

St. Michael's Support Limited

St Michael's Support Limited

Inspection report

Suite 13 TCBC Offices
20-30A Abington Street
Northampton
NN1 2AJ

Tel: 01604389398
Website: www.stmsltd.co.uk

Date of inspection visit:
01 September 2022
05 September 2022
07 September 2022
09 September 2022

Date of publication:
17 October 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

St Michael's Support Limited provides care and support for people with a learning disability or autistic spectrum disorder and people with mental health needs. The service provides care and support to people living in a 'supported living' setting; the people receiving support at the time of inspection lived in a two-bedroom flat and a house. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, the service was supporting five people, however only three people received support with personal care.

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

The service demonstrated how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

Staff were aware of and followed best practice and the principles of Right Support. People received person centred support and their needs were met. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life.

Staff supported people to play an active role in maintaining their own health and wellbeing. People were supported with their medicines in a way that promoted their independence. People were enabled to access all the health and social care services they needed.

The service people received was provided in accommodation, which was similar to the other houses in the area. People were supported to keep their homes clean and well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs and promoted equality and diversity in their support for people.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Where people had individual ways of communicating, using body language or sounds, staff supported their communication appropriately.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

People received good quality care and support because trained staff could meet their needs and wishes.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

Rating at last inspection

This service was registered with us on 12 December 2018 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

St Michael's Support Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one Inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 01 September 2022 and ended on 09 September 2022. We visited the

location's office on 01 and 02 September.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with two people who used the service and two relatives about their experience of the care provided. Some people who used the service were unable to talk with us but used different ways communicating, for example body language.

We spoke with six members of staff including four support workers, the deputy manager and registered manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance surveys and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and supervision records and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. There were policies covering adult safeguarding, which were accessible to all staff.
- Staff had received up to date safeguarding training and understood the procedures they needed to follow to make sure people were safe.
- People and their relatives told us they were safe. One person said, "The staff look after me, they care about me."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Personalised risk assessments considered risks in the environment and related to people's support needs. For example, where people were identified as at risk due to a specific health condition, detailed guidance was available to staff.
- People, their relatives where appropriate and staff that knew them well were involved in the risk assessment process.
- Personalised evacuation plans were in place to support staff and people to evacuate their home safely in the case of an emergency. Fire risk assessments were in place and up to date.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in internal and external activities how and when they wanted. Staff, people and relatives informed us staffing levels were adequate.
- The numbers and skills of staff matched the needs of people using the service.
- Recruitment checks, including criminal records checks had been carried out to ensure only suitable staff were employed.

Using medicines safely

- There were systems in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed and regularly audited.
- Staff had received training to administer medicines safely. They underwent competency assessments to make sure they had the correct skills to support people with medicines.
- There were PRN (as required) medicine guidelines with personalised details of the signs the person may show, indicating they need those medicines. Staff did not always fully complete PRN records to show the outcome of administering PRN medicines. The registered manager was aware of this and was working with

staff to improve practice at the time of inspection. The registered manager had also arranged to access guidance from the local Care Home Advice Pharmacy Service as they were keen to further improve medicines practices in the service.

- We saw evidence that people's medicines were reviewed regularly by prescribers and the registered manager worked with relevant professionals to ensure medicines were only used when necessary.

Preventing and controlling infection

- Staff had completed training in infection prevention. Staff were observed to be wearing PPE correctly at the service and understood processes to remove and replace PPE.
- Effective infection, prevention and control measures were used to keep people safe and staff supported people to follow them. For example, a detailed cleaning schedule was in place and infection control audits were regularly completed.
- The provider had an up to date infection prevention and control policy in place to help keep people safe.

Learning lessons when things go wrong

- Records showed that staff knew how to record and respond to incidents and accidents.
- Accidents and incidents were reviewed by the registered manager, and action taken to address any identified concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. This ensured there were sufficiently trained staff to provide the care and support required.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Care plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- Staff received an induction which included training and time spent shadowing an experienced staff member.
- Staff received suitable training for their roles. Mandatory training was refreshed regularly and included autism awareness and mental health, dementia and learning disabilities training. One member of staff said, "There's lots of training, the training is good and regularly updated."
- Additional training was provided to enhance staff understanding and skills in areas such as epilepsy and positive behaviour support.
- Staff attended regular supervision and told us they felt supported in their roles. One member of staff said, "I have supervision with the [registered] manager or deputy manager. It's an opportunity to speak, I am happy with it."

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were supported with menu planning, food shopping and meal preparation in a way which ensured their decisions and preferences were followed. We saw that one person had been supported to broaden their diet so that it was now more balanced and nutritious. They told us they were enjoying cooking and trying new things.
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements. Where people were at risk of malnutrition records showed their weight was increasing.

