

St. Michael's Support & Care Limited

St Michael's Support & Care

Inspection report

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11 February 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of St Michaels Support & Care on 10 and 11 February 2016. This was an announced inspection where we gave the provider 48 hours' notice because we needed to ensure someone would be available to speak with us.

St Michaels Support & Care provides services to adults with learning disabilities and mental health needs. People who used the service previously lived in hospital, long term residential care or had moved away from their home for the first time. The service supports people in supported living accommodation. At the time of our inspection there were 34 people who received personal care from the service based across five supported living units. During this inspection we visited the office the service operates from and two supported living units. One specialised in provision for people with a learning disability and the other specialised in mental health provision.

We last inspected the service on 7 and 17 April 2014 and found the provider was meeting the required standards at that time.

The service had a registered manager in place. 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.

Most of the risk assessments were recorded and plans were in place to minimise risks. We found risk assessments for two people were not reviewed and updated following a serious safeguarding incident to ensure people were protected at all times.

We did not see evidence that regular and recent fire tests had been carried out at the service to ensure people were safe during an emergency. Staff confirmed recent fire tests had not been carried out but were able to tell us what to do in the event of an emergency. Staff had been trained in fire safety. Checks had been made in gas safety, electrical hardwiring and portable appliance to ensure the premises was safe.

Supervision for the supported living service that provided support to people with learning disabilities was not consistent and regular one to one meetings were not being carried out. Staff had not received annual appraisals. The team leader and registered manager told us this had not been carried out. Supervisions were being carried out in the supported living unit that supported people with mental health needs.

Due to risks to their safety, most people living at the supported living unit that supported people with learning disabilities, were not allowed to go outside without staff or relative accompanying them. Appropriate Deprivation of Liberty safeguards had not been applied for. The registered manager and the team leader told us that people lacked capacity. However, we did not see capacity assessments were carried out to ascertain if people had capacity to make decisions. We were informed that all people living at the

service will be assessed in accordance to the Mental Capacity principles.

Spot checks were not routinely documented and there was no information on how often staff had received spot checks. Keeping detailed records of spot checks is important to keep track of the number of checks undertaken and help identify areas of improvements or best practise that could be used in staff supervision and appraisals.

There were appropriate systems in place to monitor the service. Regular audits were undertaken; however, these did not identify the shortfalls we found during the inspection.

Staff and resident meetings were not held regularly at the supported living unit that supported people with learning disabilities. The last staff meeting was held on June 2015 and we did not see evidence of residents meetings being held since May 2015. Staff and resident meetings were regularly carried out in the supported living unit that supported people with mental health needs.

People told us they were happy with the support received from the services. Staff members knew how to report alleged abuse and were able to describe the different types of abuse. Staff knew how to 'whistleblow'. Whistleblowing is when someone who works for an employer raises a concern about a potential risk of harm to people who use the service.

People were supported by suitably qualified and experienced staff. Recruitment and selection procedures were in place and being followed. Checks had been undertaken to ensure staff were suitable for the role. Staff members were suitably trained to carry out their duties and knew their responsibilities to keep people safe and meet people's needs.

People were involved in the planning of their care and received a service that was based on their personal needs and wishes. The care plan was then signed by people to ensure they were happy with the care and support listed on the care plan. Care plans were regularly reviewed.

Systems were in place to ensure that medicines were stored, administered and managed safely in both the supported living services we visited.

People had access to healthcare services to ensure their health needs were met. For example people were visited by GP's, nurses and dentists.

Regular questionnaires were completed by people about the service, which we saw were positive.

There was a formal complaints procedure with response times. People were aware of how to make complaints and staff knew how to respond to complaints in accordance with the service's complaint policy.

We identified breaches of regulations relating to consent, risk management and staff support. You can see what action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some aspects of the service were not safe.

Some risk assessments were not updated to reflect people's current circumstances.

Medicines were stored and administered on time.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

Staff members were trained in safeguarding and knew how to identify abuse and the correct procedure to follow to report abuse.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective.

Supervisions was not consistent and appraisals were not carried out with staff at the support living service that supported people with learning disabilities. People's rights were not being consistently upheld in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff members were trained and had the skills and knowledge to meet people's needs.

