Prime Life Limited

St Michaels

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We carried out this inspection on 05 November 2014. This was an unannounced inspection

St Michaels specialises in the care of older people who have mental health needs including people living with dementia. It provides accommodation for up to 40 people and is registered to provide accommodation for persons who require nursing and personal care. At the time of our inspection there were 40 people living at the home.

At the time of our inspection 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 about how the service is run.

On the day of our inspection we found that staff interacted well with people and people were cared for safely. People told us that they felt safe and well cared for. When we spoke with staff they were able to tell us about how to keep people safe.

The provider was acting in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they

Summary of findings

received. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. 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 one person who was subject to DoLS.

We found that people's health care needs were assessed, and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as a dietician and a GP.

Staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and they had a good understanding of people's needs. Although people had access to activities we saw that there was little opportunity for people to develop their interests on an individual basis.

People were supported to eat enough to keep them healthy. People had access to a range of snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for. We saw one care plan did not reflect the person's nutritional needs and the care they were receiving.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. Staff obtained people's consent before providing care to them.

Staff felt able to raise concerns and issues with management. We found people who used the service and relatives were clear about the process for raising concerns and were confident that they had a voice in the running of the service. Audits were carried out on a regular basis however; they had not picked up the concerns which we raised about health and safety issues relating to the storage of equipment.

On the day of our inspection we identified concerns regarding the safe management of laundry and prevention of cross infection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The provider was not consistently safe.

People who used the service felt safe living at the home. The provider had safeguarding policies and procedures in place to guide staff and staff were aware of these.

The provider had risk assessments in place for areas such as skin breakdown; however, risk assessments for issues such as the administering of medicines were not in place.

Processes for managing soiled and infected laundry were not clear and people were at risk of cross infection.

Is the service effective?

Good

The service was effective.

People received care from staff who had the necessary skills and training to meet people's needs.

People's nutritional needs were met and they received support to meet those needs.

People had access to other professionals such as the GP and District nurse in order to meet their health needs. Staff were aware of people's health needs and how they met those needs.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff interacted in a caring manner to people. However, during our inspection we observed two occasions when staff did not respect people's choices.

People were happy with their care and were treated with dignity and respect.

We observed that people's records were not kept securely which was a risk to their privacy.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

An activities programme was in place but people did not have access to individual leisure pursuits.

Where people's needs had increased we saw that their care had been changed in order to meet their changing needs.

Summary of findings

A complaints policy and procedure was in place and people told us that they would know how to complain and raise concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led

There were systems and processes in place for monitoring quality. However, issues regarding the safe storage of equipment had not been picked up by audits.

Staff told felt supported and would be happy to raise concerns and issues with management. Staff felt involved in the running of the home and received regular feedback from managers.

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 05 November 2014 and was unannounced.

The inspection team consisted of an inspector, a specialist advisor and an expert by experience. A specialist advisor is a person who has expertise in relevant areas of care being inspected, for example, dementia care. We use them to help us to understand whether or not people are receiving appropriate care to meet their needs. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On this occasion the person had experience of dementia care.

The provider completed a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We contacted the Local Authority commissioners and looked at their most recent report in order to inform our inspection.

The registered manager was not present on the day of our inspection. During our inspection we observed care and spoke with the deputy manager, five care staff, three relatives and six people who used the service. We also looked at four care plans and records of training, complaints and medicines.

We used the short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us. We observed five people for a one hour period.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. One person told us, “Yes I feel safe here.” A relative told us, “Yes we feel [relative] is very safe here.”

The provider had safeguarding policies and procedures in place to guide practice. Staff that we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. Staff told us that information about safeguarding concerns were fed back at staff meetings and that they were kept informed of safeguarding issues.

Individual risk assessments were completed for people who used the service. The provider consulted with external healthcare professionals when completing risk assessments for people, for example, GP’s and dieticians. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. For example, where people were at risk of skin breakdown, a recognised assessment tools had been used and guidance provided on their care needs in order to manage the risk.

We saw that the provider had difficulties in storing equipment and when we looked in one of the bathrooms we saw that a range of equipment was stored in there. This was a risk as people could enter the bathroom and trip or harm themselves on the equipment because it was in a communal area. We discussed this with the deputy manager who confirmed that they would move these items.

People who used the service told us there were always staff available to help them. One person said, “I don’t have to wait long for help.”

The provider had an appropriate recruitment process in place which ensured that checks were made before people were employed. When we spoke with staff they told us that they had had checks carried out before they started employment with the provider.

The deputy manager told us that staff were allocated a number of people on a daily basis to provide care and support to throughout the day. However, during our inspection we observed that staff had to leave people whilst supporting them with leisure activities to assist other staff who were providing personal care and support to people. There was a risk that there was insufficient staff to provide appropriate support. During the medicine round the staff member administering medicines was interrupted on three occasions to answer questions from staff and visitors which presented a risk of medicine errors. This was because they were in charge and staff were going to them for advice or for a response to phone calls.

