

St. Michael's Care Ltd

# St Michael's Home

## Inspection report

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15 June 2017

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 10 January 2017. Breaches of legal requirements were found. A warning notice was issued in relation to how the provider assessed and monitored the quality and safety of service provided. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We also met with the provider to discuss the improvements required.

We undertook this focussed inspection on 15 June 2017 to check that the provider had followed their plan and to confirm they now met the legal requirement in relation to the warning notice. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Michael's Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

St Michael's Home provides personal care and support for up to 21 people. At the time of our visit, there were 13 people living at the home.

During this inspection we found sufficient improvements had been undertaken to address the concerns highlighted in the warning notice. There were some areas still needing improvement but the manager was aware of most of these and was working to ensure these were addressed.

The manager was not registered with the CQC. 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. However, an application had been received by the CQC to register the manager employed at the home and this was in progress.

People and staff were complimentary of the new manager in post. They said the manager was effective, supportive and had made improvements to the service.

The provider had ensured systems and processes to monitor the quality and safety of care and services had been introduced. This included a process to obtain feedback from people and their family members so any areas for improvement could be identified. Staff and 'resident' meetings had taken place where their views of the care and services provided were sought. Actions had been taken in response to some of the issues raised to drive improvement within the home.

Health and safety actions related to the environment had been addressed to ensure the home was safe. Improvements to the environment were ongoing.

There was a central record of accidents and incidents so the provider could monitor these. However, some of these had not been reported to the CQC as required.

Care records were detailed and had been reviewed so that staff had the up to date information they required to meet people's needs. Staff completed daily records to confirm the care and support they provided to people. Sometimes these records did not show the actions detailed in care plans had been carried out consistently. However, staff knew about people's needs and the actions they needed to take to manage risks associated with their care.

Staff training was ongoing to ensure all staff completed the required training to meet people's needs safely. New staff had completed essential training.

People told us their needs were being met and were complimentary of the staff. Risks associated with people's care had been assessed, including nutritional needs, and arrangements were in place to ensure these could be met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

Action had been taken to improve quality monitoring and the health and safety of people in the home. However, work was ongoing to ensure systems and processes to monitor the quality of the service were consistently effective.

**Requires Improvement** ●

# St Michael's Home

## **Detailed findings**

### Background to this inspection

We undertook an unannounced focused inspection of St Michaels Home on 15 June 2017. This inspection was undertaken to check that improvements to meet the legal requirement associated with a warning notice after our comprehensive inspection on 10 January 2017 had been made. We inspected the service to assess compliance against the key question: Well Led.

The inspection was undertaken by one inspector. During the inspection we spoke with three people, one relative and three staff plus the manager. We observed how staff interacted and supported people in the lounge and dining area.

We looked at a care plan for one person in detail but also checked other records such as people's daily care records, medicine records, health and safety checks, nutritional records and quality monitoring records.

## Is the service well-led?

### Our findings

At our last inspection visit in January 2017, we found a high turnover of managers had led to inconsistency of leadership which had impacted on the quality of care people received. There was no registered manager in post. There had been no registered manager at the home since January 2016. Audit processes and systems were not effective in ensuring people received safe and good quality care. We found the home to be in breach of 'good governance' due to issues not being addressed in a timely way and served a warning notice to the provider. We asked them to make the necessary improvements as stipulated in the warning notice within a short timescale.

During this inspection we found there had been improvements made. A new manager was in post and they were working in a supernumerary capacity so that they had sufficient time allocated to management duties. An application for them to register with the CQC had been submitted.

People and a relative spoken with felt the home was well-led. They spoke positively about the new manager and the changes they had implemented which they felt had improved the service. Comments included, "Since [Manager] took over it's improved quite a lot" and "[Manager] seems very nice, very helpful."

Staff also felt the management of the home had improved since the new manager had been in post. One staff member told us, "Management is one hundred times better." When we asked in what way, they said, "In general, with staff, she supports us, she will come in on her days off if we need her instead of bringing in agency staff. Resident wise, she will still make time to come out onto the floor and help with care. She will feed [Person], sometimes she will toilet people. She will never say no, she puts residents first."

People felt there were enough staff in the home to meet their needs. Since our last inspection, new staff had been employed and some staff had left. New staff told us they had an induction to the home which they felt was sufficient to carry out their role. They also told us they were experienced in care but had still completed the training they were required to complete when they started. They had attained National Vocational Qualifications (NVQ) in care before they came to St Michaels. People told us they felt staff knew what they were doing and spoke positively about the staff. One person who recognised the changes in staff employed told us, "A change for the better...they are quite caring." A visitor told us, "They communicate well, they are very friendly."