People had access to healthcare and were supported with food when required.

Is the service caring?

Good ●

The service was caring.

There were positive relationships between staff and people using the service. Staff treated people with respect and dignity.

People had privacy and staff encouraged independence.

Staff had a good knowledge and understanding of people's

background and preferences.

Is the service responsive?

Good ●

The service was responsive.

Care plans included people's care and support needs. Care planning and reviews involved people in decision-making.

People participated in activities such as going to theme parks and bowling.

There was a complaint system in place. People knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led.

Staff and resident meetings were not carried out regularly for one of the supported living services we visited.

Systems were not in place to carry out regular spot checks and comprehensively record and communicate its findings.

There were appropriate systems in place to monitor the service. Regular audits were undertaken; however, these did not identify the shortfalls we found.

Staff told us that the team leaders were supportive and approachable.

St Michael's Support & Care

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.

The inspection was carried out on 10 and 11 February 2016 and was announced. The inspection was undertaken by a single inspector 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.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting people's safety and wellbeing. We also made contact with the local authority for any information they had that was relevant to the inspection.

We spoke with eight people, the registered manager, two team leaders and five staff members. We also looked at eight care plans, which consisted of people receiving personal care across the five supported living units. We reviewed eight staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures.

We also looked at other documents held at the supported living services such as medicine records, quality assurance audits and residents and staff meeting minutes.

Is the service safe?

Our findings

People told us they were happy with the support they received from the service and felt safe. One person told us, 'I'm happy with the service and I know they've got my best interests at heart' and another person commented when asked if they felt safe, "Yes. If anything worries me they'll support me." Despite these positive comments we found that some aspects of the service were not safe. We specifically noted concerns at one of the supported living schemes that we visited which supported people with learning disabilities.

Assessments were carried out with most people to identify risks and were regularly reviewed. Risk assessments for people with mental health needs listed triggers and symptoms staff should be aware of and also listed precautions staff should take. People and staff signed the risk assessments to confirm they agreed with the information and were involved in the assessment. However, we found the risk assessments for people with learning disabilities did not list triggers, precautions for staff and did not record whether people agreed with the information on the assessment.

Staff were aware of the risks to people on how to respond to escalating health concerns and support needs. There were risk assessments specific to individual's needs such as self-neglect, non-compliance with medicine, behaviour and health. The assessment provided clear guidance to staff on the actions they needed to take to mitigate such risks. In one care plan held at the provider's office, we found risk assessment had not been completed for specific known risks. The registered manager assured us that the assessments had been completed and these were held at the supported living unit where the person lived.

We found risk assessments had not been completed for two people with learning disabilities following a serious safeguarding incident to ensure that the person involved in the incident was protected. The service was alerted of the incident on 1 June 2015 and the CQC was notified of the incident on 3 July 2015, which outlined that the risk assessments were updated for both people. This was not evidenced during our inspection. We fed this back to the registered manager and team leader who acknowledged the findings and sent us the completed risk assessment after the inspection.

We reviewed the accident and incident book. We noted that the safeguarding incident was recorded in detail and listed actions that staff should take. However, this was not reflected on people's risk assessments. The risk assessment for the two people were scheduled to be reviewed on September 2015, we did not see evidence that this had taken place.

The above issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We did not see evidence of recent emergency evacuation and fire testing drills carried out at the supported living scheme for people with learning disabilities that we visited. The team leader told us that recent fire drills had not been carried out. Staff were trained in fire safety and were able to tell us what to do in the event of an emergency, which corresponded with the fire safety policy.

We found that a gas safety check on the supported living scheme for people with mental health needs had not carried out since 2014. We fed this back to the team leader, who acknowledged the findings and booked an inspection immediately. Evidence of the completion of the recent gas safety check was sent to us by the registered manager after the inspection that showed the service was compliant. Gas safety checks had been completed for all the flats on the service that supported people with learning disabilities that we visited.

We saw evidence that demonstrated appropriate portable appliance testing and electrical hardwiring checks were undertaken by qualified professionals.

