . This included updates to people's health and general care.

Is the service effective?

Our findings

At our last inspection in August 2017, we found the service to be in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Need for consent. This was because of a failure to involve people in their assessments of capacity and lack of consideration for the least restrictive strategies to support people and their best interests. We issued a warning notice to the provider which stated that improvements were required. At this inspection, we found that some improvements had been made, and the service was no longer in breach of this regulation. However, further improvements were still required to make sure every person had the same opportunity for support with decision making, and to make sure all people's interests were appropriately represented.

We saw that people were involved in making decisions about their care as much as they could be, and that people's family or representatives were involved as required. Consent forms were signed for specific areas of people's care. Some people were assessed as not having the capacity to understand the financial and health impacts of continuously smoking. For these people, we saw that contact had been made with people's family or appointee, to agree to restrict their access to cigarettes to one per hour. Other people had signed to agree to this arrangement themselves. We saw that the provider had applied for advocacy services for some individuals to enable further support with their decision making, however not everyone using the service had received this type of support. One person did not have any family or advocacy services representing them. The provider told us that they would look in to advocacy services for the person as soon as possible.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some of the people at St Michaels lodge were assessed as not being able to leave the service without the supervision of staff, due to their own safety. The provider told us that these individuals did not ever express the wish to leave the service, and therefore no DoLS had been applied for. This meant that if a person had requested to leave the service unsupported, they would be restricted from doing so. The provider told us they would make sure to apply for a DoLS for these individuals to cover this eventuality.

People had received pre-assessments of their needs before using the service. On-going assessments and reviews of people's needs were carried out as required. Staff had a good understanding of each person's specific needs, wishes and lifestyle choices, and people were not discriminated against.

Staff were supported to access on-going training and development that was relevant to their role. One

member of staff told us, "The training is very good, we have regular top up training to refresh knowledge." The provider told us, "I like the training to be done face to face, so we book people to come in and run sessions for us." We spoke with a professional from the local authority who told us they had been supporting the service with person centred planning training, and that the staff had engaged well with this. We saw a training matrix which showed training was up to date.

Staff had the opportunity for regular supervision and support from the registered manager and senior staff. One staff member said, "I have lots of support from the registered manager, I can approach them for anything." We saw that supervisions were recorded and areas for improvement were discussed with staff members.

People were supported to maintain a healthy and balanced diet. One person told us, "Yes I like the food. There are different choices." The staff all had a good knowledge on what people liked to eat, and were motivated to encourage people to eat healthily as much as possible to increase their overall wellbeing. Care plans documented people's preferences and any requirements they had with food and drink.

Health and medical information was recorded for each person. The people we spoke with confirmed they were able to see health professionals as and when they needed to. Staff were vigilant to any changes in people's health and took action to enable people to access relevant healthcare professionals. Care planning documented any health conditions that people had, and kept an up to date log of recent appointments and medical input.

Is the service caring?

Our findings

During our last inspection, we saw that improvements were required to ensure the quality of engagement between staff and people was consistent. This was affected by staff availability. During this inspection, we saw that staffing levels had been increased slightly, and that activities and interactions between staff and people were being strengthened. We discussed with the provider that these interactions could be further increased by more staff availability. The provider told us they would review staffing numbers within the service.

People told us they felt involved in their own care. One person said, "The staff listen to me. I feel in control." We saw that staff understood people's preferences and communication, and supported people to do the things they wanted to do. Care plans we looked at reflected this.

People confirmed that the staff respected their privacy when providing care. One staff member said, "I feel that all the staff are on the same page. Any of us would say something if we thought someone's privacy was not being respected." We were shown around the service on a number of occasions and we saw that staff always knocked on doors before entering to show us around. People had keys to their own rooms, and could secure their belongings if they wanted to. All the staff we spoke with understood the importance of confidentiality, and keeping people's information private and secure as required.

People were treated with kindness and respect by the staff. One person said, "The staff are nice, I like them." During our inspection we saw that staff clearly knew the people they were supporting well, and interacted with them in a warm and friendly manner, and gave everyone the time they needed to communicate.

Care planning documented the personality of each person, and showed that people had been involved in their own care.

Is the service responsive?

Our findings

During our last inspection, we found that some further improvement was required to ensure a consistent approach was taken to deploy and encourage meaningful activity. We also found that activities based outside of the service and in the community were limited, and could be improved upon. At this inspection, we found that some improvements had been made.

Staffing levels had risen slightly and activities on offer had improved. However, people's experience of living in the home and access to the community could be improved through further increases to staffing levels. A daily log of activities was being kept which showed the suggestions staff had made to people, who had taken part, and the reasons given by those who did not wish to take part. One staff member told us, "I love to dance, so I am always encouraging people to have a dance and stay active." People we spoke with told us that there were usually activities on offer, although several people chose not to engage. We saw that there had been some activities offered to people outside in the community. This included trips to a local coffee shop to socialise, and trips to other shops. During our inspection, we saw that a staff member was engaging with a person and playing board games, and other activities were offered to people. We saw that some people chose not to take part in community based activity as they did not want to leave the service.

New care planning documents had been created to include person centred plans. We saw that the service had received support from a local authority social care professional in creating plans for each person. These plans included section on 'Who is important to me', 'Things I like and dislike' and 'When I am feeling unwell'. Preferences, likes, dislikes and skills were listed for each person.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. No examples of accessible information had been created by the service, but the provider told us that they were able to create easy read or large print versions of documents if required.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. We saw that if complaints were made, the provider followed a complaints policy and could record and respond to each complaint. The provider told us that information from complaints could be fed-back to staff when required, so that learning and development could take place.

No end of life care was currently being delivered at the service, but systems were in place to support people with decisions in this area should they need to. Advanced decision planning documents were being developed by the provider.

Is the service well-led?

Our findings

During our last inspection, we saw that improvements were required to ensure the quality assurance systems were robust. The provider had not identified that the principles of the MCA had not been implemented appropriately within the home. The provider had also not taken steps to review the ways in which they gathered and acted upon feedback from people. At this inspection, we saw that formal quality assurance systems had improved in some areas, but required strengthening and further detail to ensure that improvements were sustained. Whilst we saw that the environment had been improved by the provider, a more detailed audit and cleaning log was required to make sure every aspect of the environment was monitored and cleaned. We saw that the environmental audits and cleaning schedules used at the service did not contain sufficient detail. To ensure that areas and facilities within each room, were not missed, more detail was required. The provider told us that these checks would be reviewed and strengthened. People had the opportunity to feedback on the quality of the service. Quality questionnaires had been sent out to people and their families to comment on the quality of care they received. Results of this feedback from people was positive. The provider told us that results were collated and looked at, and if any areas of concern had been identified, actions would be set for improvement. We saw that the service engaged with people's family about their care and took their feedback in to consideration. We saw correspondence between relative's and the service within people's files.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Well led' again at the next comprehensive inspection.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.

People and staff we spoke with told us that they felt supported by the registered manager. Staff told us that they could approach the registered manager or senior staff members whenever they needed something, and they got the support they required.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion. Staff told us that they were able to feedback through a variety of forums including team meetings, supervisions, and observations, as well as informally should they wish. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

The service worked openly with the local authority and other professionals involved in people's care. We spoke with a social care professional who had been supporting the provider with some improvements in care planning and other documentation that was required. The feedback was positive, and we were told the provider was receptive to the help offered to change and improve some of the care planning documentation

in place.