Care Quality Commission

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

St Michaels House

Inspection report

1-3 St Michaels Avenue
Northampton
Northamptonshire
NN1 4JQ
Tel: 01604 250046

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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?	Good

Overall summary

This unannounced inspection took place on 10 March 2015.

St Michaels House provides accommodation for twelve people with mental health needs, at the time of our inspection there was twelve people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection in September 2014 we asked the provider to make improvements in relation to staff supervision. At this inspection we found that these improvements had been completed.

People were cared for by a staff team that knew them well and understood their needs. There were robust and

Summary of findings

effective recruitment processes in place so that people were supported by staff of a suitable character. Staffing numbers were sufficient to meet the needs of the people who used the service and staff received regular training.

Care staff were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and support needs. People generally received their medicines as prescribed however there was a need to tighten the record keeping systems in place.

People were actively involved in decisions about their care and support needs; however Mental Capacity assessments were not always reviewed in response to changing levels of understanding. Changing case law in relation to the deprivation of liberty safeguards had not consistently been taken in to account in relation to code pads on the front door and the care of people in bed. People received a detailed assessment of risk relating to their care and staff understood the measures they needed to take to manage and reduce the risks. People told us they felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who lived at the home. Staff were aware of how to support people to raise concerns and complaints and we saw the manager learnt from complaints and suggestions and made improvements to the service. The registered manager was visible and accessible. Staff and people living in the home were confident that issues would be addressed and that any concerns they had would be listened to.There were effective systems in place to monitor and improve the quality of the service provided.

Summary of findings

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

This service was not always safe.

Medicine management systems in place required improvement and peoples medicines were not managed in a safe way.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them. Various risk assessments were in place and risk was continually considered and managed in a way which enabled people to safely pursue independence and to receive safe support.

There were safe recruitment practices in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Requires Improvement

This service was not always effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Mental capacity assessments had been completed however these had not always been reviewed to reflect changes. Changes in deprivation of liberty safeguards had not consistently been taken in to account within the home.

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review. People were supported by relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

This service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

Staff promoted peoples independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

Summary of findings

People were listened to, their views were acknowledged and acted upon and care was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the home, their relatives and staff were confident in the management structure and felt able to raise concerns or make suggestions for improvement. There were systems in place to receive people's feedback about the service and this was used to drive improvement.

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 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.'

This inspection took place on 10 March 2015 and was unannounced and was undertaken by three inspectors.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. .

During the inspection we spoke with the registered manager, deputy manager, three care staff and eight people who used the service. We also spoke with one visiting health professional.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records of five people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Requires Improvement

Is the service safe?

Our findings

People were happy with the way in which they were supported to take their medicines. Staff were aware of the medicines that people were prescribed and generally ensured that these were administered in line with the instructions given by the person's GP.

However we found that recording keeping could be improved in relation to medication management. Medicine Administration Records (MAR) had not always been signed to confirm that the medicine had been given to the person or in one case to record the reason why a prescribed medicine had not been given. In addition we found that although there were systems in place to record the receipt and disposal of medicines that the detail recorded could at times be clearer. The registered manager said that they would reinforce the need for good record keeping with staff.

People told us that they felt safe living at the home. One person said "I feel very safe here, I know all the staff and they look after me well". The staff confirmed they had received training on safeguarding people from abuse. They were knowledgeable about the different forms of abuse and knew how to report any concerns of abuse to the manager. Staff knew how to report abuse to other agencies such as the Care Quality Commission and the Local Authority safeguarding agency. We found the manager had taken appropriate action in response to investigating concerns.

There was a process in place for managing and reducing assessed risks and people were involved in identifying and managing these risks. In conjunction with each person, agreements were formed which helped balance their rights to make choices whilst at the same time helping to ensure that the risks to their health were minimised. One person told us that they had an agreed plan in place to help them monitor the amount of alcohol they purchased to keep them safe. Where required people had moving and handling plans in place so care staff knew how to safely support people reducing risks of falls.

Staff had confidence that any concerns they raised would be listened to and action taken by the registered manager or deputy manager. They said the registered manager was always accessible either face to face or by telephone. There were arrangements in place for staff to contact management out of hours should they require support. There was a whistleblowing policy in place. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice or the organisation. Staff knew and understood what was expected of their roles and responsibilities and felt comfortable raising any concerns.

