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St Michaels House

Inspection report

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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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place over two days on the 19 and 20 May 2016.

St Michaels House provides accommodation for up to 12 people living with mental health needs. At the time of our inspection there were 10 people living in 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 about how the service is run.

At the last inspection in March 2015 we asked the provider to make improvements to the way in which people's medicines were managed as at times people's medicines were not managed safely. During this inspection we found that people continued not to always receive their medicines safely. We also found that records were not always completed to show what medicines people had been administered. This constituted a breach of the regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

There were not effective systems in place to monitor and improve the quality of the service. Audits of the environment had not always identified areas that required improvements, and where they had been identified actions to improve the environment had not always been made. This constituted a breach of the regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

During our inspection in March 2015 we also asked the provider to make improvements to the way in which they supported people who did not have the capacity to consent to their care and support. At this inspection we found that these improvements had been made and staff and the manager understood their roles in supporting people who may lack the mental capacity to make decisions for them.

People felt safe and comfortable in the home and staff were clear about their roles and responsibilities to safeguard people from harm. People were protected from the risk of harm and staff understood how to

recognise and respond to concerns. Risks associated with people's care needs were assessed and measures put in place to reduce the likelihood of harm occurring.

There were enough staff to meet people's needs in a timely manner. Staff were knowledgeable about people's needs and people told us staff cared for them in a kind and compassionate way.

Staff received regular training that equipped them with the skills and knowledge that they required to carry out their roles.

Staff worked closely with people's allocated health professionals to ensure that they maintained good health. Where staff had identified that people were unwell they supported them to access appropriate healthcare services in a timely manner.

People were supported to eat and drink enough to maintain their health and well-being and were able to choose and participate in the preparation of their meals. People had individual plans of care in place that they had been involved in developing. People were involved in and supported to make decisions about their care and were supported to participate in a range of activities both with and outside of the home.

People had good relationships with staff within the home. Staff knew people well and were aware of how to support people to raise any concerns and complaints. People told us that the registered manager was visible within the home and that they felt able to approach her should they have any concerns.

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 always safe

People did not always receive their prescribed medicines and staff did not always accurately record the medicines they had administered.

People were protected by robust recruitment practices and there ere enough staff available to meet people's needs.

Staff knew how to recognise and respond to the risk of harm to help keep people safe.

Is the service effective?

Good

The service was effective.

People received care from staff who were knowledgeable about heir care needs.

Staff received on-going supervision and training to ensure that they had the skills and knowledge required to support people effectively.

People's choices were respected and staff understood the equirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported by thoughtful, compassionate and attentive staff who knew them well.

Staff supported people in a way that maintained their dignity, respect and privacy. People had positive relationships with the staff that supported them.

Staff involved people in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People were able to choose what they wanted to do and where they wanted to spend their time.

There were a range of activities available for people to choose from that reflected their individual interests and promoted their well-being.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were limited internal quality assurance processes in place. Where internal audits had been completed they had not always identified issues and where they had been identified improvements were not always implemented in a timely manner.

The registered manager was visible and approachable within the service.

St Michaels House

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 the 19 and 20 may 2016 and was unannounced. The inspection team consisted of one Inspector.

Prior to our inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications sent to us by the provider. We also spoke with local health and social care commissioners to gather information about the service. Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with the registered manager, the providers of the service, four staff and four people who used the service. We also spent time observing the care that people received to help us understand the experience of people who lived in the home.

We reviewed the care records of three people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Requires Improvement

Our findings

At our last inspection in March 2015 we found that the record keeping of people's medicines required improvement. During this inspection we found that records relating to the administration of people's medicines were not always completed accurately. People told us they received their medicines, one person told us "The staff give me my medicines when I am poorly." However, Medicine Administration Records (MAR) sheets had not always been signed by staff to show that they had administered people's medicines, or medicines that were no longer prescribed were signed by staff to say they had been given. People were at risk of not receiving their prescribed medicines due to the lack of accurate record keeping..

