St. Michael's Care Ltd

St Michael's Home

Inspection report

251 Warwick Road
Olton
Solihull
B92 7AH
Tel: 0121 707 9697

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
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 inspection took place on 18 August 2015 and was unannounced.

St Michael's is a two storey residential home which provides care to older people including a limited number of people who are living with dementia. St Michael's is registered to provide care for 21 people and at the time of our inspection, there were 17 people living at St Michael's.

A registered manager was 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 and associated Regulations about how the service is run.

All the people we spoke with told us they felt well cared for and safe living at St Michael's and this view was shared by relatives. People told us staff were respectful, caring, kind and helped promote their independence as much as possible. Staff protected people's privacy and dignity when they provided care and asked people for their consent before any care was given.

Summary of findings

Care plans contained accurate and relevant information for staff to help them provide the individual care and treatment people required. Care records reflected people's wishes and how they preferred their care to be delivered. Risk assessments provided information for staff to keep people safe and these were updated when people's needs changed. People received support from staff who had the knowledge to care for them and staff ensured people's personal and confidential information was kept safe and secure.

People told us they received their medicines when required. Staff were trained to administer medicines which meant people received their medicines from suitably trained and experienced staff.

The provider had effective recruitment procedures that helped protect people. All the necessary checks had been completed on potential staff before a decision was made to employ them at the home.

The registered manager and staff had limited understanding of how the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) affected the service people received. Staff understood they needed to respect people's choices and decisions and where people had capacity, staff followed people's wishes. Where people did not have capacity to make certain decisions, decisions were made on people's behalf, sometimes with the support of family members. However, we found assessments of people's capacity and records of best interests' decisions had not always been completed.

DoLS are safeguards used to protect people where their freedom or liberties are restricted. We found examples where three people's freedom maybe restricted and applications had been approved by the authorising body. This showed these restrictions were least restrictive but there was no evidence in people's individual care records to show whether these people lacked capacity or not.

Staff were caring and compassionate in their approach to people. People were given choices about how they wanted to spend their day so they were able to retain some independence in their everyday life. Family and friends were able to visit when they wished and the registered manager and staff encouraged relatives to maintain a role in providing care to their family member.

There was a range of activities available for people living in the home that promoted their health and wellbeing.

There was a system of checks that identified and improved the quality of service people received. These checks and audits helped ensure actions had been taken that led to improvements. People told us they were pleased with the service they received and if they suggested improvements, these were acted upon quickly. No formal written complaints had been received by the provider but people's concerns were listened to and the registered manager and staff responded in a timely way.

You can see what action we told the provider to take at the back of the full version of the report.

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?
The service was safe.

People received care from staff who had the knowledge, skills and time to meet people's individual needs. People's needs had been assessed and where risks had been identified, staff knew how to support people to keep them safe. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their prescribed medicines from trained and competent staff and regular checks made sure medicines were administered safely.

Good

Is the service effective?
The service was not consistently effective.

People and relatives were involved in making some decisions about their care and people received support from staff who were competent and trained to meet their needs. Where people did not have capacity to make decisions, some family members were involved. However the provider had not assessed people's capacity and had not always demonstrated decisions were made in line with legal requirements. People were offered choices of meals and drinks that met their dietary needs. The registered manager and staff made sure people received timely support from other health care professionals.

Requires improvement

Is the service caring?
The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient and attentive to people's individual needs and staff had a good understanding of people's preferences and how they wanted to spend their time.

Good

Is the service responsive?
The service was responsive.

People and relatives felt involved in care planning decisions which helped make sure the support people received continued to meet their needs. Staff had information which helped them to respond to people's individual needs and abilities. There was an effective system that responded to people's concerns and complaints in a timely way and to people's satisfaction.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People and relatives were complimentary and supportive of the registered manager and staff. There were regular checks on the quality of service, through team meetings, satisfaction surveys and quality audits that identified improvements. Where improvements had been identified, actions had been taken that led to an improved quality service.

St Michael's Home

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 18 August 2015. The inspection was unannounced and carried out by one inspector.

We reviewed the information we held about the service such as statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority who provided us with information they held about this location. The local authority did not have any information to share which we were not already aware of.

People living at the home were able to tell us from their own experiences, what it was like living at St Michael's. We spoke with three people and four visiting relatives. We spoke with three care staff and two senior care team leaders (In the report we refer to these as staff) and we spoke with the registered manager. We looked at three people's care records and other records including quality assurance checks, satisfaction surveys, health and safety checks, medicines, complaints and incident and accident records.

Good

Is the service safe?