Staff members were aware of their responsibilities in relation to safeguarding people. Staff had undertaken training in understanding and preventing abuse and up to date training certificates were available within staff training records. Staff members were able to explain what abuse is and who to report abuse to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority. One staff member told us, "When you see something bad, you confidentially expose it."

We looked at the provider's safeguarding and whistleblowing procedure, which provided clear and detailed information on types and signs of abuse and how to report allegations of abuse.

Staff files demonstrated the service followed safe recruitment practice. Records showed the service collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. The service made sure that new staff members were not offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. This corresponded with the start date recorded on the staff files. This minimised the risk of people being cared for by staff who were inappropriate for the role.

People and staff had no concerns about staffing levels. One staff member told us, "We do have enough staff." We looked at the staff rota for the two supported living units we visited and there was appropriate staffing cover to meet people's needs. The registered manager told us that further bank staff members were deployed across the supported living schemes especially if people were taken out for activities or if staff were unable to come to work. People told us they were happy with the help they had from staff and told us that staff members always came to provide support as expected.

Medicines were stored in a locked cabinet. Staff received appropriate training in medicines. Staff confirmed that they were confident with managing medicines. Some people were supported by staff to manage and take their medicines, while others took them without staff support. Medicines and recording sheets showed people were given the required medicine at the times prescribed. People told us that they received their medicines on time and that staff explained to them what the medicines were for. There were appropriate return procedures for unused medicines. One staff member told us, "They [service] takes medicines very seriously."

Is the service effective?

Our findings

People felt that staff had the skills and knowledge to meet their needs effectively. One person told us, "Yes. They know what I can do and when to support me" and another person told us "I'm happy with the service." Despite these positive comments we found that some aspects of the service were not effective at the supported living scheme that we visited which supported people with learning disabilities.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

Training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty and Safeguarding (DoLS) had been provided and staff were able to explain the principles of the MCA. One staff member told us, "If individual is capable of giving consent or not. If not, contact professional and family member." Staff told us they always asked for consent before providing care and treatment. One comment included, "I ask for their consent before doing anything." People confirmed that staff asked for consent before proceeding with care or treatment. One person told us, "The workers ask me before doing things."

The registered manager and team leader told us that the majority of the people at the supported living scheme that supported people with learning disabilities lacked capacity in some areas. However, this was not noted on the care plans we looked at and we did not see evidence that capacity assessments had not been completed. We did not see records of best interests meetings. A best interests meeting is when people have been deemed unable to be involved in aspects of their care. Staff, healthcare professionals and relatives make decisions on their behalf and in their best interest.

During our visit, we saw that the front door was kept locked at the supported living unit for people with learning disabilities. The team leader told us most people were not allowed to go out without a staff or relative accompanying them due to risks to their own safety. The home had not applied for DoLS authorisations for people who they felt were unable to safely go out alone therefore this meant that people may have been unlawfully deprived of their liberty. The team leader assured us capacity assessments would be carried out and application for DoLS would be made immediately.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The provider's supervision policy showed that formal supervisions and appraisals should be carried out with staff regularly. Supervision was inconsistent and irregular at the supported living scheme that supported people with learning disabilities. We saw a supervision record for one staff member in 2015 and noted the person commented that this was the first supervision after three years. Staff confirmed they had not received recent supervision since the middle of 2015.

Appraisals were not carried out with staff at the supported living unit. The service was unable to produce any documentary evidence to show that appraisals were undertaken.

This was a breach of regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff told us they received an induction, which included opportunities to shadow a more experienced member of staff and look at care plans. Staff confirmed that the induction training was useful and also covered important aspects in fire safety and health and safety. This made sure staff had the basic knowledge needed to begin work. The service had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they had easy access to training and had received regular training. Staff completed essential training that helped them to understand people's needs and this included a range of courses such as, equality and diversity, first aid, fire safety, nutrition, infection control and epilepsy. One staff member told us, "Training is very very useful." Staff told us that there was a test after each training to check their understanding on the subject area.

People told us that they did their own food shopping and made their own food. One person said, "I make my own meals. Staff might help with the shopping." Staff told us people bought their own ingredients and meals were prepared with the support of staff if required and they always encouraged people to prepare or eat healthy meals. Records showed that food was discussed with people, the types of food people liked and disliked and people were given choices when staff supported them with preparing meals.