People did not always receive their prescribed medicines in a safe way. Although most medicines were dispensed by the pharmacy in blister packs, some medicines had been dispensed by a pharmacy in its original packaging; these were not always administered as prescribed. For example where one person had been prescribed a new dose of medicine for epilepsy, the MAR charts showed that staff had given the wrong dose on four occasions in the period of 10 days prior to our inspection. In addition, there was evidence that staff may have cut tablets in half; the instruction for the medicine specifically stated that it was unsuitable to be cut or crushed as it would affect the absorption of the medicine. The registered manager told us that staff had had to cut this tablet in half because they did not have a tablet of the correct dose available. This person was put at risk of the adverse effects of not receiving their prescribed dose of their medicine, due to having the wrong dose, or the medicine being cut in half. We raised a safeguarding alert to the local authority regarding this.

Staff did not follow the systems and procedures in place designed to keep people safe when managing their medicines. Staff did not record the number of tablets received from the pharmacy or held in stock by the home. Where medicines had been prescribed as "take 1 or 2 daily" staff had not recorded how many tablets had been administered to people. People were at risk of harm as staff did not follow the systems in place to establish how much medicine people actually received as staff did not record what they administered or the stock levels.

The medicines policy stated that two staff must administer people's medicines however; during our inspection we saw examples of only one member of staff administering medicines to people. Staff told us that they had received training in the safe administration of medicines however had never been observed by the registered manager to ensure that they were competent in administering people's medicines.

The failure to ensure the proper and safe management of medicines was a breach of Regulation 12(2g) of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were kept safe by staff that were knowledgeable about the risks associated with supporting them and knew what actions to take if they felt people were at risk of harm. One person told us "It's a good place to live. We're safe here and well looked after." Another person told us "I feel safe here. If I ever don't, I tell the staff and they help me." People had a range of risk assessments in place as part of their individual plans of care that provided guidance to staff on how to minimise the risks to people. One member of staff told us "I think the care plans cover everything we need to know to keep people safe." Staff were knowledgeable about the steps to take to minimise the risks to people's health and safety and we observed staff effectively implementing people's individual plans of care. One person told us that he had agreed with staff that he would not smoke in the house as this was a fire hazard. We observed this person smoking in the designated smoking area in the garden.

There were systems in place to report concerns that people may be at risk. One member of staff told us "If I was concerned about someone I would report it to the manager or even to the Council. We have the telephone number for the Safeguarding Team in the office." Staff felt confident that, if they should have concerns, these would be listened to and acted on appropriately by the registered manager. They said that the registered manager or another on- call manager was always readily available. Staff understood what was expected of them and what their roles and responsibilities were in relation to protecting people from the risk of harm.

There were enough staff available to ensure that people's care and support needs were met safely. One person told us "There's always enough staff; I never have to wait long if I need help to do something." One member of staff told us "There is enough staff working here. We have enough time to keep people safe and to spend time with everyone doing activities or having a chat." There was a relaxed atmosphere in the home. Staff were able to spend time engaging with people using the service, facilitating activities of their choice and where required supporting people to access the community. The registered manager told us that the rota was calculated based upon people's needs and what they want to do. The registered manager told us "If we need to we make sure extra staff are available, for example to take people for hospital visits."

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that staff had been recruited following interviews to determine their suitability for the role and references had been obtained for staff prior to them working in the service as well as checks with the Disclosure Barring Service (DBS). The registered manager told us that she operated a thorough recruitment process and would only employ staff that she felt would be competent to work in the service.

Good

Our findings

At our last inspection in March 2015 we concluded that this domain required improvement. This was because the provider had not responded to or implemented changes in legislation in relation to Deprivation of Liberty Safeguards (DoLS). During this inspection we saw that people were asked to give consent for their care and support and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager had made appropriate DoLS applications to the local authority where people had been assessed as lacking capacity to be able to consent to their care.