Our findings

People we spoke with said they trusted staff, and they always felt safe when staff supported them to meet their needs. No one we spoke with said they felt uncomfortable or had witnessed anything that may place them or others at harm. One person said, "Oh yes, I feel safe here. It's the atmosphere. The manager has eyes like a hawk." Another person told us they had never been concerned with personal safety. They told us, "The staff go out of their way to help." These views were shared by relatives. One relative said, "We have never felt concerned, that is why (name) [person] is here."

Staff told us how they made sure people who lived at the home were safe and protected. All staff had a clear understanding of the different kinds of abuse, and what action they would take if they suspected abuse had happened within the home. They told us they had not witnessed or heard anything that put people at risk. One staff member said, "If I saw anything I would contact CQC (Care Quality Commission) and I would report it straight away." Another staff member said, "I would report it because people need protecting."

Staff had access to the information they needed to help them report safeguarding concerns. A local safeguarding policy was displayed in the communal hall which provided local authority contact numbers for staff and visitors, should they be required. The registered manager was aware of the safeguarding procedures and described to us the actions they would take in the event of any allegations received. The registered manager said, "You would be dismissed, it's abuse. We are here to safeguard people by choosing the right staff and to monitor them (staff)."

Risk assessments identified where people were potentially at risk and actions were identified to manage or reduce those risks. Staff understood the risks associated with people's individual care needs. For example, staff knew how to support people who were at risk, such as falling or people who had limited mobility. Risk assessments were regularly reviewed which made sure staff were consistent in how they supported people at risk. A staff member told us, "[Person] is at risk of falls so we make sure trip hazards are not in place and we follow them with a wheelchair." During our visit we saw a staff member supporting this person to walk, however they did not follow behind with a wheelchair to minimise the risk. We spoke with the registered manager about this who said they would address this with staff.

People we spoke with said there were enough staff to meet their needs. One person said, "If I ring my bell staff come quickly." This was confirmed by other people and relatives who said whenever assistance was required, they did not wait long for support from staff. One relative told us they were very satisfied with staffing levels and said, "[Person] needed extra support and help from the staff. All the staff have tried their very best. They do what they need to do."

Most of the staff told us they had enough time to provide the care and support people required, although some staff said pressures at certain times of the day meant they did not always have time to spend with people. One staff member said, "There is not enough staff, particularly when the senior is doing meds (administering medicines)." We asked this staff member if people had to wait for support and they told us, "No, people only wait a couple of minutes." Our observations showed staff were busy but staff were able to support people to meet their needs.

The registered manager told us they were not reliant on agency staff because staff worked additional shifts. This meant people who lived at the home had continuity of care. The registered manager completed the staff rotas and they told us they balanced the skill mix of the staff so new staff were always supported by experienced or senior staff. The registered manager told us they had enough staff available to make sure staff did not work excessive hours. The registered manager said they used a recognised dependency tool which identified people's individual needs and how many staff were needed to support them. People's dependency levels were regularly reviewed to make sure staffing levels changed in accordance with the person's needs. The registered manager said, "We do look at dependency, for example, we had someone at end of life care and with the extra support needed we increased staffing hours." The registered manager told us the deputy manager worked along side staff when they required additional support and covered shifts during unplanned absences. Both the registered manager and deputy manager undertook care duties to support staff where staff absences occurred.

All staff we spoke with told us the provider had undertaken employment checks before they started work at the home,

Good

Is the service safe?

For example, references had been requested and the Disclosure and Barring Service contacted (criminal record checks) to ensure that staff were suitable to provide care to people. One staff member said, "I had a DBS (criminal record check), I couldn't start without that."

People told us they received their medicines and staff always gave them at the prescribed times. One person said, "I get my medication every day, they are very good at that." We looked at five medicine administration records (MAR) and found medicines had been administered and signed for at the appropriate time and stored safely. A staff member told us a photograph of the person was kept with their MAR which reduced the possibility of giving medication to the wrong person, as well as recording any medicines allergies.

People received their medicines from experienced senior staff who had completed medication training. The registered manager told us these staff had competency assessment checks which made sure they continued to administer medicines to people safely. The registered manager said, "I never expect staff to do it if they are not confident. It's dangerous, it's peoples' lives." The MARs were checked regularly to make sure people continued to receive their medicines as prescribed. Staff administered homely medicines, such as paracetamol to people for pain relief and this was administered in line with the provider's policies.

Maintenance schedules were regularly completed to make sure the environment was safe and equipment was kept in good working order. This included a system of internal inspections of mobility equipment and maintenance by external contractors where required, such as lift maintenance and water quality checks.

