

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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

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

St. Michaels is a service for five people who have autism and learning disabilities. It 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.

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. At the time of the inspection, there were five people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate for them and inclusive.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

People and staff were positive in their feedback. One person told us, "I am happy, I feel safe and well looked after". Other people responded well with the staff who supported them, they were settled and comfortable in the company of staff; staff were confident and competent when they supported people. Staff commented there had been a period of transition and change following the arrival of the new manager but felt improvement had been made and morale improved.

At this inspection, the service had Improved. There were enough staff to support people safely.

The service is required as a condition of its registration with CQC to have a registered manager in post. The manager had been in post since July 2019 and was registered with CQC in January 2020.

Staff were familiar with people, risks had been assessed and staff knew people's needs well.

The service was properly maintained, equipment was serviced, and safety checks took place; repairs and refurbishment had kept pace with the rate of wear. Furniture was appropriately replaced and no longer presented a risk to people using it.

Medicines were given by trained staff, they were stored securely, appropriate records were kept and staff competency assessments had taken place. Staff had been recruited safely and had received appropriate training and supervision.

Safeguarding training had been delivered. People told us or indicated that they felt safe. Staff helped people to understand when they were vulnerable and how to get help.

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.

The manager and staff had a shared vision for the service which focussed on people achieving their potential. The manager was aware of their regulatory responsibilities. Staff worked closely with other professionals to meet people's needs. People were supported to be a part of their local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 11 January 2019.)

Why we inspected

The inspection was prompted in part due to concerns received about the management of the service, concerns about insufficient staffing, aspects of training and staff response to risks. A decision was made for us to inspect the home earlier than planned. We undertook a full inspection, including looking at the risks reported to us.

We found no evidence during this inspection that people were at risk of harm from these concerns.

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.

Details are in our effective findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

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 did not have a manager who was registered with the Care Quality Commission (CQC). However, the manager in post had applied to CQC to become the registered manager. At the time of this inspection, their registration had not been finalised.

Notice of inspection

The inspection was unannounced.

What we did before the 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.

During the inspection

We met each person who used the service and spoke with two people about their experience of the care provided. We observed how people interacted with each other and staff. We spoke with five members of staff. This included the manager, a team leader and care staff as well as the positive behaviour support practitioner and the quality improvement lead.

We reviewed a range of records. This included two people's care records and medicines records as well as aspects of other people's care documents. We looked at four staff files in relation to training, recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff to safely support people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- A needs assessment tool was used to assess staffing requirements against people's needs and risks, but information received before the inspection indicated there were not always sufficient staff on duty. We reviewed the needs assessment tool and staff rotas. This showed when the service was staffed as assessed, there were enough staff to meet people's needs. The provider had implemented a standard operating procedure about what to do if the service was short staffed. This helped to reduce the risk insufficient staff and ensured senior management and regulatory authorities were notified if this occurred.
- Staff rotas showed one occasion where there were insufficient staff to allow an activity outside of the service to occur. This was because some people required three to one support in the community and there were only two staff to support them; however, there remained enough staff to support people safely within the service.
- The manager had reported this incident to CQC and the local authority. To reduce the risk of this happening again, the manager held a list of staff who agreed to volunteer to facilitate people accessing the community. We will review the impact of this arrangement at our next inspection.
- Staff were recruited safely. Recruitment checks had been completed before staff started work to make sure they were of good character to work with people. There had been significant changes of staff and the manager was in the final stages of recruiting eight new staff, including a deputy manager. Some agency staff had been used to maintain staffing levels when permanent staff could not. The service used staff from the same agency for continuity. Their skills and work experience were suitable; they had received appropriate introduction to people and induction training.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had not ensured the premises were safe to use for their intended purpose, that equipment used for providing care or treatment was safe or the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The safety of the environment was risk assessed, hazards and repairs were appropriately managed. For example, gas, electricity and fire systems were tested and certified as working correctly. Water management checks ensured effective control of the risk of Legionella, a waterborne bacterium, and thermostatic valves prevented risks of scalding. Furniture was appropriate to people's needs; where needed its design was robust, it could not be picked into small pieces, which had previously presented a choking risk.
- The manager and staff were knowledgeable about the needs of people. This was important to understanding the risks people's conditions could pose and the support they needed. Each person had a range of individual risk assessments for their environment, healthcare and social support needs. Staff were aware of the risk assessments and knew the support people needed. Care plans were detailed and explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately.
- Staff were kept up to date about changes to people's risks and needs through staff handovers and a staff communication book. Staff understood how to alert each other about any changes.
- People received their medicines when they needed them, records of medicines given were complete as well as processes to order and dispose of any unwanted medicines. All medicines were regularly audited to identify any errors. Medicines were reviewed annually, or when people's needs changed to ensure they were still required and appropriate.
- When people left the service for outings and activities, where needed, processes were in place to book out and in any medicines taken with them. Where people were prescribed medicines on an 'as and when' needed basis, such as for pain relief and anxiety, there was guidance for staff about when to give the medicine, how often and what to do if the medicine was not effective.
- Staff who gave medicines were trained and competency assessed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had not ensured people were protected from psychological abuse and improper treatment. This is a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff had received training in safeguarding. They knew how to recognise abuse and told us about how they would respond to any concerns. They were confident to raise any issues with the management team and felt they would be listened to.
- When safeguarding incidents had occurred the local authority safeguarding team had been informed and action had been taken to prevent it from happening again.
- A person we spoke with told us they trusted the staff and felt safe. Other people were confident around the staff, they interacted willingly.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends. Analysis of behaviour that challenged formed strategies for staff to positively support people when these events occurred. Support was then structured to avoid potential behavioural triggers. A review of these incidents showed they had decreased since our last inspection.