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

- People had health passports which were used by health and social care professionals to support them in

the way they needed. A health passport allows individuals to record details about their disability, health condition or learning disability and is shared with the professionals involved in their care.

- People were supported to attend annual health checks and access support from health professionals such as specialist nurses and physiotherapists.
- Records showed and people told us that people's physical and mental health had improved significantly since receiving support from the service.

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

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Care plans consistently referenced people's ability to make their own decisions.
- Care staff had received training in MCA and understood the importance of seeking consent from people and people were supported in the least restrictive way possible.
- Mental capacity assessments and best interest decisions had been completed for decisions people were unable to make for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere. People and their relatives told us staff were kind and caring. One person said, "The staff are lovely, I get on very well with all the staff, they have been so good to me, they're like family." Another person's relative said, "They [staff] are absolutely brilliant with [person's name] I cannot fault them...they've worked wonders with [person's name]."
- We observed people were relaxed when communicating with staff, who used positive, respectful language which people understood and responded well to.
- Care plans detailed people's preferences as to how people liked their care to be delivered and provided information about people's social, cultural and religious needs.

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

- People were encouraged to be involved as partners in their care and staff provided the support, they needed to make decisions for themselves, or to participate in decision making. One person told us they were able to decide for themselves what they wanted to do and when and staff always respected this.
- Where people required support to make decisions family members told us staff communicated well with them and they were involved in decision making.
- Records showed care plans were regularly updated and were completed alongside people and their families, following their wishes and preferences.

Respecting and promoting people's privacy, dignity and independence

- We saw staff spoke with people in an appropriate way throughout the inspection. Support plans described how people should be supported so that their privacy and dignity were upheld.
- Staff knew when people needed their space and privacy and respected this.
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and electronically.
- People were supported to be as independent as possible. We saw people's level of independence had improved since being supported by the service. One person told us, "I've really improved since I've been here, they [service provider] are really good."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Assessments had been completed prior to people receiving support to ensure the service could meet people's needs. People's choices, likes and dislikes were reflected in their support plans.
- People received their support from dedicated teams of staff who knew them well and helped them fulfil their wishes and aspirations. For example, one person told us they're life had improved significantly since being supported by the service, staff supported them to take part in new activities and they had grown in confidence.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs and people were in control of how they lived their life.
- Care files contained meaningful information that identified people's abilities and the support required to maintain their independence. For example, one person required specialised support to maintain and improve their mobility. Their care plan contained all the information staff required to ensure the person received appropriate personalised care.
- Support plans were regularly reviewed. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage. Any changes to people's care were updated in their care records to ensure care workers had up to date information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- People had individual communication assessments that detailed effective and preferred methods of communication. Staff continually assessed how people responded to different methods of communication and adjusted their approach as necessary.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff explained how they knew when people were happy or needed something.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- The service did not have anyone receiving end of life care at the time of the inspection. However, care workers had received end of life training, so they were skilled if the need arose.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture in the service. It provided people with a happy and homely atmosphere, where they were empowered, and their well-being was the central focus for staff.
- People and their relatives told us the registered manager knew people well and was available to them. One person said, "[Registered manager] is very nice, he comes and sees me and is a caring manager, he's more like a friend than a manager." Another person's relative said, "[Registered manager] is brilliant, he keeps us informed of what is going on."
- Staff were proud of working for the service and of the quality of care provided. They spoke about providing a good quality of life for people and staff working well together as a team. They described how they worked together to improve people's life experiences through the support they provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong. The registered manager gave honest information and suitable support, and applied duty of candour where appropriate.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- People and relatives were positive about the openness of the registered manager and staff.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Staff were clear about their roles and responsibilities towards the people they supported and felt supported in their role. They had regular supervisions, which ensured they provided the care and support at the standards required. One member of staff told us, "We see the [registered] manager often, he regularly visits people. It's a good company, I'm really happy, we have supervision and staff meetings where we have the opportunity to speak."
- The registered manager and deputy manager regularly worked with staff to provide people's support. They also carried out audits of the service to maintain oversight of the safety and quality of the service and drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were regularly asked for their views on the quality of the service being provided. We reviewed responses to surveys which were positive.
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. We looked at a sample of staff minutes and saw that they covered numerous topics relevant to the service.
- People and their relatives provided examples of actions the registered manager had taken to support people to be more independent and achieve their goals. For example, working with occupational therapists to make environmental adaptations to support people's mobility.

Working in partnership with others

- The registered manager worked closely with commissioners and health and social care professionals involved in people's support to ensure people received appropriate care.
- Staff worked well with other organisations and had good relationships with other care providers such as local health care professionals. They collaborated with them to achieve good outcomes for people. This included continually encouraging and supporting people to develop their skills, improve their health and wellbeing, and live as independently as possible.