

CareTech Community Services Limited

St Michaels Support & 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's Support and Care provides care and support to people living with a mental health condition. Care is provided in nine supported living schemes across London including Ilford, Watford, North London and Hertfordshire. Each scheme is a residential house within which people have their own flats.

Not everyone who used the service received personal care. 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 the inspection there were 22 people receiving a regulated activity.

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

People using the service told us that they felt safe and comfortable at the schemes and were well supported. Staff had received appropriate training in ensuring that people were safe and understood how to report any concerns. People's risks were assessed and guidance given to staff on how to keep people safe. People told us that staff supported them with managing their medicines.

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. Staff received regular support and guidance through supervision and appraisal. People told us that they were well supported to plan, shop and cook their own meals and that staff discussed healthy eating with them.

People received person centred care and people's care records supported this. Staff understood that each person was different and this was reflected in records, observations and discussions with care staff. There were systems in place for people and relatives to complain or raise concerns. We observed kind and caring interactions between people and staff during the inspection. Staff used respectful language when talking about people both verbally and in records.

There were systems in place to ensure that the manager had good oversight of the nine schemes. People and relatives were encouraged to give feedback using surveys, suggestion boxes and residents' meetings. Staff were positive about the support they received from the management team. The service worked well in partnership with other agencies for the wellbeing of each person.

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

Rating at last inspection

The last rating for this service was Requires Improvement, 15 March 2018. The provider completed an action plan after the last inspection to show what they would do and by when to improve their rating to at least Good. Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 Support & 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors and one 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. For this inspection the expert by experience had an understanding of care for people living with a mental health condition.

Service and service type: This service provides care and support to people living in nine 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. However, there was a manager in place that had applied to be registered with the Care Quality Commission. Once registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Each of the supported living schemes had a 'scheme manager'. Scheme managers reported to the manager.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit to ensure the manager would be present and to help arrange visits to where people were receiving the service, as the service is spread across a wide geographical area.

Inspection site visit activity started on 27 March 2019 and ended on 3 April 2019. We visited four schemes including two in Enfield and two in Ilford. We also visited the head office to review paperwork.

What we did: Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to CQC. We reviewed the Provider Information Return (PIR) which the provider had sent to us. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We used all of this information to plan our inspection.

During the inspection: We spoke with 16 members of staff including; the manager, area manager, three scheme managers and 11 support workers. We also spoke with four people that used the service and nine people's relatives. We looked at seven care records which included care plans and risk assessments. We also reviewed five people's medicine records, 10 staff files, and other paperwork related to the management of the service including staff training, quality assurance, rota systems and staff recruitment.

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 now improved to 'Good'.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise signs of abuse and how to report concerns appropriately.
- The organisation had a dedicated whistleblowing phone line called 'Tell us'. We saw that information on how to access this was clearly displayed in all schemes that we visited.
- Staff had received training in safeguarding which was refreshed each year.
- People that we spoke with told us that they felt safe. Comments included, "I've been here a while and yes, I do feel safe" and "I do not worry, but staff always help if I want. I can talk to them."
- Relatives that we spoke felt that people were safe with care staff. One relative commented, "Safety, health and medication are the most important factors for us. We feel that [person] is in a safe place at the moment and that staff do look out for him."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had detailed risk assessments. These addressed any possible risks, how severe or likely the risk may be and the actions that should be taken to reduce the known risks.
- Risks assessments were regularly reviewed and updated.
- Staff understood each person's individual risks and were able to tell us how they would maintain people's safety.
- Staff shared information at daily handover meetings, staff meetings and regular discussions about each person they supported.
- As part of their induction, staff completed two days of breakaway training. This is used as a last resort when a person may become physically challenging. One day consisted of theory and the second day practical where staff learnt how to appropriately apply the techniques. This training was refreshed yearly to ensure staff maintained up to date skills.
- Procedures relating to accidents and incidents were clear and available for all staff to read. Accidents and incidents were well documented, and learning was shared in staff meetings.
- Records showed regular fire drills and fire equipment checks were completed. Staff also confirmed this.

Staffing and recruitment

At our last inspection the provider had failed to provide enough staff to ensure that people's needs were being met and there was a high number of agency staff being used across the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- Each person living in a supported living service is funded for a certain amount of care hours per week. The manager told us that staffing hours were regularly checked to ensure that they met the hours of care each person required.
- We checked two people and found that they received the correct amount of care being funded.
- Staffing levels were closely monitored by scheme managers and the manager. Regular spreadsheets were completed which detailed staff rotas and any staff training. This provided a full picture of all staff activity and shift patterns.
- Agency staff were used when needed but we were told this was not very often. The same agency was used, this meant that the same staff were sent to the service. Therefore, people got to know the agency staff and received support from staff who know their routines and preferences.
- The service was actively recruiting for staff to further decrease the use of agency staff.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- Relatives that we spoke with told us that they felt that there were enough staff to provide care and support for people.