- All incidents were reviewed by the manager and a positive behaviour support specialist. They looked at how it happened, if there was a pattern, whether medical advice was sought or needed. They also reviewed support strategies if needed and implemented the least restrictive way to reduce the risk of it happening again.

Preventing and controlling infection

- Staff supported people to keep the service clean. Staff had completed food hygiene and infection control training and understood how to reduce the risk of infection spreading.
- Staff had access to personal protective equipment and we observed staff used these where appropriate. Staff also supported service users to use items such as gloves when making food for other people at the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider had not ensured staff were suitably qualified or competent because persons employed by the service provider had not received appropriate training as was necessary to enable them to carry out the duties they were employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received training appropriate to their role. Staff received a mixture of face to face and computer-based training, topics included safeguarding as well as training for needs such as epilepsy and challenging behaviour. All staff were trained in PROAC- SCIP (Positive Range of Options to Avoid Crisis and use Therapy – Strategies for Crisis Intervention Prevention) skills to use a least restrictive approach. This focusses on an approach to support, which promotes prevention (proactive and reactive) rather than intervention.
- New staff received an induction. This included basic training topics and working with more experienced staff to learn people's choices and preferences. Before staff worked by themselves, their competencies were checked, and they were given feedback on their progress. New staff also completed the Care Certificate, which is a set of standards staff should adhere to in their working practice.
- Staff told us they were supported by the manager and felt able to approach them about any concerns they may have. The manager had formalised a plan to prioritise supervisions for staff who needed them most and also arranged some group supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before moving to the service; one person had moved to the service since our last inspection. Their assessment was holistic and provided a good level of detail about the support people needed. The manager visited the person, met their family and completed an assessment, including accompanying them when they were out in the community.
- People could visit the service before moving in. One person had visited a number of times, they had stayed for lunch, met staff and people at the service.
- Assessments were used to plan people's support. This included making sure support was provided for people's equality and diversity needs such as their religion, culture and expressing their sexuality or gender

identity. Assessments made use of nationally recognised systems such as person centred planning and positive behaviour support.

- There was a system in place to receive and review updated advice, best practice guidance and changes to the law. For example, current guidance on medicine administration from NICE. NICE is the National Institute for health and Care Excellence and publishes good practice information and guidance. Staff worked closely with people, their families and health care professionals to make sure transitions between services were as smooth and effective as possible.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given a choice of meals and were able to choose where they ate their meals. They were asked each day what they would like to eat, there were pictorial cards showing food choices. Staff knew people well and their likes and dislikes. They used this knowledge if people were not able to make a choice.
- Most people, with staff supervision, helped with to prepare their meals in the kitchens in their flat or bungalow. Where needed, people received support and supervision to eat to minimise any risk of choking.
- Advice received from dieticians and speech and language therapists to help some people eat safely was put into practice.
- Staff monitored people's nutrition and recorded fluid and food intake on charts where required. Weights were reviewed, and referrals made to the dietician when required.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay as healthy as possible. They had regular access to health care professionals, such as GPs, dentists and opticians.
- People's oral health was assessed and included in their care plans. Oral health care needs were reviewed each month. Staff had additional training about supporting people with their teeth.
- Where possible, people were involved in decisions about their health. Staff worked with health care professionals, such as speech and language therapists and occupational health practitioners to support people to stay healthy.

Adapting service, design, decoration to meet people's needs

- The bungalow and flats had been adapted to meet the specific needs of individuals. Living accommodation was carefully planned and furnished to suit people's needs, preference and tolerance. For example, some living areas appeared sparsely furnished with few pictures. This was intentional as some people experienced overstimulation in richly furnished or decorated surroundings.
- Furniture in some people's rooms was robustly constructed and weighted, some bedding was made from tear resistant fabric to ensure it kept pace with the rate of use and presented as low risk as possible for people. Furniture could be specially designed and made by the provider to suit people's needs.
- Some refurbishment was planned of a person's bedroom. This was carefully planned to happen when they were on a short break to minimise any disruption to them.
- The gardens were well kept and accessible to people, some parts of the garden were enclosed in high anti-climb fencing. This gave people the freedom to use garden while remaining safe.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The manager had applied for DoLS authorisations when required and three people had DoLS authorisations in place. When there were conditions attached to people's DoLS authorisations these had been followed by staff. There was a system to ensure DoLS were reapplied for when they were coming to an end.
- Staff understood the importance of giving people choice in their daily lives. We heard people being offered choices of what they wanted to eat or drink and how they spent their time. When people were unable to express a choice verbally, they were shown pictures or items they could point to. One person used a 'now and next' prompt board to help them communicate what they wanted to do.
- When people had been assessed as not being able to make a decision, the decision was made in their best interest. The decision-making process included people who knew the person well such as relatives, staff and health professionals. People's previous choices and preferences were considered when decisions were made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection, people had unmet support needs, the provider did not demonstrate the values and behaviours of a caring service. This was therefore identified as an area requiring improvement.

