

# Hertfordshire County Council

# St Michaels House

## Inspection report

71 Holwell Road  
Welwyn Garden City  
Hertfordshire  
AL7 3SF

Date of inspection visit:  
30 January 2020

Date of publication:  
13 March 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 House is a specialised short break service that provides respite care for adults with a learning disability and people with a physical disability. Hertfordshire County Council is registered to provide accommodation and care at St Michaels House for up to 12 people at any one time. At the time of the inspection there were six people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People told us they felt safe and were always looking forward to using the short break service. People's medicines were managed safely, and staff knew how to mitigate risks to people. Staff received training in safeguarding and were confident in telling us how they would report their concerns internally and externally to safeguarding authorities.

Staff felt supported through training and supervision to carry out their roles effectively. People were happy with how staff met their needs and told us they were involved in planning the support they needed when using the service. People had been supported to eat and drink sufficient amounts. Staff knew when to involve health or social care professionals in people's care.

People told us staff were kind and caring and showed them respect. People were involved in planning the support they needed when using the service or, when appropriate, their relatives.

Staff supported people to continue to attend their usual activities and offered people additional ones like outings. People's communication needs were met and where needed, staff used aids like pictures or computer devices to support effective communication. The provider's complaint procedure was shared with people and relatives to ensure they knew how to raise their concerns. End of life care was not provided at the service. However, there were plans in place to ensure staff had information available to them and they were trained in case there was a need to offer this service.

When things went wrong, the registered manager reported to safeguarding authorities; lessons were learned and actions taken to prevent reoccurrence. Various audits were carried out by the management of the service to monitor the quality of the care provided and actions were taken to improve where necessary.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 01 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 House

## **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

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

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 reviewed information we had received about the service since the last 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

We spoke with four people who used the service and five members of staff including the registered manager, assistant manager, care staff and housekeeper. We 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 talk with us.

We reviewed a range of records. This included two people's care records and multiple 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a social care professional who regularly visit the service.



## 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they liked using the short break service and felt safe in the home. One person said, "We are very safe here. Staff are really good. We always look forward to coming."
- We observed people who could not talk to us on the day of the inspection and they were relaxed and smiled in staff's presence. This meant people felt at ease and trusted staff.
- Staff received training to understand how to recognise possible signs of abuse. They were confident in describing the possible forms abuse could take. Staff knew how to report their concerns internally or to external safeguarding authorities.
- A 'Lessons learned' process was imbedded in the systems and processes used by the registered manager. Learning was shared with staff after the registered manager had training to improve staff's practice.

Assessing risk, safety monitoring and management; Using medicines safely

- Staff were knowledgeable about risks to people's health and well-being. They knew how to support people to encourage independence and promote their safety.
- Risk assessments were developed for each identified risk to people. For example, there were risk assessments for moving and handling, choking and being out in the community. In addition, there were environmental safety checks which addressed areas like fire safety.
- People who communicated through behaviours that challenged others had comprehensive support plans in place which staff followed.
- Well developed procedures were in place to ensure staff were able to safely evacuate people in case of an emergency.
- Medicines were managed safely by staff who were appropriately trained and had their competence checked before they could administer medicines to people.
- Regular checks were in place to ensure people received their medicines as intended by the prescriber.

Staffing and recruitment

- There were enough staff to meet people's need safely. Staffing numbers were adjusted by the registered

manager depending on how many people were using the service and based on people's needs.

- Staff told us there were enough staff and the registered manager and team leader was available to step in and cover shifts when it was needed.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service

Preventing and controlling infection

- Areas in the home were clean and pleasantly airy.
- Staff were seen using aprons and gloves when dealing with food and when offering people personal care.





## 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 has 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

- People's needs were assessed before they started to use the service. Assessments detailed people's overall support needs and individual preferences. These assessments formed the basis of people's care plans and risk assessments and were further developed as and when needed.
- People told us they were asked if there were any changes to their support needs before each admission and care plans were updated.

Staff support: induction, training, skills and experience

- Newly employed staff completed an induction prior to starting work. This included learning about policies and procedures, on-line training and face to face training. Staff shadowed more experienced staff until they were competent and confident to work alone.
- In addition to the induction training, staff received annual refresher training in topics such as safeguarding, manual handling and infection control.
- Staff told us they were well supported through one to one meetings with their line manager and staff meetings. One staff member said, "The managers and team leaders are very approachable, and they help when I need support. We all work as a team. The training is good and prepared me for my role and I learnt so much since working here as people have different needs."

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

- People told us staff were providing tasty meals and they could choose what they wanted to eat. One person said, "The food is good, and we can have what we want. They [staff] ask what we would like to have and prepare the food for us."
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these.