Using medicines safely

At our last inspection the provider had failed to ensure the accurate recording of medicines around stock control. One member of staff had not received training around a specific epilepsy medicine. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Each scheme manager completed regular medicines audits which included looking at stock control for each person living at the scheme. Where any issues were found, we saw that these were addressed.
- Staff had received training on epilepsy and the specific medicines used for it.
- People received their medicines safely and on-time. One person said, "They [staff] help me, they give me on time in the morning and the evening. They say to feed back if I have any problems with my tablets."
- Medicines were securely stored in the person's flat or in a central cabinet in the scheme's office.
- Some people were able to take their medicines themselves. There were procedures in place for staff to monitor and support people who were self-medicating.
- One person showed us where their medicines were stored and said that staff regularly checked these were taken as prescribed.
- Staff received medicines training and medicine competency assessments were completed for each staff member. This ensured that staff understood people's medicines and were safe to support people.

Preventing and controlling infection

At our last inspection the provider had failed to ensure that people were properly supported to keep their flats clean. This included monitoring food safety and overall cleanliness. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Staff encouraged people to keep their flats clean and provided information to people about the implications of leaving food about or not cleaning.
- Where people required help with ensuring their environment was clean or understanding how to properly store and prepare food, this was documented in their care plans.
- One person proudly showed us their flat and told us that they cleaned every day with the support of staff.
- However, we visited one person's flat which required some attention to its cleanliness. We raised this with the scheme manager who told us that there were management plans in place to prompt and encourage the person.
- Gloves were available for use with medicines to prevent cross infection.
- Training records showed that staff had completed training in infection control.
- We saw monthly infection control audits that looked at hand hygiene, the environment and cleaning. Where there were areas for improvement this was documented and action taken.

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 'Requires Improvement'. At this inspection this key question has now improved to 'Good'.

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

- Each person had a detailed assessment completed by the service before they moved into one of the schemes. This ensured that the service would be able to meet their needs.
- Once a pre-assessment was completed and a decision made that the person was suitable, information from the pre-assessment was used to create the care plan.
- One member of staff said, "We work closely to fully support people, we share information and looking back at the initial assessments gives us some history. This information can be useful in the future, we do not only look at current events."

Staff support: induction, training, skills and experience

- All staff received a comprehensive induction when they began working for the service.
- Induction began with four days training, which included subjects such as breakaway techniques, safeguarding and mental capacity.
- Following the induction staff were given a workbook to be completed over three months. This included information, questions and knowledge checks on various topics overseen by the staff member's line manager.
- Staff received regular supervision and annual appraisals. These were detailed and gave staff an opportunity to review their progress and discuss any issues and things that were going well.
- Staff were positive about the support that they received from scheme managers.
- There was a regular programme of training in place. The manager received weekly report with each staff members training record and what needed to be completed.
- Staff told us that they felt their training was appropriate and relevant for the people they supported.
- Staff were able to request additional training if they felt necessary. We saw that staff had asked for some specific training relating to two different subjects they felt would be beneficial. Both these areas of training had subsequently been booked and completed by staff.
- The manager told us, "If there is something that we need we don't have [training wise] they [head office] will source it for us. If someone comes in with a specific need we will provide the training."
- Relatives told us that they felt staff were well trained and good at their jobs. Comments included, "They are always polite, helpful and efficient" and "I think so. We have quite good communications."

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

- This service was providing care into people's own homes and people were responsible for buying their own food.
- Records showed that staff discussed food choices with people and that advice was given to aim for healthier choices.
- Some people were able to buy and prepare their own food. Where people were unable to do this, staff supported people to shop, plan meals and cook. This was clearly identified in people's care plans.
- One person said, "Staff help me with cooking when I need them to." Another person told us, "I can cook but they [staff] do help me for cooking. They cook for me sometimes too."

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

- Care plans showed that the health and welfare of people was supported.
- People were encouraged to make and attend routine healthcare appointments such as dentists and opticians. Where necessary, staff attended appointments with people.
- Where people had been to appointments records showed what the outcome was and if there was any action that staff needed to take.
- People received regular reviews of their mental health where necessary.
- Staff knew people well and understood if there were changes in people's physical or mental health and how to report this to ensure people received timely and appropriate care.

