Prime Life Limited

St Michaels

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 10 May 2016. A breach of legal requirements was found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

At the last inspection on 10 May 2016 we found that the provider did not have effective systems to assess and monitor the quality of care provided to people. We undertook a focused inspection on 23 November 2016 to check that they had followed their plan and to confirm that they now met legal requirements. At our inspection on 23 November 2016 we found the provider had made the necessary improvements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Drovers Call on our website at www.cqc.org.uk.

St Michaels provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 47 people who require personal and nursing care. At the time of our inspection there were 32 people living in the home.

At the time of our inspection there was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to assess and monitor the quality of the service provided to people. The provider had told us what actions they would take to make improvements and we found at this inspection that the improvements had been sufficient to meet legal requirements. The provider had started to carry out audits on a regular basis. Where issues had been identified actions had been put in place. However we found some issues such as gaps in records had not consistently been addressed.

Regular meetings were held with staff and staff were encouraged to raise issues with the manager.

We could not improve the rating for well led because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

A process for quality review was in place.

Systems were in place to communicate with and support staff in their role.

A registered manager was not in post.

St Michaels

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of St Michaels 10 May 2016. This was completed to check that improvements to meet legal requirements planned by the provider after our inspection in May 2016 had been made. We inspected the service against one of the five questions we ask about services: is the service well led? This is because the service was not meeting some legal requirements in relation to this key question.

The inspection team consisted of one inspector.

During our inspection we observed care and spoke with the manager, the regional manager and two care staff. We looked at three care plans, medicine records, minutes of meetings and records of audits. We also spoke with a visiting professional.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in May 2016 we found systems to assess and monitor the quality of the service provided to people were not effective. They did not identify or resolve the issues that were identified by people. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan in which they told us that they would address the issues raised by the inspection in May 2016. When we carried out this inspection we found that some of the issues had been resolved and legal requirements had been met.

We found that checks had been carried out out on areas such as falls and infection control and action plans were in place. A process was also in place to review the checks and ensure that improvements were made. However during our inspection we still found some documentation which had not been fully completed or dated such as body maps.

The provider had a process in place to ensure that all the care plans had been reviewed and rewritten to reflect people's care needs. In addition there was a system to ensure care plans were reviewed on an ongoing basis. However in two of the three care plans we looked at we found incomplete documentation, for example, two consent forms. This may have been due to the people being unable to sign or lack of capacity however this was not indicated on the form. This meant it was unclear as to whether or not people were able to consent.

The manager was aware of the risks to people due to the unsafe administration and handling of medicines and had put in place arrangements to ensure that medicines were administered to people safely and in a manner they preferred. For example medication identification sheets in the medicine administration records had been developed and included photographs, allergies and detail of how to administer people's medicines. This meant staff had access to relevant information to support them in their role.

The manager had put in place systems to ensure that people were safe and had their care needs met. For example hospital grab sheets had been implemented which were used to ensure if people were admitted to hospital, information about their needs would be available to hospital staff. Daily handover meetings were also in place to ensure staff were aware of any changes to people's wellbeing.

The manager told us that refurbishment of the home had commenced and they were in the process of making the environment more appropriate for people who suffered with dementia, for example using picture signs. A plan was in place to ensure that environmental issues were addressed in a timely manner, however we observed that the lock on the door to the room where personal files were kept was broken. Although the door was kept shut anyone could have had access to personal information as a result.

Since our inspection in May 2016 staff meetings had taken place to ensure that staff were informed and involved in the development of the service. When we spoke with a member of staff they said, "You can go to

the manager any time and feel listened to." They told us that the atmosphere in the home was calm and focussed around the people who lived there.

Staff told us that they felt supported by the manager and the regional manager. One staff member said, "You can now find solutions because managers are approachable." They said that the manager knew people well and was always available to answer queries and assist. We observed that the manager walked around the home and spoke with people and staff. During lunchtime we saw the manager assisted with the lunchtime meal and was aware of people's preferences. The manager told us they had an open door policy and encouraged staff to bring issues to them at any time.

Regular meetings were held with the manager by a member of the regional management team which ensured they were supported in their role. In addition staff told us they would be happy to contact the regional manager if the manager was unavailable and felt they were well supported by the provider.

A survey had been carried out with relatives and professionals. We saw comments were complimentary for example, a relative had commented, "Very impressed with changes since new manager took over" and a visiting professional commented, "Very positive atmosphere in the home." We spoke with a visiting professional who told us that they thought the organisation of the home was better.

At the time of our inspection there was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However an application had been made to CQC for the current manager to become registered.