Prime Life Limited

St Michaels

Inspection report

High Street
Waddington
Lincoln
Lincolnshire
LN5 9RF

Tel: 01522723292
Website: www.prime-life.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
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 10 May 2016 and was unannounced. St Michaels provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 40 people who require personal and nursing care. At the time of our inspection there were 38 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 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.

On the day of our inspection staff interacted well with people. Staff knew how to keep people safe. Medicines were administered safely however there was an error in the records of medicines that require special storage and recording arrangements. Records had not been completed according to the provider's medicine policy. Medication administration sheets (MARS) were completed fully however information sheets did not include people's allergies.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported to eat enough to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were not always sufficient staff to meet people's needs. People and their relatives told us that they felt well cared for but that they didn't always feel safe due to the lack of supervision. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered. Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received regular supervision.

We saw that staff obtained people's consent before providing care to them. People were not provided with access to regular activities and leisure pursuits. Staff felt able to raise concerns and issues with the registered manager. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out for areas such as falls and infection control. Audits had not identified some of the issues and we found where issues had been identified these had not always been

addressed. The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the provider is required to tell us about. Accidents and incidents were recorded.

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 consistently safe.

There were not always sufficient staff. People did not always feel safe living at the home.

Staff were aware of how to keep people safe from harm.

Medicines were stored and usually administered safely. There were errors in medicine records and the medicine policy had not been adhered to.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training.

People had their nutritional needs met. People had access to a range of healthcare.

The provider acted in accordance with the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement

The service was not consistently caring

Staff responded to people in a kind and sensitive manner. Staff did not always interact with people.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had did not have access to regular activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised and people were aware of their care plans.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were systems and processes in place to check the quality of care and improve the service however these were not always effective in identifying issues.

Staff felt able to raise concerns but did not always feel supported.

The registered manager created an open culture.

St Michaels

Detailed findings

Background to this inspection

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

This inspection took place on 10 May 2016 and was unannounced. The inspection was completed by an inspector, a specialist advisor and an 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. A specialist advisor is is a person who has expertise in specific areas of care, in this case care of older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We also looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we observed care in the home and spoke with the registered manager, the deputy manager and three members of care staff. We also spoke with nine people who used the service and five relatives. We looked at seven people's care plans and records of staff training, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

When we checked the systems for medicines that require special storage, we found that the amount of medicine did not match that recorded in the record. We looked at the medicine records and saw that medicines had been recorded on the MARs but had not been recorded in the appropriate record.

Where people required their medicines to be given in their meals (covert medicines) this was documented and discussions had taken place with the GP. However we did not see a record of discussions with the pharmacist to ensure that the medicines efficacy was not affected by being given in food. We checked the provider's medicine policy and saw that it stated that the pharmacist should be consulted. The provider was not following their policy and people were at risk of medicines being given in an inappropriate manner.

We observed the medicine round and saw that medicines were usually administered and handled safely. Staff identified people by name and told them what medicines they were being given to ensure that they were receiving the correct medicines. We saw that the medication administration records (MARS) had been completed according to the provider's policy and guidance. However identification sheets in the medicine documentation did not always include allergies which meant that staff could not easily check that people were not allergic to prescribed medicines. Since our inspection the provider has informed us that action has been taken to improve the issues regarding medicines.

People were asked if they required their as required medicines such as painkillers. We observed staff explain to a person what medicines they had at lunchtime and why they needed to take them. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records of this maintained.

Relatives told us that they felt there were issues because of shortages of staff which meant that often people weren't as well supervised as they could be. For example, one person who was in a wheelchair told us that other people came and took the brakes off and tried to push them around. One relative told us, "There are too many patients going into [my relative's] room all hours of the night apparently, one time they came in and put their pyjama top on. My sister raised it with the manager. She [manager] was alright about it. We're going to see if they can have their door locked at night but we have to sign something".

During the medicine round we observed the member of staff was disturbed three times by people using the service as there were no other staff around to assist them with their concerns. they were also interrupted twice by staff who required assistance and advice. There were insufficient staff to provide support to people and other staff during this period. There was also a risk that people would receive incorrect medicines due to the interruptions of the round.