People were involved in making decisions about their care and their day to day routines and preferences. One person told us that they are free to come and go from the service as they please but that they had agreed to tell staff when they are going out so that staff know where they were. People who smoked told us that the home had a smoking policy which they had agreed to that stated they had to smoke in the garden and should not smoke in the house. We also observed staff asking people whether they required any help throughout the day. People were asked for their consent and given choices over their care. People were able to choose what they activities they would like to do and what meals they would like.

People were provided with enough food to eat and drink to maintain their health and well-being. People were able to choose what they would like for their meals. One person told us "The food is brilliant here. There is a menu and we have something different everyday". Another person told us "I didn't want the jacket potato that was on the menu today, so I chose something else." Staff were knowledgeable about people's food intolerances and dietary needs. One member of staff told us "[Resident] is diabetic so we always offer them a low sugar pudding and give them sweeteners in their tea instead of sugar." People were able to

prepare their own meals should they wish to and were free to choose when they wanted to eat their meals. People who required support to eat their meals received this in a caring, discreet and dignified manner. People were able to access refreshments when they wished and we observed staff offering people drinks and snacks. Where people had been identified as being at risk of not eating or drinking enough they were referred to the GP or dietician and food and fluids charts were in place to monitor them.

People were supported to maintain their health and wellbeing and were supported to access health care services when they needed to. One person told us "If I am poorly then the staff take me to the doctors." People had access to a range of healthcare services and referrals were made to specialists teams when required. Where people had individual plans of care developed by health care professionals for example district nurses staff were aware of these and delivered support according to these plans of care.

Staff received regular training that was relevant to their role that equipped them with the skills and knowledge that they required to support people effectively. One person told us "The staff are very knowledgeable; they know how to help us." Staff we spoke with told us how recent training was relevant and useful to their work. One member of staff told us "They [the management] are good with training here, it's all kept up to date and we have to do it every year." Records confirmed staff had an annual programme of training provided that staff were required to complete. Staff had access to regular supervision and support from the registered manager to enable them to reflect upon their practice and identify areas of development.

Good

Our findings

People had developed positive relationships with staff and were treated with dignity and respect. One person told us "The staff are good. I get on well with all of them." Another person told us that "The staff are nice. Very kind, they are all good people." We observed positive interaction between staff and people using the service with staff chatting and sharing jokes with people to create a relaxed and happy atmosphere. We saw staff complimenting people on the clothes that they had chosen to wear and promoting people's sense of well-being. Throughout the inspection we saw that staff were not rushed in their interactions with people. We saw staff spending time with people individually and supporting them to engage with activities. We saw that where people requested support, it was provided promptly.

Staff knew people well and treated people dignity and respect. People were encouraged to express their views about the home and they felt listened to. One person told us "We have a meeting and get to choose what goes on the menu." Another person told us "I get to choose what I do in the day, if there is an activity I want to do then staff help me." People were encouraged to attend residents meetings where they were able to express their views on the home to the registered manager.

Staff were knowledgeable about people's past lives and knew people well. Staff were able to tell us about people's individual care needs, interests and hobbies. One person told us "The staff know us all very well." We saw that one person who was cared for in bed liked to have a cup of coffee and biscuits at a set time each day. Staff were aware of this and ensured that they provided this person with their refreshments and one to one support to have them.

Staff promoted people's privacy and dignity. We saw that for person who was cared for in bed, staff knocked before entering their bedroom and introduced themselves when they walked in. Staff spent time engaging with this person and knelt down in order to make and maintain eye contact. Should people wish to they were able to have a key to their bedroom so that they could lock the door.

Staff understood the need to maintain confidentiality, we saw that staff ensured conversations about people's care and support took place where others would not overhear. We saw that records about people's care were stored securely and could only be accessed by people who had a need to see these documents.