People confirmed that there was easy access to healthcare professionals when needed and they were supported when required. One person said, "Yes they will support me with anything I need help with." Another person told us, "Yes they will. I can make my own Dr's appointments but they will help with other ones as needed." Staff confirmed people had access to healthcare professionals particularly if they were unwell. They gave us examples of where they were able to identify if the person was not well. One staff member told us, "I support people with hospitals and GP appointments." People confirmed that staff acted swiftly if they felt unwell. We saw documentary evidence that people's health and medicines was discussed with healthcare professionals, which involved a member of staff. One staff member commented, "We attend different health meetings."

Is the service caring?

Our findings

People told us that staff members were kind and caring; one person commented, "Yes they are kind and caring." Staff told us they build positive relationship with people by spending time and talking to them regularly. People confirmed they had positive relationship with staff. One person told us when asked if they had a good relationship with staff members, "Yes, they are very helpful. My key worker is marvellous." Through observations we saw that staff had good relationships with people, speaking about them warmly showing that they held them in high regard and interacting with people in a positive way. Staff showed respect for people by addressing them using their chosen name.

During our visit to the supported living unit for the mental health provision, people were regular callers to the agency's office and on the day of our visit we observed the relaxed atmosphere and warm reception people received on entering the office. People were at ease and enjoyed a relaxed conversation with staff.

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff members were able to tell us about people's backgrounds and the support they required. They told us they always encouraged people to do as much as they could to promote independence. One staff member told us, "They all are independent." People told us they went out on their own and lived independently. One person told us, "Yes. They know what I can do and will support me with anything that I might worry about. For example, I go to the Dr's by myself."

Care plans described daily routines in detail including information on what people could do for themselves and what they would need support with. People's needs were reviewed regularly and care was planned and delivered in line with their individual care plan. People told us they were able to make their own choices about what to do.

Staff told us that they respected people's privacy and dignity. We observed staff knocked on people's door before entering when we visited both supported living services. One person told us, "They will never come into my room without being asked" and another person told us, "They always knock on the door." Staff told us that when providing particular support or treatment, it was done in private and we did not observe treatment or specific support being provided in front of people that would have negatively impacted on a person's dignity.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

The service had an equality and diversity policy and staff members were trained on equality and diversity. When we were introduced to people by the team leaders for both supported living services, we observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. Cultural and religious beliefs were discussed with people. Their preferences were recorded in

care plans such as saying prayer with a family member on specific day.

People told us that staff communicated well and took the time to make sure that they were involved in their care. They felt that staff explained clearly before going ahead and carrying out any care tasks. People were supported to use their preferred style of communication and these were recorded on care plans for staff to understand how people communicated and their hearing ability. One person told us "There is always good communication."

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. One person told us when asked if staff listened, "Yes I would say so. I'm happy with the staff." and another person told us, "Yes they do. For example, one member of staff helped me with dietary advice around constipation, which worked."

Each person had an individual care plan which contained information about the support people needed. We found that people had input into the care plans and choice in the care and support they received. Care plans were signed by people to ensure they agreed with the information in their care plan. Care plans we reviewed had a personal profile outlining the person's support needs, next of kin, identity and religious beliefs. There was a weekly log, which consisted of daily activities and support needs for each person. Care plans also contained information such as people's medical history, health information, communication and care needs. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

There was a key worker system in place at both the schemes we visited. A key worker is a staff member who monitors the support needs and progress of a person they had been assigned to support. Reviews were undertaken regularly with people, which included important details such as people's current circumstance and if there were any issues that needed addressing. People and staff told us that people were involved in care planning and reviews. One person told us, "Yes I had an assessment, have reviews and regular one to ones with my keyworker."

People were assessed before being offered a service in order to ensure the service could cater for their needs. Pre-admission sheets confirmed people were assessed and reviewed important aspects such as their background history, medication history, mental state/health, past and present situation. Records showed that the service included the people and where possible family members in support plans and reviews. People confirmed that they were assessed before receiving personal care from staff, one person told us when asked if they had been assessed prior to receiving support from the service, "Yes I would say so. I had an assessment" and another person commented, "Yes they did. I'd give them 10/10."