Another relative told us that their family member had managed to get out of the home on one occasion. They expressed concern that the combination to the external door was the same as the one for the internal door and that as their relative knew the internal code they may be able to get out of the home again. We raised this with the home manager and received confirmation after the inspection that this had been

changed.

People and staff told us that there was not enough staff to provide safe care to people. Staff told us that the shortages in staff meant that tasks such as updating care plans didn't get completed. The registered manager told us that recruiting was a problem. At the time of our inspection there were two full time carer vacancies and one part time.

One person told us, "The staff have so much to do. They could do with more staff I think". We asked if this impinged on the care received and they said "If you ring the buzzer they come fairly soon but if they are dealing with someone else they might say I'll come back". A relative told us, "There's never enough, it's a question of making ends meet". Another said, "Sometimes they're [staff] a bit thin on the ground". A member of staff told us, ""There's not enough, we've so many [residents] that need two of us. Even when we've full staff on it's not enough".

The registered manager told us that they did not use agency staff but that they used staff from some of the provider's other homes. They said where possible they tried to use the same staff and staff who had experience with older people, so that they were aware of people's needs. Staff told us that these arrangements were not always helpful because staff didn't always know people. They said on these occasions they could be providing a lot of support to staff rather than supporting people because they were not aware of people's needs.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns both within the organisation and outside of the organisation, for example, to the local authority. They told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual risk assessments were completed and where there were specific risks such as a risk of falls these were highlighted to make sure that staff were aware of these and how to support the person to minimise the risk. Risk assessments were also in place where equipment was used such as bed rails. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Staff received mandatory training on areas such as fire and health and safety and also training on specific subjects which were relevant to the care people required such as care of people with dementia. A series of quick reference guides had also been developed to support staff's learning on issues such as advocacy, use of bed rails and catheter care.

The registered manager told us that there was a system for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The induction was based on national guidelines.

Staff were satisfied with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review their skills and experience. We saw that appraisals had also been carried out. Appraisals are important as they provide an opportunity to review staff's performance and ensure that they have the appropriate skills for their role. Where specific issues and incidences had occurred the registered manager had carried out reflective sessions to assist staff to learn from these events. For example when a family had expressed concerns about communication a reflective session had been held with relevant staff to support them to improve their practice.

We observed that people were asked for their consent before care was provided. Records included completed consent to treatment forms and consent to photography to ensure that care was provided with people's agreement. Where people were unable to consent this was detailed in the care records and records detailed what support people required and why. Staff were able to tell us what they would do if people refused care and that risk assessments were in place where care was regularly refused.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was two people who were subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed and the CQC had been notified of this. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

People who used the service told us that they enjoyed the food at the home. One person said, "The food is

beautiful". A relative said, "The food you can't complain about. I'm very impressed, healthy sandwiches and homemade pasties. I come on a Sunday and we get such a slap up meal, it is very varied, roasts". We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. Staff sat alongside people and chatted as they supported them. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. People were offered a choice of meals by staff however staff told us if people didn't want the offered meals or the meal they had chosen they were able to provide alternatives.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. For example people received nutritional supplements to ensure that people received appropriate nutrition. We saw that care plans detailed what support people required for example if they needed specialist equipment to support them with eating and drinking. Staff were familiar with people's needs and were aware of what nutrition they had received. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs and fruit and snacks were available. One person asked for some food and staff asked them what they would like and provided this for them.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. Information was available to ensure that if a person was admitted to hospital staff would have an understanding of their needs. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care.

Requires Improvement

Is the service caring?

Our findings

During our inspection we observed that staff had little time to spend with people unless they were providing direct care. Most of the interventions we observed which were carried out by staff were task orientated, for example providing food and drinks and attending to people's personal care needs. After lunch we saw staff were involved in wiping tables down and removing tablecloths whilst people were sitting without any interaction. We saw that most interaction and communication occurred when staff were providing support with a task such as serving meals or assisting people to move. We observed people in the day area who did not receive any interactions from staff during the morning period and were unable to ask for assistance. A relative said, "If I'm not here she sits all day" and in regard to the home "It's all very nice and warm and comfortable but possibly not stimulating".

