

St Michael's Home Care Limited

St. Michael's Home Care Limited

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

St. Michael's Home Care Limited is a domiciliary care agency providing personal care to 46 older people living in their own homes. 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.

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

Since our last inspection, the provider had made improvements to their systems around the management of people's medicines and the auditing of people's care and medicines records.

The manager had a good understanding of their role and had put systems and processes in place to improve quality and safety. People told us the management staff were approachable and listened to their feedback.

There were systems in place to monitor the quality and safety of the care. The provider had used technology to enhance the safe delivery of care.

The provider did not complete the Provider Information Return in the timescale requested by The Care Quality Commission. As this requirement was not met, the rating for the key question well led is requires improvement.

People told us they were happy with their care and that recent changes had given them more consistency in care call times and staffing. People's care was in line with their preferences and needs.

Staff received appropriate training, induction and ongoing support in their role. They had a good understanding of people's needs and treated them with respect.

There were systems in place to protect people from the risks of suffering abuse or harm. The provider's assessment processes identified key risks to people and staff and measures to reduce the risk of harm.

There were appropriate systems in place to gain people's consent to care.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when they would improve.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St. Michael's Home Care Limited

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

One inspector carried out this inspection.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission (CQC). A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager had submitted an application to CQC to register as manager of this service. This application was in process at the time of inspection.

Notice of inspection

We gave 48 hours' notice of the inspection because we needed to ensure the provider had time to contact people to inform them we may be calling them via telephone to gain their feedback about the care they received.

Inspection activity started on 11 February and ended on 13 February 2020. We visited the office location on 12 February 2020. We made telephone calls and received feedback via email from people and relatives between 11 and 13 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included action plans we requested from the provider detailing how improvements were being made. We also reviewed statutory notifications received from the provider about significant events that occurred in the service.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We received feedback about the service from 10 people or relatives via telephone and email. We spoke with the nominated individual, the manager, the human resources manager and three staff.

We reviewed a range of records. This included five people's care 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 audits, action plans, policies and procedures were reviewed.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had not followed current legislation and guidance for the management of people's medicines. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- There were safe systems in place to support people in the management of their medicines. The support people needed around their medicine's management was identified in their care plans. This included information detailing when other people, such as relatives were responsible for the ordering, administration and disposal of medicines.
- Staff recorded the administration of people's medicines using medicines administration records (MARs). The MARs were completed by staff using the provider's electronic care monitoring system. The system alerted senior staff if any planned medicines administration were not recorded by staff as having taken place. This helped to ensure people received their medicines as prescribed.
- The provider had effective systems in place to ensure people's medicines records reflected most current information. The electronic care monitoring system enabled the provider to update people's MAR instantly. This helped to ensure that any changes to people's medicines could be documented quickly and accurately.
- Staff had received training in safe medicines administration and their competency in this area was regularly assessed through observations of their working practice by senior staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care from staff. Comments included, "No concerns from a safety point of view", and "I feel safe with them [staff]."
- There were systems in place to protect people from the risk of abuse and harm. All staff had completed safeguarding training. This training helped them recognise the signs of abuse and the actions required in these circumstances to help keep people safe.
- The manager had made appropriate referrals to local safeguarding teams when concerns were raised about people's safety or wellbeing.

Assessing risk, safety monitoring and management

- There were contingency plans in place to ensure people received care as needed in the event of extreme circumstances, such as severe weather. People's care needs had been prioritised to ensure the most vulnerable people would receive care first. The manager arranged for all weather vehicles to transport staff

to care visits if roads were difficult to access. This helped ensure people most at risk received the care they required during these times.

- The provider operated a telephone based 'on call service', which was active outside of office hours. Senior staff rotated on call duties and were available to respond to emergencies and requests from people, relatives and staff. This helped to ensure there was always support and advice from senior staff available.
- There were risk assessments in place around people's home environments. This helped to identify any risk factors to people and staff, and measures to reduce risk of harm.
- There were risk assessments in place around care-based activities, such as when staff needed to use hoists to support people to reposition and move around their home. This helped to ensure staff understood how to safely use this equipment.

Staffing and recruitment

- People told us they had consistent staff teams who generally kept to agreed times. Comments included, "The staffing is consistent and carers are always on time", "They usually come at the right time", and, "They have got a good level of staff in place."
- The manager monitored staffing levels to ensure people's needs could be safely met. They had worked with commissioning authorities to 'hand back' several packages of care in 2019. They had recognised there were insufficient staff in those specific geographical areas to assure a safe service. This demonstrated that the provider took responsible choices in prioritising people's safety.
- There were safe recruitment processes in place. This included checks on staff's experience, background and conduct in previous jobs. Staff were subject to a Disclosure and Barring Service (DBS) check. A DBS check helps to identify where staff may not be suitable to work with adults made vulnerable by their circumstances. This helped to ensure that suitable staff supported people.

