Mrs Anne Going & Mr Kenneth Going & Mr Raymond Galbraith & Mrs Marian Galbraith

# St Michaels House

## Inspection report

1-3 St Michaels Avenue
Northampton
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Tel: 01604250046

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on 17 September 2018 and was unannounced.

St Michaels House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St Michaels House can accommodate 13 people in one adapted building. At the time of inspection, 9 people were living at the service.

Following our inspection in March 2018 the service was rated as 'Inadequate' due to serious concerns about the safety and well-being of the people who lived there, and ongoing breaches of regulation. The commission placed the service in special measures until they had improved the care provided. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the provider demonstrated to us that improvements have been made and it is no longer rated as inadequate overall or in any of the key questions. At the time of this inspection we found there had been improvements in the way that the home operated and in relation to the cleanliness of the environment and maintenance within the home. Therefore, this service is now out of Special Measures. However, the rating reflects that more time is required to evidence sustainability of the improvements made.

The service had a registered manager. 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.

People told us they felt safe, and staff understood how to recognise abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives, and actions were taken to reduce risk where possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by the registered manager.

Staffing levels were adequate to meet people's current needs, and rotas showed that staffing was consistent.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff attended mandatory training courses to ensure their knowledge was up to date. Staff were able to update their mandatory training with short refresher courses.

Staff supported people with the administration of medicines, however, there were improvements required in identifying risks and making sure people could take the medicines they required safely.

People were protected by the prevention and control of infection. The home had undergone decoration and renovation in many areas, and all areas were being regularly cleaned.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed and within people's files.

People were able to choose the food and drink they wanted and staff supported people with this, and people could be supported to access health professionals when required. All aspects of people's health was documented within their files and updated regularly.

Care planning and risk assessments were personalised and mentioned the specific care each person required, including their likes and dislikes. Staff were aware of people's preferences, and supported people in a person-centred manner.

People were involved in their own care planning as much as they could be, and were able to contribute to the way in which they were supported. People told us they felt in control of their care and were listened to by staff.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and provided their care in a respectful and dignified manner.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.
The people we spoke with knew how to use it.

Quality monitoring systems and processes were in place and comprehensive audits were taking place within the service to identify where improvements could be made.

The service worked in partnership with other agencies to ensure quality of care across all levels.
Communication was open and honest, and improvements were highlighted and worked upon.

## 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**

The service was not always safe.

Some improvements were required for the safe management of medicines.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Staff were trained in infection control, and people were protected from the spread of infection.

### Is the service effective?

**Requires Improvement**

The service was effective; the rating reflects that more time is required to evidence sustainability of the improvements made.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with the support they required.

People had access to health care professionals to ensure they received effective care or treatment.

Consent was gained before carrying out any care.

### Is the service caring?

**Requires Improvement**

The service was caring. The rating reflects that more time is required to evidence sustainability of the improvements made.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

## Is the service responsive?

**Requires Improvement**

The service was responsive. The rating reflects that more time is required to evidence sustainability of the improvements made.

Staff had developed good relationships with people and were responsive to their needs.

A complaints system was in place and was effective.

People who required it, received end of life care.

## Is the service well-led?

**Requires Improvement**

The service was well led. The rating reflects that more time is required to evidence sustainability of the improvements made.

Quality monitoring systems were in place, and comprehensive audits of the service took place to identify any areas for improvements.

People knew the manager and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

# St Michaels House

**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 checked 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 team consisted of two inspectors.
This is the ninth comprehensive inspection since registration in 2011.

Before the inspection we reviewed the information we held about the service, including the notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We used this information to plan the inspection.