Although staff were busy most of the time they carried out the tasks in a calm, patient manner and gave no appearance of being harassed or flustered. We saw that if spoken to by people they responded in a friendly, kindly and patient manner. People who used the service and their families told us they were mostly happy with the practical care and support they received. One person said, "It's good, good staff, you get good meals. They help you and look after you". Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. A relative said, "Carers are one hundred percent kind, even when tried beyond their limits. If someone has a birthday they celebrate that, they put the lights down and bring cakes in with candles".

We observed that staff asked people if they required support before providing it. All the people we spoke with said that they felt cared for. One person said "I get myself up and washed in a morning. I can get up when I want to. I go to bed when I'm ready to go". We saw that people were encouraged to do what they could for themselves. Visiting relatives commented on this, one relative told us, "At home [family member] wasn't doing things for themself, [family member] is much more independent here".

People were involved in deciding how their care was provided. We observed that staff were aware of respecting people's needs and wishes. For example, whilst laying the table staff spoke with people and asked them what cutlery they preferred, for example, one person preferred a small knife. We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, when they were serving mid-morning drinks staff addressed people by their name and chatted with them. On another occasion staff supported a person to enter the lounge area and asked them where they would like to sit. We observed the person did not understand the question initially and staff repeated it so that the person was clear what they were asking.

Where people were distressed staff were kind and reassured people in order to alleviate their distress. For example, one person was upset and the registered manager supported her to find a quiet area and offered her a cup of tea. Another person was concerned about having to make a decision about staying at the home. We observed a member of staff sat with them and reassured them, explaining what options they had.

After lunch we saw a person sitting in the conservatory apparently 'choking' and coughing violently. We

observed a staff member respond and reassure and calm the person. We saw they quietly and without fuss asked a colleague to get a drink of water with a straw. We saw that when a drink was brought they knelt down before the person and encouraged them to drink. During the incident staff reassured the person by talking gently and holding their hand. The carer appeared calm, professional and competent throughout.

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were happy and comfortable during the process. Staff explained what they were going to do and also what the person needed to do to assist them. In addition staff ensured that people were covered when supporting them to move in order to preserve their dignity. We saw that people were asked if they wanted aprons and that whilst staff encouraged this if they appeared to think it was appropriate they did respect people's decisions.

A relative told us, "They are very caring, very respectful, maintain people's dignity." People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. In addition staff ensured that people were covered when supporting them to move in order to preserve their dignity. We saw that people were asked if they wanted aprons and that whilst staff encouraged this if they appeared to think it was appropriate they did respect people's decisions.

We saw that when staff offered people support with their personal care they did this discreetly. Staff understood the need for confidentiality and records were stored appropriately to ensure people's personal details were protected. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

Requires Improvement

Is the service responsive?

Our findings

We asked people how they spent their time at the home. One person said , "Not a lot, what we're doing now, just sitting looking around, having a natter with people". Another said, "There's not many residents you can have a conversation with, read, watch telly, sometimes they do games. Someone comes once a week to do exercise". Another person told us, "We go out sometimes in the minibus to the park sometimes the ice cream parlour, a young lad comes to do PT with us on a Thursday and we can play cards and dominoes. Sometimes we have a lady come to sing with us but a lot of them don't like joining in". A staff member told us, "We try and spend time with people and a lot respond better if one to one but then that's one [staff] off the floor".

Activities were not provided on a daily basis. We observed ten ladies sitting around a table in the dining area when we arrived at 10 am and they were still sitting in the same places at 13.30pm. During this time two members of staff attempted to carry out activities at 11.35 am however one had to abandon their attempts because other staff required assistance to provide personal care to people. In addition staff tried to involve people in the tasks they were carrying out such as laying the table. Staff told us that it was difficult to do activities because people required different activities and support. They told us that they felt that the current staff levels were not sufficient to provide this. One member of staff said, "It's all about them at the end of the day, need to improve things."

We saw that the TV was on in the lounge area, in the morning it was tuned to a pop music channel and in the afternoon although a film was on the sound was turned off. The TV did not add anything to the environment and was not providing a stimulating environment for people.

We saw that there had been trips to local amenities such as a garden centre. Transport was available to the home once a month and they also tried to support people to go to the local shop on occasions. In addition they had a weekly exercise session which was run by an external person. A meeting had been held with people who lived at the home and we saw that trips had been raised by people.