Good

Our findings

People had individual plans of care in place that were based upon their preferences, interests and life histories. These provided staff with clear guidelines about how to support people. Staff we spoke to were knowledgeable about the plans of care in place for people and told us that care plans were reflective of people's current care needs. Staff were quick to recognise if people's needs changed and made sure that appropriate action was taken to maintain people's health and wellbeing. We saw that people's individual plans of care were updated on a regular basis to ensure that they were accurate. People told us that they were able to express choices in how they received their care and how much support they needed. Staff were aware of the differing needs of people living at the home and made adjustments to their language to ensure that people understood what was being said to them.

People were encouraged to take part in activities and were able to choose what activities they wished to take part in. One person told us "They do plenty of activities here. If you want to go for a walk they'll always help you to do that." Another person told us "There are lots of activities here. Some of the pictures on the wall are ones that I have made." We saw that there was a programme of planned activities available but that people were free to choose an alternative activity should they wish to. The registered manager told us that in a recent resident's meeting people had said that their favourite activity was going to Wicksteed Park and that they had planned a number of trips to Wicksteed Park in response to this.

People were encouraged to take on roles within the home to aid their well-being. For example one person told us that they were responsible for feeding the pet cat. Another person using the service helped staff to put away the food and manage the store room. Another person was responsible for looking after the garden and one person who enjoyed cooking helped staff to maintain the kitchen and cooked their own meals. We saw that people valued being given a role and a responsibility within the home and this helped people develop a sense of independence and aided their self-esteem.

People were encouraged and supported to maintain relationships. One person told us "Staff help me to call my brother using the phone every week." Staff told us that they supported one person to visit their boyfriend who lived locally every week. Visitors were able to visit the home at any time and were made to feel welcome.

People knew how to, and felt able to make a complaint. One person told us "If I am unhappy about anything I would tell the manager". Staff told us "if anyone made a complaint then we would tell the manager." We reviewed the records relating to complaints and saw that no formal complaints about the home had been

received. The registered manager had recently sent out satisfaction surveys to people using the service and was in the process of analysing these results.

Requires Improvement

Our findings

There were not effective systems in place to monitor, assess and improve the quality of service provided. Shortfalls in the service in relation to the management of medicines had been identified during previous inspection reports and most recently by local commissioners in March 2016. However, the registered manager had failed to implement an effective system of quality assurance to improve the quality and safety of services provided. During this inspection we identified medicines errors and omissions that the registered manager was not aware of because there were no quality assurance processes to monitor how people received their medicines.

Internal audits had identified that improvements to the internal environment were required however; these had not been completed in a timely manner. The registered manager did not have a plan in place to rectify the shortfalls identified during the environmental audit completed in January 2016. One person using the service told us "The building does need some things doing to it, it would be better if it wasn't like that. Sometimes because the toilet door doesn't work properly people get stuck in there." We viewed this door and noted that the wooden frame was broken and rotten and that the door was difficult to slide open and close. This had not been identified during the environmental audit completed by the registered manager.

This inspection highlighted shortfalls in the service that had not been identified by monitoring systems in place. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services was a breach of Regulation 17 (2a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager who was also the provider was visible and approachable within the service. People told us that they knew who the registered manager was and felt able to approach them. One person told us "If I tell the manager about any problem she always sorts it." One member of staff told us that "We can always talk to the registered manager if we need to. If we ever raise anything with her I know she would deal with it."

People's feedback about the service was actively sought and the registered manager used this to develop and tailor the service provided to people. Satisfaction surveys had been sent to people who used the service and their relatives and we saw that the responses were positive. In response to this feedback they told us they "planned to introduce a quick read information chart for each resident called ' Remember I'm me' care chart. This is so staff will be able to quickly know and understand each resident's likes, dislikes and needs. Staff will use this quick guide to prompt person centred care." This chart had not yet been implemented so

we were unable to assess its effectiveness in improving care.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not managed in a safe and proper manner. The amount of medicines in stock was not recorded, records were not always completed when people were administered medicines and people did not always receive the medicines safely. This was a breach of Regulation 17 (2g of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not effective systems in place to monitor, assess and improve the quality of service provided. This was a breach of Regulation 17 (2a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.