The provider had plans to ensure people were kept safe in the event of an emergency or unforeseen situation. Fire emergency equipment was checked regularly and staff knew what action to take in emergency situations. There was a central record of what support each person required to keep them safe if the building had to be evacuated and this was accessible to the emergency services.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they lack capacity to do so for themselves. The registered manager said staff had received training on MCA or DoLS.

The registered manager had some understanding of the principles of the MCA and DoLS but they had not always been put into practice. The registered manager told us there were five people living at St Michaels who may lack capacity to make certain decisions for themselves. We asked the registered manager to show us how they assessed people's capacity and we looked at care records for some of these people. The registered manager said, "I have not done any mental capacity assessments." The registered manager recognised people's capacity varied from day to day, however they said, "It is not recorded within the person's care records." We checked three care plans and there were no capacity assessments completed that would tell staff what people were able to consent to.

We spoke with a staff member who was a keyworker for one person who we were told lacked capacity. We asked them how they knew what decisions this person could or could not consent to. The response from this staff member showed they understood the importance of seeking consent, but they did not always know what decisions people needed support with. We spoke with other staff who could not tell us what specific decisions people needed support with. The registered manager told us decisions were sometimes taken in the person's 'best interests' but there were no records informing how the decisions were reached and by whom

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. The registered manager understood their responsibility to comply with the requirements of the Act. They told us three people's applications had been approved by the supervisory body to deprive them of their liberty. However, people's individual care records had not been updated and did not record where people lacked capacity. This information would be vital to help inform staff with the specific decisions people required help and support with.

The lack of consideration with regard to the MCA meant the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us staff were knowledgeable and knew how to provide the care and support they needed. One person told us the staff were very effective in providing their care because, "They (staff) are excellent, they will do anything to help." This person also said, "The manager does her best to get good staff." These comments were supported by other people we spoke with, and relatives who shared similar opinions. For example, one relative told us they felt staff were trained and competent when providing care. They told us their family member required hoisting. They told us the staff, "Are competent as [person] is never concerned and we know [person] is safe when they are hoisted. [Person] is sensitive and this is respected." This relative said they had seen staff providing support to other people and they said staff were confident in supporting those people who had varying needs.

Staff told us they completed an induction when they first started working at the home, and received training to support them in ensuring people's health and safety needs were met. The registered manager and staff told us part of the induction allowed staff to shadow more experienced staff. One staff member said they found this useful as they could see how care was delivered in a personalised way to help meet people's needs. This staff member said, "It helped to know how people wanted their care." The registered manager told us the provider was committed to provide training in line with the new Care Certificate which sets out the learning outcomes, competences and fundamental standards of care expected from staff.

We asked the registered manager how they were assured staff put their knowledge and training into practice to effectively support people. They told us, "I observe them, I walk around, and I do walk the floor." The registered manager told us if they saw any poor practice, "They discussed this at a supervision meeting, or considered further training for those staff members." The registered manager completed a training schedule which helped make sure staff received the refresher training to help keep their skills and knowledge updated.

Staff told us they had regular supervision meetings which gave them opportunity to discuss any concerns they had or further training they required. Staff said they had received

Requires improvement

Is the service effective?

the training necessary to provide the care and support people required. For example, staff told us they had moving and handling training which gave them confidence and knowledge to transfer people using different hoists and equipment. The registered manager completed a training schedule which made sure staff received refresher training at the required intervals which helped keep staff knowledge updated.

People told us they enjoyed the food in the home and we saw they were offered a variety of drinks during our visit. One person told us, “The food is good and you get a choice.” During our visit people were offered a choice of meals. Staff said if people did not want the choices on the menu, alternatives would be provided. No one required specific diets such as gluten free or soft food. Staff told us if people had specific requirements they would know how to support people to ensure they received their food and drinks in a way that continued to meet their needs. The registered manager said they had previously sought dietician advice when someone needed a specific diet or required their meals to be prepared differently, for example, to help reduce risks of choking or swallowing.

People were weighed regularly to make sure their health and wellbeing was supported and if there were concerns, advice was sought from other healthcare professionals. For example, where people had lost weight, support was sought from dieticians and staff followed this advice.

People received care and treatment from health care professionals such as district nurses, occupational therapists and the GP. The registered manager told us they received support from the community matrons (community matrons are experienced senior nurses who work closely with people in the community to provide, plan and organise their care). The registered manager told us the community matrons were able to assess people in hospital before they came to the home, so they could ensure people had the right equipment in place. The registered manager said, “If we need equipment or physiotherapists we get them quicker.” This was supported by a relative who told us about their relative who had recently returned to St Michael's from hospital. They said, “They have a hospital bed and hoist for (person). They are very good at getting outside help.”

