

St Micheal Care Limited

St Micheal Care Limited t/a HomeInstead Senior Care

Inspection report

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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

About the service

St. Michael Care Limited t/a Home instead Senior is a domiciliary care agency (DCA) registered to provide personal care and support to people living in their own homes. It provides a service to people living with dementia, older people and people with learning disabilities. They also provide other services that are not registered or regulated by the Care Quality Commission, such as offering companionship and preparing meals.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 24 people were receiving personal care. The staff who provided personal care were called care givers.

People's experience of using the service

People and their relatives were very happy with the service. They told us that care givers came on time. They spoke of care givers being kind, caring and thoughtful. They told us that their needs were being met in a personalised way which reflected their preferences. They were involved in planning and reviewing their care and were able to contribute their ideas to improving the service.

The registered manager had developed good connections with other health care professionals and community-based organisations. This helped to achieve positive outcomes for people. People received their medicines in a safe way and as prescribed.

Care givers recognised the importance of providing company and social contact for people, while also meeting all their care needs. People were involved in all aspects of their care. Care givers supported people to participate in activities that were important to them.

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 care givers told us they liked working at the service. They felt well supported and had the training they needed. They told us they felt listened to and valued. There were systems to make sure only suitable staff were employed to care for people and that they received an induction into the service. The registered manager carried out regular assessments to make sure care givers had the skills and knowledge to care for people in a safe way.

People knew how to make a complaint and felt that these would be responded to. The care givers and registered manager were aware of their responsibilities to keep people safe, address any concerns and learn from incidents and accidents to help prevent reoccurrence.

The registered manager and management team were well respected by people using the service and other stakeholders. There were appropriate systems to monitor and improve the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was Good (published 20 December 2016).

Why we inspected

This was a planned inspection based on the previous rating of the service at the last inspection.

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 Micheal Care Limited t/a HomeInstead Senior Care

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own house or flats.

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:

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection:

We visited the office location on 18 June 2019. We reviewed information we received about the service from the provider since the last inspection, such as notifications. Registered providers must send us notifications about certain events and incidents that affect their service or the people using it. We used the information the provider sent us in the provider information return. This is information providers are required to send us

with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

During our inspection, we spoke with five people who used the service and four relatives. We spoke with six care givers and the clinical lead. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We received evidence of updated employment records, and information relating to consent.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider had recruitment procedures in place. However, they were not always following these procedures because they did not have a record to show the full employment histories of some of the staff. We spoke with the registered manager about this and they responded immediately during and after the inspection by obtaining this information and forwarding this to us. The registered manager assured us that going forward they would make sure they had this information.
- The registered manager checked care givers' references from previous employment, and we saw evidence within staff files of information relating to the Disclosure and Barring Service (DBS) checks. This helped to protect people from the risks of unsuitable staff being employed to support them.
- People told us they normally had the same care givers providing care, which meant that they could build up relationships with them. They told us they received a rota in advance telling them which care givers would be attending. They spoke positively about staff and told us that they arrived on time and stayed for the agreed length of time.
- The provider used an electronic call monitoring system for care givers to 'log in' when they arrived and left people's homes. The system automatically generated alerts if the care givers were late. This meant the provider could monitor time keeping and update people if care givers were running late.

Preventing and controlling infection

- The registered manager had been carrying out spot checks and saw that some care givers needed to update their knowledge and improve their practice on infection control. As a result, an action plan was developed, and care givers were required to attend refresher for infection control. We saw evidence that 10 care givers had received this training. When we spoke with care givers they knew that infection control was an area that the registered manager was focusing on and trying to improve. One care giver told us "We never cross contaminate, you have to concentrate to wash your hands and remove gloves before you go to the next job, it is a simple task, but it is important."

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe and protected. People told us that they felt confident and safe with their care givers.
- Since the last inspection there had not been any safeguarding concerns. However, the registered manager was able to tell us what they would do if there were any alerts. They told us that they would refer and safeguarding concerns to the local authority.
- Care givers demonstrated a good understanding of how to recognise possible signs of abuse and to keep

people safe. One care giver told us "I have had safeguarding training and if you are worried you don't keep it to yourself you speak to the office, as our motto is 'Better safe than sorry'."

Assessing risk, safety monitoring and management

- Care givers had received appropriate training to identify and assess risks. One care giver told us how they referred to the risk assessment when operating the hoist in someone's house.
- Within people's files there were photographs of equipment and environments with detailed information on how to operate to ensure people were kept safe.
- Care plans detailed the care and support people needed to keep safe. Risks were assessed and suitable plans to reduce identified risks were implemented with regular reviews taking place.