Relatives and people who used the service told us that they were aware of their care plan. We looked at care records for seven people who lived at the home. Care records included risk assessments and personal care support plans. Of the care plans we looked at five had been reviewed and updated with people who used the service. Audits had been carried out to ensure that records were kept up to date and complete. However we observed in two of the care plans documentation such as consent forms had not been completed. In another care record we found that the care plan required updating following discharge from hospital and another care record had not been reviewed since March 2016.

Records detailed what choices people had made with regard to their care. For example one person preferred male staff to support them with their personal care and this was detailed in the care record. records also included information about people's history and previous experiences however this information was not used to inform people's care. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was

required. This helped staff to respond to people's needs. For example a person was prone to urine infections and this was detailed in the care record and advice to prevent this included.

Relative's told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff offering visitors a drink and chatting with them and their family member. We asked people if they had ever had to raise any issues with management and if so what the response was. One relative told us "I hate to complain but I had to take it up with them about [family member's] clothing and the manager took it really seriously and dealt with it straight away." A complaints policy and procedure was in place and on display in the foyer area. Relatives and people who lived at the home told us they would go to the manager or person on duty at the home. At the time of our inspection there were no ongoing complaints. Complaints were monitored for themes and learning.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we had identified similar issues in relation to for example, lack of leisure pursuits and the quality monitoring system not being effective. However the provider had not taken action to address these issues.

There was an internal audit system in place to check the current service however these audits did not always identify issues. For example during our visit we identified in two records incomplete forms, two care records that required care plans updating and an error in the recording of medicine quantities. Despite a medicine audit carried out in March 2016 which identified a similar issue effective action had not been taken to prevent the issue occurring again. The provider's policy for the management of medicines and national guidance had not been followed. Records detailing the management of medicines which require special storage arrangements had not been completed according to the provider's policy and national guidance. In addition the provider had not followed it's policy for the administration of medicines which are administered in people's food.

The registered manager had a good understanding of people's needs and personal circumstances. We observed them supporting people with their care during our inspection. Members of staff and relatives told us that the registered manager was approachable and supportive. However they told us that they didn't feel supported by the provider. They told us that they felt that some policies and procedures were not supportive of staff.

Staff said that they felt able to raise issues. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. A specific meeting had been held with staff in response to the staffing issues and this had been attended by a regional director. A number of additional arrangements had been put in place to try to address the issue, despite these actions staff still felt that staffing was a problem and prevented them meeting people's needs fully. Actions that had been taken had not resulted in an improvement to the quality of the service, during our inspection we observed that staff were struggling to provide a person centred response to people because of the pressures on staff and people did not think that the service was safe due to staff pressures.

There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of their roles and responsibilities and were aware to whom they were accountable. However a relative commented on the fact that staff did not wear name badges. Saying "They don't wear name tags. If you ask why they say they have to buy their own and it's not right – they won't buy them on principle – and I agree, it's so wrong. You can't address them properly. I think it shows a lack of respect for them. Some places have photos and designations of staff (displayed), they should have that here, apparently they did have but took them down". We spoke with the registered manager about this who told us that the badges provider by the provider were not suitable and therefore if staff wanted to wear badges they had to purchase an alternative.

Surveys had been carried out with people and their relatives in 2015 and positive responses received. The surveys had been provided in words and pictures to assist people with their completion. The registered manager told us that the surveys for 2016 were currently in progress. Meetings had been held with people who lived at the home. A person told us, "Sometimes we have meetings with staff about what we think of the place and what we'd like to do". The registered manager told us that they encouraged people and staff to come and speak with her at any time and that she had an 'open door' policy. We saw that a notice displayed in the foyer advertised a "Manager's Surgery" which was to be held on the last Thursday of the month and that "no appointments were necessary". One visiting relative however told us "Clinic is advertised but it doesn't always happen. My daughter took time of work to come and there wasn't one". Another relative told us "I've never been to a meeting but I've seen notices".

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. We observed that the registered manager had a good knowledge of the people who used the service and the staff.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to ensure the improvement of the service. Regulation 17(1)(2)(a)