Good

Is the service caring?

Our findings

People told us staff were kind and people said they found staff friendly and approachable. From speaking with people we found people built friendships with other people living in the home. One person told us how staff and people living at the home made them feel welcomed when they visited the communal lounge. Due to their health condition, this person had not been into the lounge for a period of time until the day of our visit. When this person arrived, we saw people cheered. This person said, "I had a cheer, it was very nice. Everyone gets on well."

People told us staff were caring and attentive to their needs and staff treated them with respect.

One person told us when they rested in bed, staff checked on them to make sure they were comfortable. This person said, "The girls (staff) fluff up my pillows and I am so comfortable in this bed." A relative told us they felt staff were very caring and nothing was too much trouble. This relative said, "Staff are persuasive and encourage, yet they do it in a nice way. They do things in [person's] best interests." They also said, "Staff don't stop people's character. They differentiate between everyone."

Some people told us they and their families found it difficult to come to terms with them moving into the home, however they had become settled. For example, one person said, "Once I got settled in, I joined in. The girls (staff) are lovely." A relative told us how supportive the staff and registered manager had been when looking after their family member. They said, "Nothing is too much trouble" and they said staff contacted them to let them know how their relative had settled in. They told us, "Staff phoned me back and I was touched by that. They (staff) don't take things for granted."

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. We saw staff were caring and compassionate towards people, engaged them in conversations and addressed people by their preferred names. Staff were friendly and respectful and people appeared relaxed with staff. Staff responded to people's needs and staff regularly checked on people throughout the day. All of the staff we spoke with said they enjoyed working at the home. Comments made to us were, "I love it here, I love my job, you have to be caring and I treat people how I want to be treated." People and relatives we spoke with said they found the registered manager cared about the home and the service provided. The registered manager said, "I know my residents and staff and I will help anyone with any situation."

People told us they received care from staff who knew and understood their personal history, likes, dislikes and how they preferred to spend their time. Staff said personal information was recorded in people's care records which provided them with important information about people's lives and what relationships were important to them. Staff demonstrated a good knowledge about the people they cared for. For example, staff knew about people who moved from other areas of the country, or people who had spent time in the armed forces.

Most people living at the home were independent and people told us staff respected their choices and supported them to be as independent as possible, for example washing themselves, dressing, or supporting them at bed times. Staff gave people choices about how and where they spent their time. Staff recognised it was important to promote independence so people continued to do as much for themselves as possible.

Staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity and we saw staff spoke with people quietly and discreetly. When people needed personal care, staff supported people without delay to carry out any personal care needs discreetly. Staff told us they protected people's privacy and dignity by making sure all doors and windows were closed and people were covered up as much as possible when they supported them with personal care. We found people's individual preferences were supported when they received personal care from staff. For example, some people preferred personal care from staff of the same gender and the provider respected people's choices.

We spoke with visitors who said they were welcome to visit whenever they wanted. During our visit we saw visitors come and go throughout the day. One person who lived at the home said, "I can have visitors whenever, staff are very courteous to them."

Good

Is the service responsive?

Our findings

People told us they received the care and support from staff who responded in a timely way when they needed support. We asked people if they were involved in their care decisions and how they wanted their care and support provided. Most of the people we spoke with said they had not been involved in those decisions, however no one we spoke with said they wanted to be. One person told us they felt involved in their day to day care decisions because staff, "Ask me and they let me do things myself." A relative we spoke with said they visited the home regularly and saw staff always tried to get people to help themselves where they could. This relative said, "They (staff) try with (person) and they respect (person's) decision.

Staff told us when people's needs changed, they involved families and kept family member's updated. One relative praised staff for always keeping them updated. This relative said when things change, "They are very good at letting us know, we appreciate that." The registered manager told us they were very proactive in seeking help for people and letting family members know if there were changes to people's needs. A relative told us staff recently contacted a GP due to changes in the relative's health condition and they said, "Staff reacted to the advice by changing the medicines."

A copy of people's care plans was kept in an office so people could be confident their personal information was kept private and secure. We looked at three people's care files. Care plans and assessments contained information that enabled staff to meet people's needs. For example, these plans showed how people wanted to be cared for, their preferred routines, if people were at risk and how they wanted staff to support them and maintain their independence. Plans contained 'This is my life' which provided staff with information about people's lives before they moved into the home. Staff had good knowledge of people they cared for and supported them to meet their needs.

Staff told us they were informed of any changes in people's needs at the staff handover meeting at the beginning of their work shift. They said the handover provided them with important information about the people they supported. One staff member told us this information was important, particularly if people's needs had changed since they were last on shift.