Preventing and controlling infection

- The provider supplied staff with personal protective equipment such as gloves and aprons, which they used when supporting people with their personal care. This helped to reduce the risk of infections spreading.
- Staff had received training in infection control and understood the measures required to minimise the risk of infections or germs spreading.

Learning lessons when things go wrong

- There were effective systems in place to record and analyse incidents. Staff completed reflective analysis of incidents when they took place. This included possible reasons why incidents occurred and measures which could potentially decrease the risk of them happening again.

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 remained good. 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

- Comprehensive assessments of people's needs were in place prior to care services starting. Assessments included details of the support people needed in key areas such as their personal care or medicines management. This helped to ensure that the provider could meet the expected outcomes of people's care.

Staff working with other agencies to provide consistent, effective, timely care

- The provider acted quickly to ensure people had the right care related equipment. This included checking the state of repair for mobility equipment and making sure it was clearly identified when and who were responsible for carrying out regular maintenance of this equipment.
- The manager worked with hospital discharge teams to provide comprehensive assessments of people's needs to help ensure they had the right care and support in place upon coming home.

Supporting people to live healthier lives, access healthcare services and support

- People had information about their healthcare needs in their care plans. This outlined the provider's role in supporting the person with their healthcare needs.
- People had oral care assessments in place. These identified the support people needed around their mouth care, to maintain good oral health.

Staff support: induction, training, skills and experience

- New staff received a training programme, which was in line with the Care Certificate. The Care Certificate is a nationally recognised qualification relevant to staff working in social care settings. Staff attended regular training updates to help ensure they were following current best practice.
- Staff received appropriate induction, ongoing supervision and support in their role. This included regular supervision meetings with senior staff, where their working performance was reviewed.

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

- People's nutritional needs and preferences were identified in their care plans. In one example, one person required staff to leave them out a jug of juice at the end of their visit. This enabled the person to have access to drinks between their care visits.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 nobody using the service met the threshold for these safeguards to apply.

- Senior staff met with people to sign consent forms agreeing to their care. Where people were unable to give consent, the provider consulted with the person who had the legal authority to act on people's behalf.

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 remained good. 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 kind, caring and attentive to their needs. Comments included, "I cannot fault the service [my relative] receives, the carers are very attentive and often go above and beyond their job role whilst caring for her", "Absolutely happy with them, they are all very caring", "Nothing but praise for the carers, absolutely marvellous they are."
- Policies and procedures were in place to guide staff to take account of protected characteristics under the Equality Act 2010. Information about their diverse needs were considered as part of the provider's assessment processes and recorded in people's care plans.

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

- People were given a choice about their staff, including whether they were male or female. People were able to request changes to their staff if they felt they were not compatible.
- The manager gave people realistic timescales when they requested new staff or changes to times of care visits. This helped ensure people understood why changes were not always possible immediately. One person said, "We requested a change in time and were told it would take a couple of weeks to sort out because they had to move around staff. I appreciated their honesty, it's all sorted out now."
- Senior staff made regular phone calls and visits to people, to help ensure they were happy with their care arrangements. This helped to ensure people were involved in the planning and reviewing of their care. One person said, "The office set up all the care and it runs very smoothly. They came out after a couple of weeks to check it was all going ok."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were considerate and treated them with dignity. Comments included, "All the staff are very respectful", "They [staff] listen to me and do things how I want them to be done."
- There was mixed feedback from people about whether they were informed when there were changes to their care. This included changes to staff members or visit times. Seven people told us they were informed by the provider about changes. One person said, "I get a list through the post (of planned visits). If that changes the office call." However, three people told us they were not always told about changes. One person said, "Not always told about changes. The times stay the same, but the carers can change."
- The manager had listened to people's feedback and had addressed issues with office staff to help promote improvements in how changes were communicated to people. Two of the three people who had experienced issues told us there had been recent improvements in this area. One person said, "I think the communication has got a lot better. It is clear they are making an effort." This demonstrated that the

manager had listened to feedback and was addressing issues raised.

- People were supported to be as independent as possible. Their care plans identified aspects of their personal care that they wished to carry out without help. This helped to ensure staff were not carrying out duties which people were able to do themselves.