Since our last visit, a range of quality checks had been developed and implemented. These included a medicine audit process which required the senior member of care staff to carry out a number of checks. For example, checks of medicine records to make sure they showed medicines had been administered to people as prescribed and also that they had been managed in accordance with the provider's policies and procedures. An updated training matrix was in place which meant the manager could monitor staff training completed and training outstanding.

The 'keyworker' system in place at our last inspection had been withdrawn as the manager found this was not working effectively. The manager told us they would review this again in time to consider if this

benefitted people.

Training records we looked at showed there continued to be gaps in training. Some staff had not updated or completed the training considered essential to meet people's needs effectively. The manager was aware of this and told us all staff had been spoken with. Plans were in place to address this with individual staff if they failed to complete the training within the new timescales allocated.

Handover records were kept each day whereby information about people during the shift was recorded and handed over to the staff coming onto the next shift. This helped to ensure any concerns or changes in risks associated with people's care were shared and addressed as required.

A 'resident recap' meeting had been introduced where, on a weekly basis, people were asked as a group if they had any concerns or any requests they wished to make. Notes of these meetings were kept and showed suggestions made by people were taken seriously. For example, one person asked for lemonade to be added to the shopping list. Actions taken showed this had been purchased the following day. The meetings were also used to feedback to people important information such as re-decorating rooms and the arrangements planned to cause the least disruption to people as possible. These meetings helped people to feel more involved in decisions about their care. The manager told us there was still work to be done to involve people and their family members more in the development and review of care plans. The manager explained that they wanted to ensure all the care plans had been reviewed to make sure they contained the right information before speaking with people about them.

Quality questionnaires had been implemented and results analysed. People had been asked to rate the quality of care and services as either poor, fair, good or excellent. In February 2017, of the eight people who responded, eight rated their quality of care as 'good'. A more recent questionnaire, where seven people responded, showed answers to the same question remained positive. Five rated it 'good' and two 'excellent'. All people involved in the questionnaires felt the "friendliness of the home" was good or excellent. The most recent survey showed areas that had some ratings as "fair" related to "staff" and the decoration of the home. Both of these areas were in the process of being improved with new staff recruitment, training and monitoring. The decoration of the home was in progress.

We checked the systems in place to manage medicines as we had previously found creams and lotions had not been used correctly. Although records showed most of these were being used as prescribed, we found one person's medicine administration record (MAR) for a prescribed cream had not been completed. This meant it was not clear the cream had been applied three times a day 'as required' to address the person's skin problem. We spoke with the staff member who had completed the medicine round and they told us the cream had been applied. They said the person always reminded them when administering their other medicines that the cream needed to be applied and that is how they knew it had been used.

When we looked at the records for a person prescribed a pain relief skin patch, it was not clear this was applied to different parts of the body each time it was changed. This was important to ensure the person did not experience any negative side effects.

The manager told us they would take the necessary action to address the medicine concerns. We discussed staff training in medicine management with the manager as not all staff were able to administer medicines. The day staff were administering the night time medicines before they left at 8pm. The manager told us staff were in the process of being trained. They told us they had completed staff competency assessments in relation to medicine management and staff would not be administering medicines until they were deemed safe and competent to do so.

A new accident and incident record had been developed so there was a central record the provider could review. Although an analysis of these had not been undertaken, the manager had acted on risks identified within them in regards to reviewing care plans as appropriate. The manager said the provider had developed an analysis "tool" which they planned to implement as soon as possible. This was so any trends or patterns in accidents could be easily identified and acted upon. We noted that some of the accidents and incidents recorded had not been reported to us as required. This was discussed with the manager who accepted this had not happened, and agreed to make sure this was addressed in the future.

Since our last inspection we were told there had been a reduction in the number of incidents where people had behaviours that challenged others. The manager reported that people appeared more settled and there had been no concerns in regards to people's behaviours. Staff confirmed this suggesting that people's needs were being met more effectively.

There had been no complaints received at the home since the last inspection. There was no complaints procedure that we could see on display. However, the manager told us this procedure was in the process of being reviewed. They showed us a new complaints leaflet that had been developed which they planned to make available to people. The manager said they would also make sure this was put on display in the home so people and visitors would be able to easily access the information if they had any concerns.