People were provided with a variety of activities that helped keep them mentally and physically stimulated. We found people were supported to maintain their hobbies and interests and people told us there were activities they enjoyed. For example, we spoke with one person who enjoyed reading books. This person said, "Look at my books, I love reading." We saw people were involved in arts and crafts and people's artwork was displayed around the home. During our visit a singer entertained people and sang songs appropriate to their audience. One person told us they enjoyed going into Solihull shopping and their relative confirmed staff did what they could to maintain their family member's interests.

Staff involved people in celebrating special events such as birthdays and festive occasions. People baked cakes and decorated the home. A relative told us people and staff were celebrating a person's birthday during our visit. They told us they saw staff ask people if they wanted to be involved. This relative said, "It's like normal life."

People knew how to make a complaint and no one we spoke with had made a written complaints about the service they received. One person said, "I know how to complain, it is on the back of the door." A relative told us, "I am the first to moan if things are not right, I would go to the manager." Information was available in the home for people and relatives about how they could make a complaint, or raise concerns.

The registered manager told us they were always approachable and had an 'open door' policy. They told us people, relatives and staff approached them without prior appointment to discuss their issues or concerns. The registered manager told us this addressed people's concerns which prevented written complaints being made.

We looked at how written complaints were managed by the service. The registered manager told us they had not received any written complaints in the last 12 months. The registered manager had a system where they recorded 'grumbles' and these were recorded and evidence of what actions had been taken were kept. We were told 'grumbles' were minor things people or relatives had raised, such as laundry issues or rooms that were not clean. Where required, staff were made aware of these issues and improvements were swiftly made.

Good

Is the service well-led?

Our findings

People and relatives we spoke with, had no concerns about the quality of care provided at St Michael's. All of the people found the registered manager and staff team, open and approachable. One relative we spoke with was very pleased with the service and said, “They (staff) know what they are doing and the manager comes out of the office.” One person said they were satisfied with the service they received and said whenever they needed support, “Nothing was too much trouble.” People told us staff knew what to do for them and commented positively about the behaviours and attitudes of staff. People told us they felt able to make their opinions known if they were not satisfied any were confident action would be taken.

The registered manager was vigilant in ensuring staff met the expected standards of care. If standards dropped, staff were provided with supervision and where necessary, training to support them in improving their performance. The registered manager recognised staff were caring but said, “Some miss the little things.”

The registered manager told us their style of management was to lead by example. They said they helped ‘on the floor’ and ‘filled in’ when unplanned staff shortages occurred. They told us they used this opportunity to check if people were happy with the support they received from staff and to discuss any concerns. The registered manager said they completed a daily walk around the home to make sure people received care in a safe environment. The registered manager told us they worked the occasional late night shift so they could speak with night staff and understand the challenges night staff experienced. Relatives and staff told us the registered manager had an open door policy and we were told they would have no hesitation in speaking with the registered manager if they had concerns.

The registered manager said they were proud of their relationships with other healthcare professionals which improved the quality of service people received. For example, the registered manager told us about the community matron and the positive effect this had on people at the home. We were told of one example where the community matron arranged to complete an assessment of needs for a person living with dementia. The registered manager told us about one example where a person had waited for an assessment of their needs. They told us the closer link with the community matron meant this person’s needs would be assessed quicker and would determine whether their changing needs could be met by us or not.

There were systems to monitor the quality of the service which were completed by the registered manager. This was through a programme of audits, including checks for care plans, complaints, infection control and medicines audits. There were systems to monitor the safety of the service. We looked at examples of audits that monitored the quality of service people received. For example health and safety, equipment and fire safety. These audits were completed on a regular basis to make sure people received their care and support in a way that continued to protect them from potential risk. The registered manager recorded incidents and accidents on a monthly basis and analysed those to identify any patterns or trends. The registered manager was confident due to their analysis and limited number of incidents, improvements had been made to protect people from risks.

People and relatives were able to share their feedback and suggestions about the service they received. They could do this by attendance at meetings or through the provider’s annual quality survey questionnaire. We looked at the results of the last questionnaire and found people were satisfied with the service they received. Where comments were made, actions had been taken. For example, some people said they wanted to eat curries and pasta and these were now included on the menu.

The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service. During our inspection we found three statutory notifications that related to DOLS approvals that had not been notified to us by the registered manager. The registered manager assured us they would submit these to us in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent Suitable arrangements were not in place to obtain and act in accordance with people's consent to their care and treatment. The provider had not followed the requirements of the Mental Capacity Act 2005. Assessments had not been undertaken to ensure that decisions were made in people's best interests. Regulation 11(1)