People told us that staff provided the right support and responded appropriately and on time when support was required. One person told us, "They will help me with the things I need help with. For example, I'm not very good at getting my clothes so they help with that." Another person told us, "They mainly help me with letters/mail and making appointments." People also told us that they were able to choose who supported them such as a male or female carer and staff helped them get better if they were ill.

There was a daily log sheet and staff handover record, which recorded key information about people's daily routines such as behaviours and the support, provided by staff. Staff told us that the information was used to communicate between shifts on the care people received during each shift. However, we did not see evidence that the safeguarding incident that took place at the supported living unit for people with learning disabilities had been communicated between staff handovers or recorded on people's daily log sheet.

People told us they took part in activities. One person said, "There are coffee mornings, barbecues." Another person commented, "Yes I organise my own activities, but if I wanted to, I know I could take part in things." During our visit to the supported living units, we observed that people went to the cinema, shopping and to college. Records confirmed people participated in activities. A staff member told us "They go college, cinema and restaurants."

There were procedures in place to handle complaints. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. People knew how to make complaints and staff were able to tell us how they would respond to complaints. The people we spoke with had no concerns, one person told us, "'My one concern will be when I leave here' and another person commented, "I'm happy with the service."

Is the service well-led?

Our findings

People told us they were happy with the support provided by the service and staff told us they were happy working with the organisation. One person told us, "I'm happy with the service." A staff member commented, "It is lovely here, compared to the other places I worked."

During our visit we found that regular staff and resident meetings were not being held for the supported living scheme for people with learning disabilities. The last staff meeting was held in July 2015 and the last resident meeting was held in May 2015. Regular staff and resident meetings were however, being held at the supported living scheme for people with mental health needs.

Keeping comprehensive records of spot checks is important to keep track of the number of checks undertaken and help identify areas of improvements or best practise that can be used in staff supervision and appraisals for continuous improvement. The team leader for the supported living service for people with mental health told us that spot checks were carried out and showed us evidence that this was communicated to a new starter at the service. However, these spot checks were not routinely documented and there was no information on how often staff had received spot checks. We did not see any evidence that spot checks were being carried out at the supported living service that supported people with learning disabilities.

Health and safety records kept in the service showed that the service was safe and regular checks were undertaken on both supported living units we visited, for example on potential hazards in peoples flats such as tripping hazards, windows, food safety and fire safety. We saw that an audit was undertaken by the provider's regulation team that highlighted area's that required improvements. The systems in place enabled the registered manager and team leaders to identify and address shortfalls and continually improve the service for people if required. However, we did not see documentary evidence that audits were being carried out on records such as people's care plan, risk assessments and staff supervision at the supported living service for people with learning disabilities that would have helped identify the issues we found during the inspection.

The provider had quality monitoring system which included questionnaires for people who received personal care from the service. We saw the results of the recent questionnaires that were based around the service people received, which was positive.

Staff members were positive about the team leaders that managed the supported living schemes we visited. One staff member told us, "She is a brilliant worker, supportive, full of energy, very active and dynamic." Staff told us that they were supported in their role and there was an open culture where they could raise concerns and felt this would be addressed promptly. Staff were committed to providing a good quality service and were aware of the aims of the service. They could speak with the team leaders and registered manager when they needed to and felt that their comments were listened to.

The people we spoke with told us they liked the team leaders that managed the supported living services,

which included the sites we visited. One person commented, "Top marks. She's very nice to get on with" and another person commented "Yes I like her." During our visit to the supported living schemes, observations confirmed that team leaders had a positive relationship with people and people were comfortable when interacting with the team leaders.

There were policies and procedures available to ensure staff had the appropriate guidance and staff confirmed they could access this information. Policies and procedures that we reviewed were updated. The registered manager told us the policies and procedures were reviewed and up to date to ensure the information was current and appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was not always provided with the consent of the relevant person as the registered provider was not always acting in accordance with the Mental Capacity Act 2005. (Regulation 11(1)(3))</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users (Regulation 12(2)(b))</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service provider had not ensured that all staff received appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. (Regulation 18(2)(a))</p>