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 remained good. 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

- People's care plans reflected their individual needs, preferences and planned outcomes of care. This included information about people's history, daily routines and preferences around their personal care.
- Senior staff used an electronic care management system to 'live monitor' that care was being carried out as planned. Staff recorded details of their care visits by accessing the system using an application on their work mobile phones. This included marking off tasks which were specifically needed to be completed in each care call, such as personal care. Senior staff were alerted if planned tasks were not carried out. This helped the provider ensure staff were providing care in line with people's care plans.
- People's care plans were updated periodically or when people's needs changed. The provider was able to update people's care plans immediately using their electronic care management system. This ensured staff always followed care plans in line with people's current needs.

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 communication needs were identified in their care plans. This included exploring whether any adjustments were needed to promote effective communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which detailed how people could make a complaint and how it would be investigated in response. People told us that when they had raised issues and made complaints, the provider had acted to listen and address their concerns. Comments included, "I complained that I was having too many different staff, since then I have got two regular ones", "The only complaint I had was that I didn't have a regular carer for a while. They listened to me and I think this aspect has got a lot better now."
- The manager oversaw the management of complaints. They used people's feedback to make improvements to the care people received. This included making changes to staff and improving the consistency of care call times.

End of life care and support

- Nobody at the service was receiving end of life care at the time of the inspection.
- The provider had policies and procedures in place to assess people's needs in the event of a person

needing care at the end of their life. There was end of life training available to staff should this be required.

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 requires improvement. At this inspection this key question has remained requires improvement. This provider did not fulfil the regulatory requirement to submit a completed Provider Information Return when requested to do so.

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

- The provider did not complete the required Provider Information Return. On 8 January 2020, we sent the provider a request to complete and submit the Provider Information Return to us by 5 February 2020. At the time of inspection, we had not received this document and it was still in the process of being completed. The nominated individual confirmed that they had not contacted CQC to advise of any mitigating factors as to why this document would not be submitted within the required timescale.
- It is requirement of services registered with CQC to complete the Provider Information Return when requested.. The failure to submit this document means the rating for the key question well led is requires improvement.

At our last inspection the provider had not ensured effective quality assurance processes were in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There had been improvements to the system of auditing people's medicines and care records. People's medicines administration records and care notes were collected monthly and audited for errors and anomalies. The manager had taken appropriate action when errors were identified, including providing training and support to staff.
- The manager had started since our last inspection. They had a good knowledge of how to incorporate best practice guidance from bodies such as The National Institute for Health and Care Excellence, for example, when ensuring people's medicines administration records contained the required information.
- The provider's management team were clear about their roles in the day to day running of the service. Each member of senior staff had a clear set of responsibilities and were confident in carrying out their duties.

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

- People and relatives told us the manager and senior staff were friendly and approachable. Comments included, "The managers are always out checking things to make sure things are going well", and, "My

dealings with the manager have always been good and efficient. If I phone I am always answered promptly and professionally, any queries are dealt with quickly."

- People and relatives told us they received good quality care, which led to positive outcomes. Comments included, "The service we receive is excellent and I would have no hesitation in recommending St Michael's homecare to other people needing this service", and, "Overall, I have been very happy with the quality of the care."
- Senior staff were focussed on ensuring people's care needs were met. Senior staff stepped in to provide cover for care calls when needed to help ensure people received the care they needed at the right time. The atmosphere in the provider's office was calm and people, relatives and staff were spoken to with respect.

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 manager had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

Working in partnership with others

- The manager had established good relationships with other professionals, such as commissioners. In one example, they had invited commissioners to carry out a quality visit, which helped the manager get external feedback about the quality and safety of the service.
- The provider sought advice from relevant professionals when appropriate, to ensure people had the right levels of support in place.

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

- The manager had systems to gain people's feedback about their care. This included surveys, visits and telephone calls. This helped to give people the opportunity to give their input or feedback about the quality of care.
- The manager held regular staff meetings, where areas for improvement were discussed. In one example, the manager had recently met with staff to develop a consistent approach when staff recorded details of care visits. This helped to ensure staff understood what reflected good practice in these areas.

Continuous learning and improving care

- People told us there had been improvements in the quality of the service since the last inspection. This included improvements in communications with the office and the consistency of staff. Comments included, "In all fairness, I can see they are trying to make improvements. I get the staff I want now and it is a lot better", "They needed better organisation and I can see now they are getting there", and, "The service has improved over the past few months. Let's hope it continues."
- There were effective systems in place to improve the quality of care. The manager had developed a service improvement plan. This identified where and how improvements to the quality and safety of the service could be made and sustained. This plan had been effective in promoting improvements identified in the provider's internal audits and from external feedback, such as CQC's last inspection.