

St Michaels Rest Home Ltd

# St Michaels Rest Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Michaels Rest Home is a residential care home providing personal care to 24 people who were living with a range of needs associated with old age and dementia. The service can support up to 27 people.

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

The registered manager worked at the service most days and had a good understanding of her role and responsibilities. However, quality systems, did not always ensure safe care and up to date records in all areas. Systems for ongoing consultation with staff, and stakeholders including relatives had not been fully developed.

The home was not always clean and hygienic and staff practice did not promote good infection control practice in all areas. Risks associated with the safety of the environment and equipment were not always managed appropriately.

The staffing arrangements allowed for people's needs to be attended to in a safe way. The registered manager kept the staffing numbers and dependency of people under review. Staff were recruited safely. People were protected from the risks of harm, abuse or discrimination because staff knew how to recognise any potential abuse and knew what actions to take if they identified any concerns. People received their prescribed medicines in a timely manner. There were suitable arrangements in place to assess and respond to any individual risks to people.

The registered manager knew people and staff well and approached both in a pleasant and positive way. She understood her responsibilities and was committed to delivering a high standard of care to each person in the service.

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 4 January 2019).

### Why we inspected

The inspection was prompted due to concerns received about the safety of people and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 coronavirus and other infection outbreaks effectively. We reviewed the information we held about the service. There were no areas of concern 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.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service until we return to visit.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# St Michaels Rest Home

## 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. This was a focussed inspection to follow up on concerns that had been raised with us. 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

This inspection was carried out by two inspectors.

#### Service and service type

St Michaels Rest Home 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.

#### Notice of inspection

This inspection was unannounced. The inspectors telephoned the registered manager from outside the service to alert them of their arrival. This was because of the Covid-19 pandemic and ensured they could follow the homes infection control procedures.

Due to the Covid-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. Therefore, we asked the registered manager for additional information and contact details of stakeholders following the inspection visit.

#### What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. This

included concerns raised directly with the CQC via the 'sharing information website'. We sought feedback from the local authority and healthcare professionals that are involved with the service. We met virtually with the registered manager and registered provider a week before the inspection to gather further up to date information on the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We used the information the provider and registered manager provided to us and the local authority as part of recent safeguarding investigations. These were raised as a result of information being provided anonymously and from a visiting professional.

We used all of this information to plan our inspection.

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.

During the inspection

We spoke with five members of staff including the registered manager and cleaner. We spent some time in communal areas, this allowed us to safely observe staff interactions with people, observe medicine procedures, the dining experience for people and infection prevention control measures.

We reviewed a range of records. This included people's care records held on allocated smart phones and medicine records. A variety of records relating to the management of the service, including quality assurance audits and reports, recruitment files, complaint records along with accident and incident reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included further information on training, staffing and safety arrangements. We spoke with five relatives by telephone to get their feedback about the service and its management.

# 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 now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was not clean and hygienic in all areas and did not promote good infection control practice. For example, a rusty linen trolley in the dining room had old and stained bedding on top of it. This was next to the heated food trolley. This posed a risk of cross infection. The trolley was not clean and had food debris on its surface and inside. Cutlery which was being used was being stored in unclean containers in the dining room. Wet duvets had been stretched over the dining tables to dry. These areas were raised directly with the registered manager for her to address to reduce the risk of cross infection. She ensured the rusty linen trolley and soiled bedding was removed to a skip as it was awaiting disposal.
- We were not assured that the provider's infection prevention and control policy was up to date. Appropriate cleanliness and infection control measures were not adopted throughout the service. For example, people were not encouraged to wash or sanitize their hands before eating their lunch. People were seen to be passing sauce bottles to each other during their meal. This raised the risk of cross infection between people.
- We were somewhat assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Observation of staff practice confirmed they did not always wear their face mask appropriately. Masks were not always covering staff noses to reduce the risk of cross infection.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. During the inspection people were not social distancing to reduce risk of cross infection in the lounge. This was more difficult due to building works being completed at the present time which limited the ability to social distance or to use other measures to limit peoples contact with each other.
- We were somewhat assured that the provider was using PPE effectively and safely. Staff had not received specific staff training on Covid-19 to ensure they used PPE effectively.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was preventing visitors from catching and spreading infections. Staff checked the temperature of any visitors, completed a risk assessment and took their details to follow track and trace guidelines. The front porch was used as an area to put on protective PPE before entering the service. Visitors were limited to certain areas of the service and adhered to strict appointment times.

The registered manager was aware of all the government guidelines and resources available to her to develop their approach. She had reviewed practice in the service before the inspection visit and had

established improved practice in a number of areas. However, best practice needed further development and embedding into everyday practice. For example, ensuring staff were wearing masks appropriately and changing them when they had been contaminated.

#### Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were not always managed appropriately. For example, during the inspection a duvet was spread over a bannister to dry. Staff had not considered that people using the stairs could have tripped or slipped on this.
- We requested a copy of the thorough examination certificate for the passenger lift. This demonstrates the safety of this equipment as required under health and safety regulations. The registered manager was not able to provide evidence that this safety check had been undertaken.
- A number of boxes and items were spread over a landing and filled a bathroom. These presented a trip hazard for people using this part of the service. The registered manager told us these items were for disposal and archiving. These areas were identified for improvement and the registered manager ensured the trip and slip hazards identified were removed on the day of the inspection visit.

The provider failed to assess the risk of, prevent, detect and control the spread of infection. The provider failed to mitigate the health and safety risks to people receiving care and support. This is a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- A maintenance person was working in the service and was responding to identified maintenance issues. For example, they were replacing damaged toilet seats.
- The provider was replacing the call bell system to enable people to call for assistance anywhere in the service.
- Fire safety arrangements were reviewed and updated. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). An emergency folder was available at the front entrance and contained relevant emergency information.
- Risks to people's safety and care were assessed and responded to. For example, one person was at risk of falls including from bed. Staff had liaised with professionals and together provided a suitable adjustable height bed and floor mattress to minimise any risk if they fell.
- Risks associated with moving people and skin damage had been assessed. Suitable equipment had been provided to move people safely and to minimise the risk of skin damage. Equipment used was being checked to ensure its safety and effectiveness.
- People who spent their time in their own rooms were checked regularly to ensure they were safe. These checks were recorded.

#### Systems and processes to safeguard people from the risk of abuse

- The registered manager had a good understanding of how to safeguard people and worked closely with the local authority to address any safeguarding issues raised.
- Staff had previously received safeguarding training and were able to describe different types of abuse that they may encounter whilst working. They told us what they would do if they were concerned people were at risk of harm or abuse. This included reporting to the senior staff member and registered manager.
- Staff knew about safeguarding procedures and knew how to contact the local authority to discuss a safeguarding concern and knew the police should be contacted if required. They were confident that people were safeguarded, and the management of the service would take all necessary action to ensure people were protected against any risk of abuse.
- A whistleblowing procedure was displayed in the service. This supported staff in raising concerns that they had, about how the service was operating.



### Staffing and recruitment

- During the inspection staff were attending to people's needs in a timely way ensuring they were safe. One person told us, "The staff are very good. I am happy here." Observations confirmed people were offered assistance with their personal hygiene. People were presentable and where people declined personal care this was reflected in their care plans. These included information on how staff should respond to people. For example, returning later to offer care again.
- Staff confirmed that staffing levels included four care staff during the day and two waking care staff at night. The registered manager worked in addition to this along with a cleaner and cook.
- A dependency tool was used to assess the staffing requirements and the registered manager was confident that the staffing provided was suitable and appropriate. Staff indicated that the staffing levels enabled staff to keep people safe but time available to spend individual meaningful time with people was limited. The registered manager was aware of this feedback and was removing laundry duties from care staff once a new laundry facility had been provided
- A thorough recruitment procedure was followed before people worked in the service. This included criminal record checks (DBS), references and employment history. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

### Using medicines safely

- People were given their medicines in a safe way. Our observations confirmed staff followed best practice guidelines. For example, dealing with one person's medicines at a time, ensuring records were signed after the medicine had been taken, and time specific medicines were given at the correct time.
- Medicines were administered in an individual way to ensure effectiveness and that medicines were not overused. For example, some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them. There were individual guidelines for staff to follow to ensure they were only given when needed and in a consistent way.
- There were facilities to store medicines safely and securely. A separate medicines room was provided with secure cupboards for storage. Some records and practice relating to medicines storage needed improvement and are reported on in the well-led section of this report.

### Learning lessons when things go wrong

- The registered manager ensured lessons were learnt from any accident and incident in the service. Staff were supported to report all incidents and accidents in a timely fashion. Staff understood the importance of reporting and recording any accident or incident promptly and accurately.
- All accidents and incidents were reviewed and analysed to ensure appropriate action was taken, to understand the context and recognise any emerging patterns or themes. For example, an increase in falls when mobilising at particular times of the day.