Staff and people told us there was enough care staff to meet people's needs, one person said "There is always enough people here to help us and I know them all well". People told us they knew the staff well because they had worked at the home for a number of years. It was evident from the discussions people were having that it was a relaxed and comfortable home and people were engaging with activities that they chose.

Robust recruitment systems were in place to reduce the risk of unsuitable staff being employed. Staff confirmed that checks had been undertaken before they were allowed to start work. Staff files confirmed that pre-employment checks had been carried out before staff started their employment. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS), checking their work history by obtaining references from previous employers. The DBS check helps employers make safer recruitment decisions and identifies if staff have any criminal records or are barred from working with vulnerable adults.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in September 2014 we were concerned that not all staff had received supervision meetings to discuss training and development needs and to gain feedback on their performance. This was a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made, staff now have supervision and the manager had planned a rolling programme of supervisions throughout the year. Staff also confirmed that working in a small team meant that they had access to the manager on a daily basis.

People told us they were involved in the decisions about their care and were able to voice their preferences. One person told us "I can get up when I want and I can choose what to do during the day". People who smoked had signed the homes smoking policy, one person told us "we don't smoke in our rooms anymore because it could cause a fire and everyone has to stick to the same rule." Consent was obtained where people were supported with medicine and support with health care appointments.

Care plans we reviewed showed that where needed, people had capacity assessments in place however we found that this had not been reviewed for one person where their level of understanding had changed since the initial assessment. We found that the registered manager had not considered the impact of the changing case law in relation to the deprivation of liberty safeguards in relation to people being cared for in bed and for the use of key code on the front entrance door to the home. The registered manager has advised she will address this as soon as possible.

People were supported by a stable staff team who had received training relevant to their role and who were encouraged to continually develop themselves. Staff said "The training here is very good." Staff members had been supported to complete various levels of the Qualification and Credit Framework (QCF) in health and social care, staff told us "It is a hard course but it gives me the understanding of why it is important to record everything and it has given me more confidence in my role". The manager had a training programme in place to ensure that annual refreshers of the homes mandatory training was booked and staff were informed in advance.

We observed people were provided with sufficient amounts of food and drink throughout the course of the day to meet their needs. People told us the food was very good. One person enjoyed a weekly baking session with staff and everyone in the home could eat what had been baked. One person said "The stew and dumplings are very good." One person told us they had requested a certain meal for the following week and we could see on the menu this had been added. Staff were knowledgeable about people's food intolerances and knew what foods they should avoid and this was taken into account when menu planning. Where people had nutritional needs we saw that food and fluid charts were in place.

People said they were able to access healthcare when they needed it. Care plans we reviewed showed that people has access to a range of health care services and referrals were made to specialist teams where appropriate. A visiting GP told us "Staff are very swift in recognising signs of ill health and prompt in referring for advice and treatment." One person said they had been supported to stop smoking and they achieved this due to the support from staff.

Good

Is the service caring?

Our findings

It was clear to see that people had formed positive relationships with staff and everyone was treated as an individual. People told us "Staff spoil us on our birthdays." One comment was "This is the nicest place I have lived in." We saw people and staff sharing jokes and positive affection was given which people clearly appreciated. Staff told us that they and some of the people who lived there had been working together for years and everyone felt like part of an extended family. We saw people and staff interacting and were involved in activities such as music and dancing. Those people that did not wish to participate were happy to watch the fun and comment on the dancing moves.

The staff were able to tell us in detail how they cared for individual people living at the home, which indicated they knew the people well. One person told us "They know me inside out and they know when I am not having a good day and they let me talk about what is upsetting me."

People told us they were encouraged to express their views about the home and felt they were listened to. One person told us "we have residents meetings and we talk about things we want to change or things we want to do and these things happen." Another person said "These staff are good, I said I wanted my bedroom painted a different colour and I helped the staff do it."