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

At our last inspection we found that the service was not always supporting people within the principles of the Mental Capacity Act. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Nobody using the service was subject to a Court of Protection order at the time of the inspection.
- Training in MCA was provided for all staff and refreshed yearly. This ensured that staff understood how to support people to make decisions and protect their rights.
- Staff that we spoke with and the manager demonstrated a good understanding of the MCA and how this impacted on people that they worked with.
- A staff member told us, "It's to do with whether the client has capacity to make decisions. The first thing is that we must assume that all people have the capacity to make decisions. If we think they don't have the capacity, we would report it and set up a best interests meeting to make decisions or them which are in the least restrictive way. We always refer to the care plan, we give people choice and freedom to do things for themselves."

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 'Requires Improvement'. At this inspection this key question has now improved to 'Good'.

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 that they felt staff were kind and caring. One person smiled and told us, "Staff always help me, they do, when I need it. Yes, always." Other comments included, "Yes, they are kind and never rush me" and "They [staff] here are really very good, always there. I had low times, they are very good. We get on well."
- A relative told us, "They [staff] are professional and caring at the same time."
- Staff we spoke with were passionate about their jobs and came across as very caring during our discussions with them.
- Handover notes were sensitively written with due consideration for people's dignity.
- Relatives felt that staff understood people's mental health needs and how best to support people. Comments included, "They [staff] interact with [person] really well" and "They know what she needs and when she needs it."
- Where people had specific cultural or religious needs, this was documented in their care plans.
- People, where required, were supported to attend their chosen place of worship.

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

- We saw that people were involved in planning their care. People had signed their care plans. One person told us about their care plan, "They asked my opinion, they said it was important."
- We observed that people were able to approach staff and ask for support when they wanted to around their care needs.
- All people using the service had capacity and were able to decide if they wanted their relatives involved in planning their care. Where relatives were involved this was documented in people's care plans.
- Each scheme held house meetings that allowed people to have input into the running of the service and raise any issues. One person told us with a smile, "Yes, we tend to chat, especially me, I love talking. We have meetings too, we can talk there as well."

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider failed to always support people to maintain their dignity with regards their hygiene and personal space. Daily records about people sometimes used judgemental and inappropriate language. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach

of Regulation 10.

- Daily records had been an area that the service had focused on since the last inspection.
- Scheme managers were completing monthly audits of daily records. This looked at language used, that information was in line with people's care plan requirements and what support had been provided.
- Daily records that we viewed did not use inappropriate language and were respectful to people.
- People were being supported with their personal care and environment. Where people required prompting or help, this was documented in their care plans.
- Staff were knowledgeable about the people they supported, and the issues people faced.
- Discussions with staff showed that they considered people's dignity in all aspects of their care.
- Staff used respectful language when describing people's mental health.
- During the inspection people were asked by staff if the inspector could chat with them and clearly explained why. People were able to accept or refuse and their choices were respected at all times.
- When a specific person's room was discussed, staff recognised that they were a very private person and did not always let staff in. Without their signed permission for anyone to see their room, we would not be let into their room.

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 the same, 'Good'.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and contained people's wishes and goals. For example, such statements as, "I do not like" and "My medicines are supervised by staff, but I hope to be self-medicating in the near future."
- Each person's care file had a one-page profile which documented 'what is important to me' and 'how to support me'. This gave a quick overview for staff on how people's needs and how they wanted to be supported.
- At two schemes we saw that targets and goals, large or small, were agreed with people and these were evaluated, and the outcomes recorded in their care plans.
- However, at two other schemes the care plan document was not updated when reviews took place or there were any changes. We have discussed this further in the well-led section of this report.
- Each person had a key-worker. This is a staff member who has the responsibility for meeting with people and ensuring that they were receiving the necessary care to maintain their well-being.
- There were documented key-working sessions. People that we spoke with were aware of who their keyworker was. One person said, "He's [keyworker] okay, he's always talking to me. The staff can help with anything."
- A staff member said, "I feel care plans do reflect the progress people make with our support and care plans do work for us."
- Relatives told us that staff knew about people's personal histories and what was important to people. Comments included, "They [staff] are fully aware of our family and some friends at church" and "They [staff] are aware of his family and friends' network."
- People were encouraged to do activities that they enjoyed and were meaningful to them. This included volunteer work, education, social clubs, cinema and swimming.
- One person had been encouraged to create a book of their poetry which was published.
- People's faith was documented in their care plans. Where appropriate staff supported people to attend a place of worship. A relative told us, "Once, we couldn't come and pick her up for church so the staff there decided to help get her ready, drive her to church, and then came and picked her up after the service was finished. We really appreciated that."