# 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 Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager worked at the service most days and had management responsibilities for another regulated service within the organisation. She acknowledged she had been 'stretched' over recent months with additional management responsibilities and no deputy manager to support her. People and staff responded positively to her and said she was a 'good manager'. She had a good understanding of her role and responsibilities. However, quality systems and her level of oversight had not ensured safe quality care and suitable up to dates records, in all areas.
- We found records relating to the storage of medicines were not complete and did not support their safe management. For example, one person's 'end of life' medicines that required specific recording had not been clearly recorded in the appropriate required log book. This person had died, and their medicines had been retained following advice from the community pharmacist. This did not impact on people's safety.
- Staff told us that supporting people with behaviours that were unpredictable was challenging. We observed staff dealing with people's unpredictable behaviours in a calm and thoughtful way, but they said this was 'hard and stressful'. The registered manager had not ensured staff had received appropriate training to support them in this role. They told us suitable training was being arranged.
- The quality monitoring systems in place had not ensured the service was clean and that staff were following good infection control practice at all times. This has been highlighted under the safe section of this report. During the inspection a contractor was working without a face mask, which was not in line with the services Covid -19 procedures. The registered manager had not questioned why this person was not wearing a mask, although it was later clarified that they had an exemption.
- The information provided in documents to people was not up to date. For example, the statement of purpose which has information about the home recorded staff who were no longer working in the service.

The provider had failed to establish and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. Some records were not accurate or complete. This is a breach of Regulation 17.

- Other quality systems were in place and were being used to improve the service. For example, an external quality consultant was used to review the service provision. This had resulted in a number of action points to be addressed and the registered manager was working through these with identified timescales for

improvement.

- The registered manager completed night checks to monitor the quality of the services over the 24-hour day.

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

- The registered manager took steps to gain the views of people, representatives and staff. This was mostly completed face to face. During the pandemic the opportunity for this direct feedback had been reduced. Systems for ongoing consultation with staff, and stakeholders were not well documented and was identified as an area for improvement.
- Staff meetings were held and minuted. We were told staff had the opportunity to share their views. When talking to staff they indicated that staffing could be a challenge at times, along with a lack of training on how to respond to people who presented with behaviours that may challenge. One staff member said, "It can be very stressful looking after people here." Another said, "You feel that you need extra staff to get to know people and their past lives." These areas were raised with the registered manager for them to consider.
- Some relatives told us they had not been sent any survey or had the opportunity to provide feedback information about the service for two years. However, the registered manager told us they had regular contact with relatives and surveys were used four times a year. Other relatives told us they spoke to the registered manager regularly. "She is always ringing to let you know what is happening."
- Feedback from relatives indicated that missing items and laundry was a theme. The registered manager told us she was aware of this and had responded to this feedback. A new laundry system had been established with individual laundry bags for each person. The registered manager hoped that the provision of a new laundry and laundry assistant planned before Christmas would further address this concern.
- Other relatives told us the registered manager was in regular contact to update them on the care and support of their loved one.
- Staff also, told us they felt comfortable and able to speak to the registered manager at any time. One told us, "I feel well supported by the manager, you can go to her with anything including personal problems."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 promoted a relaxed and inclusive culture in the service. She was visible and demonstrated a supportive empowering approach towards people and staff. For example, people's choices were supported. A staff member described how the registered manager had enabled her to improve her written communication. One relative told us, "The manager has been supportive, and she has maintained communication with us".
- Staff were confident with management arrangements and felt well supported by the registered manager. Staff told us "The manager is helpful, kind and listens to what you have to say."
- Communication systems were established, staff attended handover meetings and could contact each other for support with a handheld radio system. The registered manager made herself available to staff and people.
- The registered manager held monthly staff meetings and used these to share information and to advise on how practice in the home could be changed and improved. For example, offering a shave daily to people who have these and returning to offer again if they declined. The registered manager reiterated the importance of completing records at staff meetings.
- The registered manager was fully aware of her responsibilities including those under duty of candour. She submitted relevant statutory notifications to the CQC promptly.
- The registered manager acted in an open, honest and transparent way. This was demonstrated through

the management of complaints and safeguarding's. For example, complaints were recorded and investigated. The local authority confirmed the registered manager had worked with them throughout any safeguarding referral to maintain people's safety.

Continuous learning and improving care; Working in partnership with others

- The registered manager was positive when discussing the areas for further improvement identified at the inspection. She took immediate action to respond to some areas, for example, duvets were removed from the dining tables and bannister. She was committed to developing the service to promote quality care.
- The registered manager kept herself up to date with changes in best practice guidelines. She told us she was developing plans to promote quality dementia care and was using information from the Kings Fund to inform this process.
- The registered manager and staff had professional links with social and health care professionals and worked to promote effective working relationships. The registered manager would also challenge professionals on behalf of people ensuring their safety when necessary. For example, when she was concerned about the Covid-19 status of a visiting professional the registered manager declined access and arranged for another visit to take place.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess the risk of, prevent, detect and control the spread of infection. The provider failed to mitigate the health and safety risks to people receiving care and support. This is a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. Some records were not accurate or complete. This is a breach of Regulation 17.</p>