We observed the medicine round at lunchtime. When administering medicines staff addressed people by their name to ensure that they were giving medicines to the correct person. Whilst observing the medicine round we saw that the member of staff gave two people their medicines and walked away from them before ensuring that they had taken their medicines. We spoke with the member of staff about this and they told us that the people would not take their medicines if they stood over them. However, we were concerned that there was a risk that other people who were sat next to them could take the medicines and that the person was not observed to take their medicines. Although the member of staff observed from a distance we saw on one occasion they were disturbed by a member of staff and did not see the person take their medicines. Risk assessments were not in place with regard to the administration of medicines for these people.

We saw that people’s laundry was not managed in a way which would protect people from the risk of infection. There were not designated areas for clean and dirty laundry which meant that clean laundry could be mixed with infected or soiled laundry. There was a bucket with soiled laundry soaking in it. When we spoke with a member of staff they were unable to tell us about the process for managing soiled laundry which presented a risk of cross infection. The provider had policies for management of infection control but these were not being followed by staff. The issues had not been identified by the provider as part of their audit processes.

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. They said that they had received training in areas such as moving and handling, food hygiene and infection control. We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required. Staff were provided with training which ensured they had the skills to provide appropriate care to people.

People who used the service told us that they enjoyed the food at the home. One person we spoke with at lunchtime said, "It's always very good."

We observed lunchtime and found this to be a busy and noisy experience as the television was kept on. During lunchtime staff provided support and assistance to people in a sensitive manner in order to ensure that people received sufficient nutrition. For example, a member of staff explained to a person who was partially sighted where their drink was on the table and ensured that they were able to reach it.

One person refused a drink at coffee time and we observed that staff frequently offered drinks throughout the morning to ensure that they received sufficient fluids. We saw in the main lounge area drinks and snacks were available for people to help themselves throughout the day.

People had been assessed with regard to their nutritional needs. Care staff were familiar with the nutritional requirements of people. We observed that dietary information was available to ensure that people had their nutritional needs met. One person required a fluid only diet however, we found that the nutritional plans in the care records did not reflect this which could put the person at risk of receiving inappropriate nutrition. When we spoke with staff they were able to tell us about the care the person required.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. The provider made appropriate referrals when required for advice and support. One relative said, "They [staff] liaise with GP and nurses well." Another relative told us, "If and when the GP is ever needed, the staff are very responsive and call the medical services appropriately, and then inform the relatives which is just as it should be."

Staff that we spoke with gave us examples of how they had supported people with managing changes to their health. For example, one person required additional support in order to meet their deteriorating health needs and this was provided via an external organisation which worked in partnership with the staff. Another person required support from the district nurse with regard to a pressure sore and shared information with staff and documented the care records so staff were able to tell us about the care they required. A transfer sheet had been put in place which was used to provide information if people were admitted to hospital to other healthcare professionals about their health and care needs.

Where people did not have the capacity to consent to decisions about their care, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they received. Where it is judged that a person lacks capacity then it requires that a person making a decision on their behalf does so in their best interests. Processes and policies were in place to support staff to implement the MCA.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty. These are assessed by professionals who are

trained to assess whether the restriction is needed. 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 one person subject to DoLS. The deputy manager told us that they were in the process of submitting a number of other applications to the Local Authority.

Requires Improvement

Is the service caring?

Our findings

People who used the service and their families that we spoke with told us they were happy with the care and support they received.

One person said, "The girls are lovely." A relative said," They really look after [my relative], we are very happy and [my relative] is very happy"

A relative told us that they were very satisfied with the care their relative received. One person told us, "We feel [my relative] is treated with dignity and respect. I pop in at all times of day and night and always see good care going on. 98% of the time [my relative] has their own clothes supply!"

From our observations we saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. We saw that people responded well to staff. People who were unable to verbally express their views appeared very comfortable with the staff who supported them. For example, one person was distressed and a member of staff spent time finding out what was wrong in order to be able to support them appropriately. Another person had been to the hairdresser and a member of staff chatted with them about this.

During our inspection we saw that caring relationships had developed between people who used the service and staff. We heard a person stating that they were cold and we observed a member of staff offered to fetch a jumper for them and stating, "It's not a problem to fetch it for you."

During our inspection we observed that there were always staff in the communal areas to provide support to people when they required assistance. When people asked for support we saw that staff responded in a timely manner. If staff were unable to respond immediately to people's request they explained why and that they would come as soon as possible. People were not left without a response for long periods of time.

On two occasions we observed staff did not respect people's choices. At lunchtime a person asked if they could have a cup of tea and were told to wait until they had had their pudding. Another person was being brought into the lounge area in their wheelchair and asked to be sat in an easy chair however, this was ignored and the person was sat at the table in their wheelchair.

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff explained what they were going to do and also what the person needed to do to assist them so that they were moved safely and in a caring manner.

Relatives that we spoke with told us they visited the service regularly and found that staff welcomed them. One relative told us, "The girls [staff] are lovely."