We used a range of different methods to help us understand people's experience of the service. We looked at care records for four people to check they were receiving their care as planned. We looked at the environment that people were provided with to live in, its cleanliness, and how it was being maintained. We looked at how people were supported with their medicines, the quality of the care provided as well as records relating to the management of the service. These included four staff recruitment files, staff training records, duty rotas and quality assurance audits. We spoke with three people who used the service, two care staff, the registered manager who was also the provider, and the deputy manager.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection in March 2018 we found that the provider was in breach of breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of the failure to ensure that the home was kept sufficiently clean and that action was taken to protect people from the risk of harm through the spread of infection. During this inspection we found that the provider had made improvements in these areas; however, the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

People were protected by the prevention and control of infection. Improvements had been made throughout the service to ensure thorough cleaning took place on a regular basis, and regular checks of cleanliness and the environment and its maintenance were in place. The kitchen within the service was brand new, and was kept clean by staff daily. All areas of cupboards, tiling, flooring, doors and food storage and preparation, were clean. Food and drink was in date and stored appropriately. Hand washing basins throughout the service, including ones in people's bedrooms, had been cleaned and re-sealed where required, and were cleaned daily.

Improvements were required to ensure that medicines were handled and administered safely. We saw that secondary dispensing had taken place for one person's medicines. This meant the person's medicines were taken from the blister pack they came in, and given to the person to administer themselves at a later date, as they would be going on holiday. There was no risk assessment in place for this process. We brought this to the attention of the registered manager who immediately created a risk assessment and stated dossette boxes would be used to ensure the person could manage their medicines safely. The other medicines were stored safely and staff had maintained accurate records on people's medicines administration records (MAR). Staff received training in medication administration.

People felt safe living in the service and staff received training in safeguarding and demonstrated a good understanding of how to keep people safe. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. One staff member told us, "I would report anything to [registered manager], but I could also come to CQC." There had been no safeguarding incidents for the registered manager to notify us of, since the last inspection.

Detailed risk assessments were in place to cover every activity that a person may be involved in, and included the potential behaviours and risks that may be present. Each person's assessment was personalised to them and the risks that were associated to them. For example, one person who had in the past had pressure sores, had a risk assessment in place and staff carried out regular checks to make sure any skin deterioration was identified. Environmental risk assessments were in place to ensure the environment was regularly checked and maintained as safe. People had risk assessments to manage the risks associated with smoking, and smoking indoors. We saw that efforts were being made to encourage people to smoke outside only, and regular checks were in place to monitor this.

There were enough staff to meet people's needs. Most people we spoke with felt that staffing levels were sufficient. On the day of our inspection there were enough staff on shift to support people in the way they required, which included taking part in activities. We saw rotas in place which confirmed that staffing levels were consistent. The registered manager and the deputy manager were both regularly involved in supporting people within the service when required.

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that references had been obtained for staff prior to them working in the service as well as checks with the Disclosure Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Lessons were learnt from things that had gone wrong, and improvements were made. We saw that team meetings took place, as well as regular communication with the staff team to ensure that previous issues were discussed, and actions set for improvement. The registered manager told us that, as a result of the last CQC inspection, the staff team had been made aware of the urgent improvements that were required. Staff told us they felt well informed and understood the changes that were required within the service to make improvements required.

Requires Improvement

# Is the service effective?

## Our findings

At our last inspection in March 2018 we found that the provider was in breach of breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the environment continued to require redecoration and that the furniture both in people's bedrooms and in the communal areas of the home continued to require replacement because they were damaged. During this inspection we found that the provider had made improvements in these areas; however, the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

The premises and equipment within the service met people's needs. Bedrooms had been cleaned, re-decorated and improved, to ensure that walls and floors were stain free, and that no mould was present. People were using new and clean bedding, that was regularly cleaned by staff. We saw that some out of use bedrooms still required significant work due to ingrained smells in the carpet, and the smell of tobacco smoke. The registered manager told us these rooms would not be in use until they had gone through the same refurbishment as the other bedrooms to make sure they were fit for use. One person said, "I like my room, it's been decorated." One staff member said, "The rooms are a lot better, people were really pleased with the new rooms, carpets, furniture etc." We saw that furniture within people's rooms was safe and fit for use. The garden area directly outside the conservatory had been cleaned and maintained, to ensure that it remained a pleasant place for people to spend time.