Using medicines safely

- People received their medicines in a safe way and as prescribed. People's medicines needs and the risks associated with these were recorded in their care plans. People had medicines charts that the care givers used to record when they administered people's medicines.
- The registered manager told us that the service had recently updated their medicine policy. Care givers attended training and we saw evidence of discussions about how to administer medicines safely in staff meetings' minutes.
- The registered manager carried out audits of medicines records and if there were medicine errors this was addressed with care givers and a plan was developed to ensure care givers were confident in the administration of medicines.

Learning lessons when things go wrong

- The registered manager was proactive about learning lessons and improving the service. One care giver said, "If we make a mistake we get help and support."
- Accidents, incidents and near misses were logged with the registered manager and office staff audited each incident to identify any learning. The office staff hosted a morning meeting daily to discuss issues that may have arisen and to identify solutions to these to help minimise the risk of reoccurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- We found that the provider had incorporated the principles of the MCA into policies within the service. Care givers received training on the MCA and annual refresher training. When we spoke to care givers they demonstrated a good knowledge of the MCA and understood how to get support if required. One care giver told us, "It is important to recognise [people's] capabilities and if they are forgetful I speak to the office".
- Where other people were helping people using the service make decisions or were making decisions on their behalf, the registered manager checked that they had a Lasting Power of Attorney (LPA) and kept copies as evidence. An LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. This meant that the service would know who to consult with when making decisions about the person's care, if the person lacked the mental capacity to make specific decisions about their care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager or office staff visited people in their home to conduct the initial assessment. People told us that this assessment was very detailed. One person told us, "The care plan evolved naturally".

Following the assessment, a detailed care plan was developed. This was evidenced in the records that we

saw. The registered manager spent time understanding people's day to day activities and how they would like care to be given.

- Care plans were reviewed every three months and care givers told us that they were involved in the review process. If circumstances changed reviews took place straight away. One care giver explained that whilst they were supporting one person in their own homes they recognised that a relative who was living with dementia could benefit from support. They contacted the office and arranged for an assessment to take place and a package of care was put in place to support both people.

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

- Care givers supported people to make their own choices about what they liked to eat and drink and provided encouragement if required. One relative told us, "They will ask what [Person] fancies and they always make it."
- Within people's care plans we saw detailed information about the different types of food people liked and some suggestions of what people liked to eat. In one person's care plan we read that the person needed a protein shake and that it was important to keep these drinks in the fridge to ensure they were 'more pleasant to drink'. This showed us that care givers were given the necessary information to help meet people's nutritional needs.
- Some people were being supported by the SALT team. The SALT team provides assessment of swallowing for people who have difficulty swallowing, eating and drinking.

Staff support: induction, training, skills and experience

- Care givers had a comprehensive induction which ensured they received the relevant training that was appropriate to their role. A key element of the induction focused on care givers understanding the agencies mission and values statement. The registered manager told us "It is important that care givers understand the importance and values of the service." One care giver told us "The values of the agency are important to me".
- Another key aspect of the training focused on understanding the cumulative effect of growing old. This was achieved by wearing virtual reality glasses. Staff told us that this was useful as part of their induction to understand more the impact of ageing for people receiving care.
- The registered manager recognised that dementia was an area that care givers needed ongoing training and development. As a result, all care givers have received accredited training in dementia. Care givers told us that they had benefitted from this training in delivering care and support.
- Care givers told us they felt they had a good induction, one person told us, "It took place over four days and it was a good learning." Staff also completed a period of shadowing experienced workers, to understand the role and ensure they were providing care appropriately.
- Care givers received supervision every three months alongside competency assessments and an annual appraisal. Care givers had access to out of hours support if an emergency occurred. This helped show us that care givers received appropriate support.
- Many of the care givers and staff had worked with the agency for many years. This helped to show us that people enjoyed their role.
- People and their relatives told us that staff were well trained. One person told us when a care giver first came to their home they had no direct experience of how to use the medical equipment. However, after a period of shadowing they were doing well and the feedback from the local nurse had been very positive.