We saw that people were given choices such as how they wished to spend their time and whether they required staff support. Staff told us they encouraged people to make day to day decisions and we saw this throughout the day. People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Staff understood, respected and promoted people's privacy and dignity. Where people were cared for in bed, staff announced themselves when they walked in and explained why they were there. Staff were discreet and sensitive when supporting people with their personal care needs. We saw staff discreetly pointing out to people if they had food on their clothes and encouraging them to change, but also respecting their choice if they chose not to. A staff member wanted to show us a positive piece of work that that been completed with a person around personal care and dressing appropriately, we saw that the person's consent was sought before they showed it to us.

Good

Is the service responsive?

Our findings

People received care and support that was planned and responsive to their needs. We looked at the care plans for people and they were written in an individual way, which included information on people's likes, dislikes and preferences. Staff were provided with clear guidance on how to support people as they wished, for example, with preferences around night time checks. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. People using the service or their representatives had been involved in the development of their care plan with records signed by people in agreement to their care and updated at regular intervals.

When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. A person whose needs had increased had been referred quickly to healthcare agencies and their care plan had changed to reflect their current needs. The registered manager and staff had worked very closely and successfully with external agencies, to ensure the person had the support they required.

People were involved in activities that they were interested in. People told us they chose not to go to work placements or community opportunities as they didn't find the places interesting. Staff offered activities based on peoples likes and dislikes. One person told us "We grow tomatoes in the summer and they taste lovely" another person said "I go to the church every week and I go by myself." We saw that people were encouraged to be involved in daily household tasks and people were enjoying the involvement and proud of the tasks they had completed. One person said "I do most of the washing up because no one else gets things as clean as me", another person told us "I always lay the table at lunch time and someone else does it at tea time, it is my job and I make sure all tables look nice."

People were encouraged to maintain relationships. One person told us "I don't see my brother often because he lives far away but I talk to him on the phone and sometimes he sends me flowers." Another person said "Staff take me to visit my boyfriend, I am going tonight and someone will pick me up later." The people who lived together had formed supporting relationships with each other and we saw there was lots of laughter and a relaxed atmosphere.

There was a complaints policy in place and a process to record and investigate any complaints received. This helped to ensure any complaints were addressed within the timescales given in the policy. The registered manager explained there were no formal on-going complaints. Feedback from a recent questionnaire sent to family members commented on the appearance of the home from the outside, as a result of this feedback the registered manager told us they were planning to paint the exterior of the home. People told us they knew how to complain and said they could speak to any staff member or the manager.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection and a full complement of staff. We noted that staff retention was good with many staff who had been working at the home for several years. This promoted continuity in the care and support provided and enhanced the quality of care to people using the service.

Staff told us there was effective communication between staff working shifts. We observed this during the inspection, for example, updates on people's food and fluid intake and general wellbeing were handed over to staff at the beginning of their shift, this ensured that information regarding people's needs was consistent and up to date and the person received the right care and support.

People who used the service were aware of who the registered manager was and spoke positively about them, the manager was present in the home most days and was visible in the home which meant they were aware of the day to day culture and the way that the staff carried out the vision of the service. People regularly called by the office to have a chat and talk about their day. Care staff were positive about the registered manager and felt they were well supported and the manager was approachable.

Satisfaction surveys had been sent to people who used the service and their relatives and we saw that the responses were positive. Comments included "What a lovely relaxed home" and "I tell all the folk I know how nice the home is." One person had commented that the home could benefit from internal decorating and we saw that the area they were referring to had been decorated.

A staff survey was completed in 2014 and some of the feedback was about the maintenance of the home. Since this survey had taken place two patio doors and two windows had been replaced. Staff said they felt listened to and they thought the training programme the manager provided was good.

To enhance the quality of the service, the manager was undertaking a 12 month course called "My Home Life". This initiative is operated by Northamptonshire County Council and its objective is to achieve a better quality of life for people living in care establishments. The manager told us this forum also enabled her to discuss common issues and share knowledge and best practice with other providers of care services.

The deputy manager told us there was a system of a quality audits in place. This included audits on care plans, medication, health and safety, and the premises. We saw documentary evidence that these took place. Any actions identified were addressed and we saw that actions form these audits were discussed at staff meetings so staff knew if there was maintenance required or plans for redecoration. There were systems in place to monitor the quality and safety of the service. Records showed this included monitoring of safeguarding issues, accidents and incidents. The manager confirmed there were no identifiable trends or patterns in the last 12 months.