People had received pre-assessments of their needs before using the service. On-going assessments and reviews of people's needs were carried out as required. Staff had a good understanding of each person's specific needs, wishes and lifestyle choices, and people were not discriminated against.

There was an induction programme in place for new staff and on-going development training. Staff told us they felt they had undertaken sufficient training to enable them meet peoples' needs. One staff member told us, "I've had all my training, things like first aid, fire, we did General Data Protection requirement (GDPR) training recently." Training records we looked at showed that staff were all taking part in regular training courses.

People were supported to eat and drink and maintain a healthy and balanced diet. One person told us, "The food is very good. We have just had lunch and it was great. [Name] will have their's later warmed up." The registered manager showed us that one person had attended a food safety course alongside staff and had obtained a certificate as a result. Staff referred to people's care plans where people's preferences and any requirements they had with food and drink, and monitoring of people's intake was recorded when required.

Health and medical information was recorded for each person. The people we spoke with confirmed they were able to see health professionals as and when they needed to. Staff were vigilant to any changes in people's health and took action to enable people to access relevant healthcare professionals. Staff referred to care plans which documented any health conditions that people had, and kept an up to date log of recent appointments and medical input. For example, we saw that one person had record of input from the

chiropodist, optician and G.P.

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 MCA requires that as far as possible people make their own judgements and are helped to do so when needed. Where people lack mental capacity to make 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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection. Staff gained consent from people for decisions they were able to make. During our inspection, we saw that people were asked what they would like to do, what to eat and drink, and if they wanted to go out. Staff made sure to give people choice, wherever it was possible.

Requires Improvement

# Is the service caring?

## Our findings

During our inspection last inspection in March 2018, we saw that individual staff members were interacting with people in a caring way, but the ethos within the service did not ensure that standards were always high for people, and that they were provided a dignified, comfortable and safe environment. During this inspection we found that the provider had made improvements in these areas; however, the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

People told us they felt well cared for. One person said, "The staff are magic, no problems at all." The staff all felt they had positive relationships with people and had the time they needed to get to know people. One staff member said, "I think people have a good life here, they go out a lot and we are always trying to think of new things they can do. The [registered manager] has always said if we see anything that we think would be good for activities to get it, she supports us." Another staff member said, "Motivating people can be a struggle, it's important they don't feel like we are telling them what to do but are involved as much as they want to be. Some people like knitting, I bring my knitting in sometimes and we do it together…I also bring in CDs with 60s music and we have a sing a long."

During our inspection we saw that staff interacted with people in a kind and caring way. This included the registered manager and the deputy manager who knew the people well, communicated with people respectfully, and fully understood their needs.

People told us they felt involved in their own care. One person said, "The staff always check with us. We get to pick where to go. We are going on a boat trip tomorrow, we are all excited about that." We saw that staff understood people's preferences and communication, and supported people to do the things they wanted to do. People's care plans reflected this. Care plans and people's care was regularly reviewed, and improvements to the way in which care planning was documented were being implemented by the deputy manager.

People confirmed that the staff respected their privacy when providing care. One person said, "The staff are very respectful." One staff member said, "It is important not to say anything to people outside the home who don't need to know." We saw that staff were considerate of people's privacy, they knocked on people's doors before entering, and only discussed private matters with people in privacy.

Copies of people's care plans were stored securely at the service. Staff were aware of the need for confidentiality and their responsibility to protect people's personal information in line with legal requirements.

Requires Improvement

# Is the service responsive?

## Our findings

During our inspection last inspection in March 2018, we found that the service did not evidence any belief that people deserved to live in a clean and homely environment, which catered to their own tastes and preferences. The poor quality of the environment was not considered by the service to be a potential negative influence people's mental health and emotional wellbeing. During this inspection we found that the provider had made improvements in these areas; however, the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

People were able to take part in meaningful activity of their choice. For example, we saw photos of people doing the gardening and cooking with staff, photos of people doing craft activities; card making, and colouring. Each person had an activity list of things they wanted to do and a record of what they have done each week. One staff member told us, "[Person's name] and [person's name] like to go out with staff, we go with them to look around the second-hand shops." We saw that a daily log of activities continued to be kept which evidenced the suggestions staff had made with people, who had taken part and any reasons given by people who did not wish to take part.