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 that we spoke with told us that staff explained things relating to their care fully and checked to make sure that they understood.
- People had a sheet in their care files called, 'Accessible information'. This asked if the person had any specific communication needs and how they should be supported.
- For one person we saw that they required information in easy read formats. This included information to be in simple language and in larger fonts. We saw that this was being done.

Improving care quality in response to complaints or concerns

- Complaints were well documented at each scheme.
- Each complaint received was recorded with details of actions taken and a response provided to the complainant.
- Complaints were discussed at monthly managers meetings for learning and improvements.
- Relatives told us that they were aware of how to make a complaint but would also talk to the manager if there were any issues.
- How to make a complaint was discussed with people at residents' meetings. One person said, "I don't have any [complaints], but staff do talk to me."
- Relatives were positive that they would get a response from the manager if they wanted to talk to them about any issues.

End of life care and support

- People living at the supported living schemes did not always want to discuss end of life care.
- Where people said that they did not wish to discuss this, this was recorded in people's care files.
- At one of the schemes we saw that where people did discuss this, their end of life wishes were documented in their care plans.
- However, at another scheme staff told us that they knew about a person's end of life wishes, but this had not been documented in their care plan. We discussed this with the scheme manager who told us this would be reviewed.

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 now improved to 'Good'.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At two of the schemes we found that care plans were not regularly updated. The area manager told us that updates were completed through reviews and key working sessions.
- We saw that reviews and key working sessions were clearly documented. However, changes in people's care needs were not updated within their care plan. This meant that staff would need to read three separate documents in order to understand the person's current needs.
- One care plan we viewed had not been adequately updated for two years.
- On discussion with staff and people, we were satisfied that staff knew people well and understood their care needs.
- We raised this issue with the manager and area manager who told us that how care plans were updated would be reviewed.
- The manager had been with Caretech for a significant period of time but had recently moved to be the manager of St. Michael's Support and Care.
- People and relatives knew the scheme managers well. Scheme managers were based at the scheme that they were managing so people were always able to approach them with any issues or just for a chat. A relative said, "The staff and the manager are always on hand to talk."
- Caretech had a set of values that focused on making sure that support was centred around the person. For example, empowering people and treating people with dignity. Staff confirmed that they were trained in these values as part of their induction.

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

- There was a clear staff structure in place and staff we spoke with were aware of how to report concerns and understood the management structure.
- The manager had good oversight of how the schemes were running and there were systems in place to monitor the quality of care.
- At the end of every month each scheme returned all audits and paperwork to head office. This was a new system called, 'operation orderly'.
- This included medicines audits, health and safety, fire safety and service user file updates. This helped

decrease the amount of paperwork held at each scheme and allow the manager to have oversight.

- Caretech had an internal compliance team which completed yearly compliance audits of St. Michaels Support and Care. Following a review, the service was given an improvement plan which was overseen by the manager and progress reviewed monthly.
- Audits for each scheme were also completed by service leads for each scheme every quarter and reviewed monthly. These were sent to the manager for review.
- There was a weekly report compiled by head office that documented all staff training. This included what training staff had completed and any training that needed to be completed. This allowed the manager to have oversight of current staff training needs.
- There was an on-call procedure in place for staff to access help and support out of hours. Any calls were logged onto an 'on-call log' that the manager was able to review each Monday morning.

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

- People were involved through 'Customer Involvement Meetings' which provided an open forum for debate and conversation about any subject.
- Suggestion boxes were also in place and any actions required were monitored and followed up at the next customer involvement meeting.
- A person that had written their own poetry book was due to attend the next managers away day to present their book, their journey and story and how they achieved this.
- Each service lead led on developing a newsletter for the schemes they worked with. People were actively encouraged to have input and help create the newsletters.
- The service had an 'employee of the month' scheme where staff were recognised for their contribution to ensuring quality of care for people.
- There were regular staff meetings where staff were able to discuss people, the care provided and raise any concerns.

Continuous learning and improving care

- The service completed regular surveys which were sent to people, staff, relatives and healthcare professionals for each scheme. Results were summarised according to scheme and an action plan was completed if there were any areas identified that required improvement.
- One scheme had been completed in November 2018 with the others in January 2019.
- There were regular recorded residents' meetings for each scheme. Records showed that scheme managers actively asked people's opinion about their care and any improvements they thought could be made.

Working in partnership with others

- The service worked well with other agencies to support people's care and wellbeing. This included healthcare professionals, the local authority and mental health professionals.
- Where there had been referrals, appointments or on-going engagement with a partnership agency, this was well documented in people's care files.