Processes to manage and help prevent risks to people's health and safety had improved. Each person's needs had been assessed and individual risk assessments had been developed detailing any risks associated with their care and how these needed to be managed. These risks were being regularly reviewed by the manager to make sure people received safe care. However, supplementary records did not always show the checks required were always carried out to the frequency advised. Supplementary records were completed by staff on a daily basis to show the staff support provided to people. We saw, one person was to receive pressure relief every two hours, but records did not always show this was provided every two hours. Despite this, staff knew about the risks to the person and the need to ensure they had regular pressure relief and told us this happened.

A person's nutrition care plan instructed staff to make sure the person had "two nourishing snacks per day." We could not confirm this always happened. We discussed supplementary records with the manager so they could implement extra checks to make sure instructions to manage risks were followed and demonstrated..

People had been asked to comment on the quality of food in a 'food survey' and this was found to be an area needing improvement. This had been recognised by the provider and the manager told us they had employed a new cook. They had worked with the cook to devise new menus based on people's preferences. The manager told us they would be implemented as soon as they had checked they met everyone's preferences and needs.

People had recognised the food in the home had improved since the new cook had started and said they were offered a choice. One person told us, "The food is a lot better, there are two choices." They went on to tell us they did not eat certain foods and the cook knew this and tried to accommodate them. They said "They do me vegetables and pasta and things like that, they do try. This is all since [Manager] came, she has made a big difference." Another person told us, "The food is quite good, the lady came round this morning to ask what I wanted, I said I don't know, she told me what she liked so I am going to try that."

All staff had completed food hygiene training and the manager said staff were also working towards completing food safety training. At mealtimes there was a relaxed atmosphere and staff supported people



appropriately. We saw a staff member supported one person by sitting next to them and feeding them with a spoon. They spoke with the person throughout and ensured the person was supported at their own pace so they did not feel rushed and did not choke on their food. The staff member recognised when the person had received enough food and constantly checked with the person if they were alright.

Where people in the home were at risk of choking, health professionals had been consulted and thickening agents were used in their drinks to change the consistency to help them swallow them. We saw drinks provided to those people at risk contained the thickening agent. The cook was aware of those people at risk because they had a list with people's names in the kitchen. The manager told us they updated this list when people's nutritional needs changed.

When we looked at a care plan for a person who was not able to walk, this showed how risks associated with their care were to be managed. There was a care plan detailing what support they would need with any transfers. There was also a risk assessment which identified the risks the lack of mobility presented for this person. We saw staff followed the care plan by using a hoist for all transfers. We noted during our visit, that on one occasion, the person was not hoisted safely because the staff member left the hoist to get a wheelchair leaving the person in the hoist with one staff member. This was immediately identified by the manager who intervened to ensure the person was kept safe. We saw on subsequent transfers this was done safely demonstrating staff had learned from this mistake.

People said they were supported with their continence needs in a timely way most of the time. On the day of our visit, one person said they had been kept waiting to be supported and were not happy. However, they said this did not happen very often. We saw another person who needed to be assisted to the toilet could not be taken when they asked because there was no wheelchair available as they were all in use. The manager told us this had been discussed with the provider and they were hoping to obtain a further four wheelchairs so that they had enough to support people when needed.

Improvements to the health and safety of the environment had been undertaken. Action to repair the ceiling following a water leak had been completed and works recommended by a fire officer had been undertaken to make the home safe. Personal evacuation plans had been developed for people and were accessible should the emergency services need them in the event the home would need to be evacuated. There were contingency plans for staff to follow in the event of any other emergency in the home such as problems with gas or electricity in the home.

We found furniture that had previously been broken and in need of repair had been removed. One person told us, "I have had my room decorated and new furniture. They have done it quite nicely. They asked what colour we would like... I am quite happy with it." When we walked around the home, we saw there was a maintenance person redecorating some of the rooms as part of ongoing work to improve the environment.

During our last inspection we identified there was a problem with the hot water and some people complained the water was sometimes cold. The provider had taken action to monitor hot water temperatures. Records seen showed the temperatures were below those recommended for people to wash comfortably. The manager told us repairs to the water system had been done since the hot water temperatures had been checked. People reported recent repairs to the water system had resulted in hot water being more readily available. We checked some rooms at random to make sure people had hot water, some of the hot water in rooms was not warm and in others the water was warm enough. Staff told us they had found more recently there had been less problems with the hot water particularly since the repairs had been completed. The manager said she would check the temperatures again and ensure those that were too low were addressed.