Staff had created care planning documents to include people's preferences, likes, dislikes and skill, each plan was personalised for each person. These plans included sections on 'Who is important to me', 'Things I like and dislike' and 'When I am feeling unwell'. People's plans of care were regularly updated to reflect any changes in their preferences or care needs. Preferences, likes, dislikes and skills were listed for each person.

The registered manager was aware of the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. At the time of our inspection, there were no one who required information under the AIS.

The service had a complaints procedure which was accessible by people, their relatives and others interested in the service. People told us they felt able to raise any concerns with staff or management and understood they could make a complaint if something was not right. One person said, "I have not had any complaints, but I know to speak to staff if I did have any." We saw that no recent complaints had been made, but the system in place would allow for each complaint to be tracked to ensure the policy was followed. A suggestion box was also in place for people to use if they required, although people had chosen not to use it.

The service was not currently supporting anyone with end of life care. We saw that care plans allowed for people's decisions around end of life care to be documented, and could record the care they wanted to receive.

Requires Improvement

# Is the service well-led?

## Our findings

At our last inspection in March 2018 we found that the provider was in breach of breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not deployed appropriate systems or processes to assess, monitor and improve the quality and safety of the care that people received, and had failed to deploy a system of audits to sufficiently assess the cleanliness and suitability of the premises and environment. During this inspection we found that the provider had made improvements in these areas; however, the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

Following our last inspection, the provider was required to submit monthly information to CQC. This included action plans and written evidence in relation to the cleanliness of the service, quality assurance systems and staffing levels. The provider continued to send in information to us as requested. During our inspection, we saw that the audits taking place were accurate, and reflected the condition and cleanliness of the environment. A detailed audit system was now in place, which looked at all areas of each person's room, and communal areas. We saw that areas for improvement were identified, for example, when a person's blinds in their bedroom needed repair. Some larger areas for improvement were still ongoing.

Daily checks were in place to assess the cleanliness and maintenance of all areas of the building. We saw that these checks were effective and immediately picked up any areas that required attention. For example, we saw that checks had found that extra cleaning was required in a person's bedroom, so the cleaner was asked to steam clean the carpets.

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. The registered manager was aware of the requirement to send in notifications to the Care Quality Commission when needed.

The service had a clear vision and strategy to provide positive care for people, and to make the immediate improvements that were required as a result of our last inspection. The registered manager, deputy manager and staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. We saw that the registered manager and deputy manager worked directly with people using the service and were visible and approachable to all. The deputy manager told us about their commitment to make improvements within the service. This included the registered manager and the deputy manager attending training to better understand the Care Quality Commission's (CQC) regulations. We also saw the deputy manager had begun implemented training with the staff team to better understand the Key Lines of Enquiry (KLOE's) that relate to the regulations the CQC use for inspecting services. This would enable the team to understand the expected levels of care required.

All the staff we spoke with were happy with the support they received from the registered manager. One staff member said, "We have more staff meetings and get everything out in the open." Another staff member said,

"I have always felt supported, I can go to [registered manager] about anything and she always includes us, for example care plan amendments and how people are supported, it is a team effort."

During our inspection we saw that staff were comfortable interacting with the registered manager, and a positive and open working atmosphere was present. All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them. Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw team meeting minutes that showed that staff involved in discussions and had input to any issues raised.

We saw that the service was transparent and open to all stakeholders and agencies. The service worked openly with the local authority. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety. We saw that the service had been working closely with the local authority since our last inspection, to address concerns that had been raised in the past and drive improvement. We spoke with the local authority before our inspection and they reported that they were happy with the progress and improvements the service was making. The service was in the process of creating a feedback questionnaire to be sent out to people and their relatives to gather their feedback.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.