

# High Quality Lifestyles Limited

## St. Michaels

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St. Michaels is a residential care home providing personal and nursing care to five people who have autism or and learning disabilities at the time of the inspection. The service can support up to five people. The service is made up of four flats located in one building and a purpose-built bungalow with its own enclosed garden area within the grounds.

St Michaels is a specialist service for people that have anxious or emotional behaviour that has previously limited their quality of life and experiences. Each person lives in their own flat or a bungalow. The staff team and service provided is organised around people's individual needs.

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

People we spoke with told us they were happy and felt safe living at St. Michaels. There were sufficient staff to meet people's needs and keep them safe. Staffing was regularly reviewed by the registered manager and amended to meet people's needs. People were supported by consistent staff teams. Staff understood and were passionate about safeguarding people from the risk of abuse.

Staff knew people well, and understood the risks aligned to each individual. For example, some people lived with epilepsy. Staff were clear on how best to support them safely, and aware of any recent seizures, and any medication they may need. People's homes were clean and well maintained.

The registered manager and staff demonstrated they cared and respected the people living at St. Michaels. Staff had positive relationships with people and were passionate about ensuring each person lived their life to the fullest. People were clearly engaged in the service, people were involved in decoration, and people's unique skills had been used to create logos for a group they were a part of.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and Independence. People were empowered to make day to day decisions and were not restricted. People were encouraged and enabled to be as independent as possible.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. Staff were passionate about supporting people to achieve the best outcomes for them. People were discussed and promoted as individuals.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. There was a positive culture within the service, demonstrated by all staff and the registered manager. People were observed to look happy, smiling and making jokes with staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 11 February 2020).

Why we inspected

We received concerns in relation to incidents between people, the management of behaviours which people could find challenging and the culture of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St. Michaels on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

### Is the service well-led?

Good ●

The service was Well-Led.

# St. Michaels

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service. We spoke with four members of staff including the registered manager, operations director and two care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one person who uses the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated they had a good understanding of abuse and the risks to people. Staff were passionate about protecting people from abuse. One staff member told us, "I could contact safeguarding. I have no choice I have to be confident and fight for their rights."
- The registered manager was aware of their responsibilities around safeguarding and had sought advice from the local authority safeguarding team when required.
- When safeguarding concerns were raised, learning from incidents was embedded in people's care plans and shared with staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Some people could display behaviours that were challenging, which sometimes led to staff restraining people for their safety. The registered manager and staff had worked with the positive behaviour support (PBS) lead to develop a restraint reduction plan, which was so successful that the person had not been restrained for over a year.
- People had PBS plans which were specific to their needs and informed staff how best to support them during periods of anxiety or distress. Staff understood people well and could describe how to de-escalate incidents efficiently.
- Some people were living with epilepsy. There were clear risk assessments for staff to follow, detailing what kind of seizures people experienced, how staff should support them, and when to call for medical assistance.
- When new risks to people were identified they were acted on quickly with measures put in place to reduce the possibility of them re-occurring. For example, after a fall a person was referred to specialists for further tests and consultations to understand the causes of the falls. Equipment was put in place to support the person, and staff were aware of the increased risk.
- When incidents occurred, staff would de-brief and discuss the incident and any measures that could be put in place to reduce the incident re-occurring. This information was shared with the whole staff team and embedded in people's care plans and risk assessments.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep people safe. Staffing was reviewed and amended when people's needs changed, for example when people needed increased support during the evening staffing levels were increased.
- People were supported by consistent staffing teams who knew them well and understood how best to support them.

- Robust recruitment processes were in place to ensure staff were suitable to work with people. Staff work history was checked and references obtained, to check they were of good character to work with vulnerable adults.

#### Using medicines safely

- Staff and the registered manager had worked with STOMP to reduce the medicines people were taking. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.
- There were appropriate arrangements in for ordering, recording, administering and disposing of prescribed medicines.
- Before staff administered medicines to people, they received training and competency checks to ensure they were able to support people safely. One person told us they felt safe at the service because staff were trained to administer their medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 culture within the service, which empowered people and staff. Staff spoke to and about people respectfully, with kindness and fondness. We observed positive interactions between people and their staff teams, with people smiling and joking.
- One staff member had volunteered to become the 'positive culture' champion based on their values and passion for their role. The registered manager was visible at the service and would regularly review and challenge (when necessary) the culture of the service. A staff member passionately described to us how much they felt supported by the registered manager and the staff team.
- Some people had suggested that they aspired to move to a supported living service. Staff worked closely with people to develop independence skills and had identified placements within supported living services, which were previously not deemed achievable. A staff member told us, "I get great satisfaction in where these guys can go. I love promoting their independence."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager ensured their regulatory responsibilities had been met; for example, they had notified The Care Quality Commission (CQC) of important events as required, and the providers latest inspection report was visible within the service. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had also displayed the rating on their website.
- The registered manager and staff were clear on their roles and responsibilities and were passionate about providing the best care and support to people.
- The registered manager had received positive feedback from relatives. One relative said, "From the time of their arrival, we were very impressed with the registered managers approach to management."
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibility to be open and honest with stakeholders.

Engaging and involving people using the service, the public and staff, fully considering their equality

## characteristics

- Staff, people and relatives had formed strong relationships. A relative said, "Communication with [staff] for us as a family is also excellent and they liaise with me constantly to update me on [my loved one's] well-being and lets me know in an efficient and timely fashion when I need to provide anything."
- People were fully engaged and involved with the service. For example, one person had been asked to design logos for the 'you say we do' group they attended. When these groups were paused due to the pandemic, people were supported to move the meetings online so they could continue. The registered manager told us, "We made so many adjustments for us, it was important we did the same for the guys."
- People made decisions around the design and decoration of their homes and some people were involved in re-decorating their home. During the pandemic people built and installed entertainment items in the garden to give them more activities to engage with at the service.

## Continuous learning and improving care

- The registered manager and provider had robust governance systems in place to review and improve the quality of the service. The registered manager held regular governance meetings with staff where all aspects of the service were reviewed, and where necessary actions put in place for improvements.
- The registered manager completed a range of audits and checks. These included walk around spot checks of staff knowledge around key subjects such as safeguarding and mental capacity.
- The registered manager worked alongside the staff team to proactively role model how best to support people. When incidents occurred, the registered manager ensured that de-briefs and learning were discussed during governance meetings to ensure good practice was embedded.
- The registered manager was able to deliver training to staff during the pandemic to ensure staff understood how best to support people who could display behaviours that challenged. They told us, "Training was completed just with our staff team, which really allowed us to focus on real incidents and examples and discuss how best to de-escalate them."

## Working in partnership with others

- Staff and the registered manager worked in partnership with health care professionals. This included internally with a positive behaviour support lead, and externally with the GP for example.
- When people's needs changed staff were proactive in working with health care professionals including occupational therapists, mental health nurses and epilepsy consultants.