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

- The care givers understood people's needs well and were able to recognise if people's needs changed. One care giver gave an example of when they noticed a change in a person's behaviour and speech. They responded by calling for an ambulance as they felt this was the most appropriate option. The person needed to be admitted to hospital. On another occasion a care giver noticed that a person was showing signs of confusion, the care giver recognised that the person may have had an infection and took appropriate action to arrange for the medical interventions the person needed. This showed us that care givers were able to support people with their physical health needs.
- People were supported to access different services depending on their health requirements. People and their relatives told us that people were supported to attend hospital appointments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now 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

- The registered manager told us that care givers were matched with people based upon people's interests and backgrounds. They told us, it was important that people had a good connection and something to talk about. Equality and diversity were embedded within people's care plans. People's cultural, spiritual and religious beliefs were identified at the assessment stage.
- The overall feedback received about the service was very positive. People told us that staff attended to their needs with care, kindness and compassion. People's comments included, "They are extremely kind and considerate, I think they go beyond what I had expected" and "They are very nice and pleasant."
- Another person told us, the "care is good, on way here [care giver] will buy me the paper, today for example they will pick up my medication from the GP."
- One relative told us how a family member had a heart attack in December and the carer giver contacted the ambulance and stayed over the required time.
- One relative told us how a family member's boiler had broken down in the winter. Care givers liaised with the local authority to address this issue. They said, "It was due to the perseverance of Home Instead by repeatedly communicating with the council that a new boiler was installed putting an end to the breakdowns and days without heating and hot water."

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

- People and relatives told us that they were encouraged to voice their views and be involved in decisions about their care and support. The registered manager told us about one person who was feeling very unhappy which led to a general deterioration in the person's health conditions. The registered manager organised for a multidisciplinary review meeting involving the person's family and relevant health professionals. The person was able to express the type of care they wished to receive, and a new support plan was implemented. As a result, the person is much happier and engaged and is enjoying the care they are now receiving.
- Care plans contained detailed information about people, their life history, personal preferences, daily routines and how to deliver care and support. People were supported and encouraged to express their views and make decisions about the care and support they received. One care giver said, "I support one person with personal care and on a Friday they like a bath however some Fridays [person] is not up to it. I let the person decide"

Respecting and promoting people's privacy, dignity and independence

- One person told us, they received "as much privacy as I require, if we have a guest, [care givers] excuse themselves as necessary." A relative told us they were satisfied care givers respected the privacy of their family member and had no concerns about this. Care givers told us how they maintained people's confidentiality by not talking about people outside of work and making sure information about people was stored safely. Care givers assisted people to maintain their independence and supported them to be safe in doing this. Care givers told us they encouraged people to do as much as possible for themselves when providing personal care and support with food preparation as they wanted to promote people's independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now 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

- Care plans were in place which set out how to support people in a personalised manner. This enabled care givers to get to know people better, so they could deliver a person-centred service. Care plans were written in the first person and covered needs associated with personal care, mobility, nutrition and social relationships. Care plans were subject to regular review which meant they were able to reflect people's needs as they changed over time.
- People spoke highly of the service and felt it supported them to live as independently as possible. People's care plans provided information on their backgrounds, interests, likes and dislikes which helped staff to start to build relationships. In one person's file we read how important the cat was and what to do to look after the cat to ensure the person stayed relaxed during each visit.
- Care givers told us about examples of how they took extra steps to support people with their personal interests. This included a care giver accompanying someone to visit a nearby abbey whilst another care giver massaged a person's foot in a specific way to help soothe them. Another relative told us "They bring flowers, they play music and dance with [person] and they stay longer than they are supposed to."

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.

- The registered manager had a clear understanding of this and if people needed support the service had tools such as access to translators which could be used to improve people's access to information.
- Within people's care plans we saw evidence about ensuring people had access to their glasses or speaking in a manner to ensure people understood how the care giver was providing care.

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.

- The care givers supported people to take part in a wide range of activities that were relevant to their interests and backgrounds. An example of this was supporting someone to attend a local church on a weekly basis and supporting someone else to attend a Pilates class.
- The registered manager recognised that Valentine's day could be a sad and lonely day for some people who had lost a loved one. As a result, care givers and staff visited people on Valentine's day and brought

flowers. This helped show us that the service was trying to help people who may feel lonely.

- The registered manager was committed to ensuring that people who were receiving care were supported to participate in their community to help alleviate loneliness. The registered manager set up a monthly afternoon tea club and a community café. These events run each month and the aim was to provide an opportunity for people using the service and other older individuals in the community to come together and participate in activities that are engaging and promote wellbeing and help address social isolation. As a result, the service has received an award for entrepreneurship.
- The registered manager was also working within the local school on a project called 'Adopt a Granny' which supported children to write to older people living within their community. The aim of this project is to pair older people with local children to help establish a friendship and help to address loneliness and isolation in older people who may not have family or friends living close by.