People who used the service told us that staff treated them well and respected their privacy. We observed staff knock on people's bedroom doors before entering and asked if it was alright to come in. One person told us that they preferred to remain in their room most of the time. They told us, "I am happy in my room… I like my own company." Staff we spoke with told us about this and we saw this was also detailed in their care record so that the person's preferences were observed.

All rooms at the home were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, to assist people to feel at home. We saw that bedroom and bathroom doors were always kept closed when people were being supported with personal care.

Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff spoke discreetly to people and asked them if they required assistance. On one occasion a member of staff was unable to respond to a person immediately and they apologised for this. A relative told us that they felt staff usually protected people's dignity however, they told us that they had today found their relative in slippers and clothes that were not theirs which they were unhappy about.

We noticed that records were kept on open shelves in an unlocked room. This meant that records were accessible to people and visitors to the home and there was a risk that people's privacy was not protected.

Requires Improvement

Is the service responsive?

Our findings

Throughout the day we saw that staff responded appropriately to people's needs for support. We saw that staff always asked people if they wanted support and waited for their consent before providing it. When we spoke with staff they were able to tell us about people's individual needs and preferences.

A relative who lived away said, "The communication with this home is fantastic" and told us that communication was maintained via email.

There was a weekly activity programme which provided group activities within the home. During our inspection we observed two activities being run, a music session and games. People were given opportunity to choose which activity if any they wished to take part in. However we saw that those people who did not join in were sat in the lounge area with the TV on but it was difficult for them to hear the TV because of the noise from the music session. A relative we spoke with told us that they thought the television was on too much and too loud. They said that they felt the television did not provide an appropriate atmosphere for people who lived at the home because often the programme was not relevant to them. They said, "It's just on all the time."

We did not see evidence of individualised activities which responded to people's life experiences and preferences. Care plans did not reflect people's life experiences and ensure that they took into account these. this meant that new or agency staff would not be aware of people's background experiences and be unable to relate to them.

The deputy manager told us that people were supported to go out on local visits for example, to the coffee morning at the local church. People told us that they enjoyed going out and would like to do this more often. On the day of our inspection people told us that they were looking forward to a bonfire tea and fireworks that evening.

We looked at care records for four people who used the service. Care records included risk assessments and personal care support plans. We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required. For example, a person had received a medicines review following a number of falls and we saw that these had now reduced. Another person had lost weight and we saw that in response a nutritional assessment had been carried out and arrangements for the person to be weighed on a monthly basis put in place.

Staff told us that they had daily handovers where they discussed what had happened to people on the previous shift. They said that these helped them to respond appropriately to people and ensure that they were aware of any changes to their care.

One person who was partially sighted had been recently admitted and we saw that the care plan detailed how to meet the needs of the individual. Upon speaking to the person's relative they told us that they felt the communication at breakfast time could have been better as their [relative] had no idea what or where the food was. They said that they thought the communication between staff could have been more effective especially at such a crucial time for this person having just been admitted into the home.

The complaints procedure was on display in the home. Relatives whom we spoke with told us that they would know how to complain if they needed to but that they hadn't had cause to do so. We looked at a recent complaint and saw that this had been resolved satisfactorily. At our previous inspection a person had expressed concerns about having to wait to get up in the morning because they required a hoist. At this inspection we saw that the provider had purchased an additional hoist to ensure they were able to meet people's needs and preferences.

Requires Improvement

Is the service well-led?

Our findings

Staff told us they were very happy working at the service and motivated. Staff meetings were held and we saw that, where required, actions resulting from these were carried out. Staff told us they found that staff meetings were useful for providing feedback.

A relative said, "I think the staff are quite well trained, and well led… I think communication could be better sometimes though."

Records showed that the provider regularly carried out health and safety audits for the home which covered fire safety, electrical checks, temperature checks and clinical waste. Where faults had been identified, actions to rectify were assigned to staff along with timescales so they could be monitored. However the quality assurance process was not being managed effectively. The audits had not picked up the risks we identified during our inspection regarding the bathroom storage and infection control. We raised this with the deputy manager who said they would address the issue.

The provider also carried out regular audits to ensure that the quality of care was continuously reviewed and improved. We saw that an audit had been carried out on accidents to identify whether or not there were any patterns which could be addressed to reduce accidents and incidents. We saw that feedback was given to staff on the outcomes of audits at staff meetings.

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 managers.

Staff said that they felt involved in the running of the service and able to make suggestions and raise issues to improve the service. They also told us that they felt supported in their role and that the registered manager was very supportive. One member of staff said, "The manager is doing a fantastic job and is good to all the staff and knows all the residents well". The registered manager and deputy manager were supportive to staff and available to people who lived at the service and their relatives.

The relative's we spoke with told us that they would be happy to raise any concerns they had. They told us that the registered manager and deputy manager were approachable and available if they required to discuss their relative's care.

The home maintained links with the local community such as the church, school and by using the local facilities such as the post office. People were supported to visit these and also for representatives of the community to visit the home.

Where it had been necessary in the last year the provider had sent us details of events which had happened. These included events about the service, people who used the service, notifications of any deaths and serious illnesses and details about staff issues. We found the provider had taken suitable actions.