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

- People told us that staff supported their health needs well whilst they were using the short break respite service. One person told us, "They know my needs well and if needed, they help me with my appointments."
- Staff communicated effectively with health and social care practitioners involved in people's care to ensure people's health care needs were met. Professionals we spoke with confirmed this.

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

- People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other special equipment people needed.

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.

- People told us staff listened to them and asked for their consent before any help was provided to them. One person said, "Staff are very good, and they ask what they can help me with. They listen to me."
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. Where people were found to lack capacity a care plan was in place and the registered manager applied for DoLS.
- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives and health and social care professionals to ensure the care people received was in their best interest.
- The Registering the Right support national best practice guidance for supporting people with a learning disability and autism was fully adhered to by the provider and staff.



## 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 has 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 were caring, friendly and respectful. One person said, "Staff are very kind to me. They do little things which means a lot to me and my relative. They always wash my clothes before I go home so I don't need to worry at all. They are really good."
- Social care professionals told us that staff showed empathy and kindness to people. One professional said, "Nothing is ever too much trouble throughout the team and [support is] always delivered with a caring and person-centred approach."
- Staff we spoke with told us about the people they supported. They spoke with compassion and in a caring way. They demonstrated that they knew people's needs and preferences well.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- One person told us, "We have loads of choices and staff listen to me. I take the decisions in everything and staff will do things the way I like it."
- A social care professional said, "The clients are included in all aspects of their day as the client is always asked what they would like to do during their stay. Staff can plan the time around these wishes. Privacy is always respected, and clients are always given 121 support to ensure this as and when needed."
- Staff treated people with dignity and respect when helping them with daily living tasks. They knocked on people's doors before they entered.
- People's bedrooms gave them privacy and space to spend time on their own if they wished.
- Records were stored securely, and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis
- People's independence was promoted. One person told us, "It's like being on holiday here. They [staff] let me be as independent I can be. I like doing things, but sometimes I need help and I only need to ask once."



## 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 has remained the same. 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; 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

- People told us staff supported them in a personalised way and this was confirmed by social care professionals who regularly visited the service. One professional told us, "Staff are trained and knowledgeable in all aspects of physical and learning disabilities. They enable people to access the community and see through the disabilities ensuring all are enabled and empowered to have an enjoyable stay."
- Care staff were able to tell us about the personalised care and support they provided for people. Care plans included personalised information to support the staff team to deliver consistent person-centred care.
- People told us they enjoyed the activities in the home and they liked socialising with other people and staff. A professional told us, "I see the staff and clients interacting, be that making small talk, having fun and a joke or playing games. There is always a trip out and all at a pace which is tailored to the client. I find it a really calm place and the clients they are always smiling and happy."

### 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.

- People's care plans detailed their communication needs.
- In addition to verbal communication people used computer devices, so they could effectively communicate with staff and each other. Staff also used pictorial menu forms and other pictures to aid communication with people.

### Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy and people told us they knew how to complain if it was needed.

- One person told us, "I can always talk to the manager if I am not happy about something, but I am always happy to come here."

#### End of life care and support

- The service was not supporting people with end of life care. The registered manager was developing this area of the service to ensure staff were trained and knew what process they had to follow in case people suddenly needed this support.



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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Everyone we spoke with told us the service was well-managed. One person said, "I come here regularly and it's always good. I like coming here; it's nice and I feel safe and well looked after."
- The provider had established governance systems that were used effectively by the registered manager to identify where improvements were needed. For example, the registered manager was further developing risk assessments in case of fire, end of life care planning and medicine administration records.
- Accidents and incidents were recorded and analysed for trend and patterns.
- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to manage all the aspects of the service. The registered manager had an overarching governance system which monitored how staff fulfilled their role.
- Staff told us they had known their responsibilities and how the provider was expecting them to deliver care and support to people.
- Meetings and handovers were used as an opportunity to share any learning across the staff team and give staff the opportunity to fully engage in the running of the home.
- Staff were provided with additional training above the ones considered mandatory by the provider to enhance their skills. For example, percutaneous endoscopic gastrostomy training ((PEG) is a surgical procedure for placing a tube for feeding in the abdomen), catheter care, epilepsy training, and diabetes.
- A professional told us, "The team is really well managed. Regular team meetings and open discussion is encouraged. Everyone's voice is appreciated, and every view listened to. There is an open and honest approach, and everyone is appreciated for any contribution. Information is shared with the team through care and support plans to ensure anyone who was not at the team meeting is up to date. I never had any issues around consistency."

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 told us they promoted transparency within the team. They openly communicated with people, family members and health and social care professionals.
- When events occurred in the service that required notifying to CQC or the local authority these were completed promptly.

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

- People had opportunities to regularly give feedback about their care and support. Yearly surveys were sent to people and relatives. Responses were analysed, and actions taken to act on feedback.
- People, relatives and staff had their say and contributed to the running of the home through regular meetings and yearly surveys.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.