Improving care quality in response to complaints or concerns

- Everyone that we spoke with knew that there was a complaints procedure and they knew how to make a complaint. We looked at the complaint procedure and we were able to see how complaints were addressed. Information was stored in a way which showed what the complaint was, how it impacted on the person and how the registered manager dealt with each stage and the overall outcome. This showed us that the provider was dealing with complaints appropriately.

End of life care and support

- At the time of the inspection the service was not delivering end of life support to anyone. However, they had done so previously. One staff member told us when someone had died recently, the family had asked for them to help plan the music at the funeral as they knew what music the person had enjoyed listening to.
- The registered manager told us that the service had identified end of life care as an area for further development. As a result, one staff member who was a qualified nurse was leading on developing this area of work and they had recently attended accredited training through City and Guild. The provider was planning to train all staff in the coming months. Within team meeting minutes, we could see that end of life was discussed and staff were kept up to date on the provider's plans in regard to this topic.
- There was also support for staff who have cared for people at the end of their life. Care givers were also encouraged to access counselling services if they required support after someone had passed away.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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

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

- During our inspection we identified gaps in employment records. When we spoke to the registered manager they were open and transparent and since our inspection they have sent evidence to demonstrate that these issues were addressed.
- There was a clear vision and set of values at the service which were shared by all management and staff which focused on people receiving personalised care.
- The registered manager had a good understanding of the people who were receiving care and their care needs. They had built a good relationship with the person and their families and had a comprehensive oversight of how the person was being supported.

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

- The service operated an 'open door policy' which meant if care givers needed support they felt able to approach the registered manager and office staff who shared responsibilities and provided support as required. One care giver told us "I ring when I have a problem and they can help at any time."
- The registered manager is a registered nurse and has extensive experience in social care. Local health care professionals, people and their relatives spoke highly of the registered manager. Their feedback included, "The registered manager is an excellent leader and has shown a very caring and empathetic approach."
- The provider understood their regulatory requirements and responsibilities and ensured the service was compliant with these.
- The registered manager was experienced and demonstrated they had managed complex cases effectively to ensure good outcomes for the people involved. We saw evidence of this in the care plans that we read where the registered manager had engaged with health care professionals to ensure people were receiving the care to address their health needs.
- The registered manager led a staff team that knew people well. Care givers had built friendships with people and had a strong rapport with their family members too.
- The provider valued their workforce and were committed to improving the working conditions for care givers. Care givers told us about improvements to their pay and working conditions. Care givers were able to access support through an employment assistance programme if they needed help or support outside of their working lives.

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

- The provider received an award in 2018 as they were the most recommended home care provider in their region.
- The registered manager conducted an annual survey which welcomed feedback from people who used the service and staff. Staff told us that they are actively encouraged to participate in this survey. The survey was analysed, and the registered manager used this to drive ongoing improvements.
- Meetings were held within the service. This included all staff meetings and office meetings. Feedback from these meetings was communicated to staff to continue to improve service delivery.
- Care givers were actively encouraged to attend and participate in team meetings. Care givers told us that team meetings were an opportunity for them to put forward their opinions and they would be listened to.
- Care givers told us that they received the minutes of all meetings via email which helped keep them informed of relevant changes and updates within the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager had developed quality assurance systems to effectively monitor the service. This work was led by the office team and findings fed in to an overall continuous improvement plan which helped ensure the service was addressing issues when they arose. The registered manager told us that they were planning to introduce electronic care planning. They were starting to make this change at the time of our inspection.
- The registered manager was involved in several campaigns and workshops to raise awareness of the support available to people who used the service. These workshops were open to the wider community. Topics that were covered included staying well-nourished and fraud.
- The registered manager worked in partnership with the Alzheimer's society and as a result had trained over one hundred and eleven people to become dementia champions and improve their understanding of how best to support people living with dementia.
- The registered manager received regular information and updates from a wide variety of resources, including Care Management Matter and Dementia Care and other relevant organisations such as the CQC.
- The registered manager had a positive approach to partnership working and we saw evidence of close working relationships with GP's, district nurses, physiotherapists, speech and language therapist, and other health care professionals. The service also worked in partnership with a local college to raise the awareness of dementia and to fundraise for services within the local community.