Enough improvement had been made at this inspection.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people's preferences and choices and supported people with them. Throughout the inspection staff supported people in a caring and respectful way. Staff knew people well, how they preferred to communicate, what individual hand gestures, phrases, words and facial expressions meant.
- People were comfortable to ask staff for support when they needed. Staff anticipated people's needs when they were unable to ask. We saw staff knew what people wanted and how to reassure them if they became agitated. People responded well to staff, often smiling and laughing with them.
- People were supported to continue with their hobbies and interests. People's rooms showed how they liked to spend their time and what was important to them.

Supporting people to express their views and be involved in making decisions about their care

- Where possible people were supported to express their views about their care and agreed their care plan.
- People could arrange to do activities with a chosen member of staff and the manager would plan the rota to support this. One person told us they were choosing which member of staff they wanted as their key worker.
- People's decisions were respected by staff, they understood people's likes and dislikes and how these could affect their decisions and behaviour.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. When possible, staff were not invasive, they gave people space while maintaining a line of sight. People were supported to spend time in their room if this was what they wanted.
- People were encouraged to be as independent as possible. Staff concentrated on positive strategies to support and enable people with what they wanted to do. People were happy to interact with staff and guide them towards what they did and didn't want to do.
- Staff were patient with people, recognising when to provide support and when to step back to enable independence, or allow people space and time to process what was going on around them or how they were feeling. Staff respected people's homes and their right to do things for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

At the last inspection, the service was not consistently responsive because insufficient staff meant some people did not have the support they were assessed as always needing. Some people were unable to leave the service to take part in a planned activity because insufficient staff were on site to support people safely. This was identified as an area requiring improvement. At this inspection improvements had been made.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in a range of activities of their choice. Staff told us they had worked hard with people to increase the activities they took part in. This had involved drawing up action plans setting out how people would work toward a new activity. Some people had been on holiday, travelled on public transport, visited family and took part in leisure pursuits such as swimming and visiting theme parks. If activities did not take place when planned, alternative activities were arranged. Records showed people received all of their one to one hours allocated for activities.
- Care plans were individual. They contained personal information about people, such as important people in their lives, as well as their interests and hobbies. There was guidance for staff about what made people happy as well as things that might make them sad or anxious and how staff might recognise this and how to support them. People and family members were involved in developing and reviewing care plans. This provided an opportunity to gain information about people, particularly if a person had difficulty remembering or expressing their wishes.
- Staff had developed positive relationships with people and their families. Staff kept relatives up to date with any changes in people's needs. Care and support delivered at the service was suited to people's individual needs.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans were in clear print and many forms contained easy read or pictorial prompts.
- Staff were aware of people's communication needs and spoke with them patiently, where needed using short sentence structures that people would best understand.

- The complaints process was displayed and included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service, such as The Care Quality Commission (CQC) and the Local Government Ombudsman.
- One person told us they knew how to make a complaint and staff told us how they would support other people if they wanted to complain.
- The service had received three formal complaints since we last inspected. These had been recorded and responded to in line with their policy. People were satisfied with the responses given.

End of life care and support

- The service was not supporting anyone at the end of their life. Staff had spoken with some people and their relatives about end of life plans and, where people had agreed, written plans were in place.
- Staff had received training about end of life care and were able to give examples of other healthcare professionals they may need to consult with, such as specialist nurses, hospice services and GPs for anticipatory medicines.

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 had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection, the failure to operate effective quality monitoring systems was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The manager had worked at the service since July 2019. Before they took up this post, the provider had placed a peripatetic manager at the service to ensure it was appropriately managed. They were supported by a quality assurance manager who visited and audited the site regularly.
- Audits were effective, the manager and quality improvement team completed regular audits. Shortfalls were highlighted and formed the basis of an action plan. Each action identified a person responsible to resolve it and when. Action plans showed shortfalls were actioned and addressed quickly and staff were clear about their roles and responsibilities.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriately timely manner in line with guidance.
- 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 a service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the office and on their website.

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 manager and senior staff were open and transparent about any errors which occurred and how they would prevent them happening again. They had introduced a system whereby they would self-refer to CQC and the local authority in the event of under delivery of staff.
- People, their relatives and staff told us the manager was approachable and open to suggestions.
- There was a clear vision and set of values from the provider which staff upheld. The focus was on care tailored to each person to support them to reach their potential and have the life they wanted.

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

- People, relatives and staff were asked for their views of the service. They were able to give their views through surveys and review meetings.
- Staff told us they could give views and ideas at any point, they felt the manager was approachable and welcoming of suggestions.
- One person told us, "I can speak with the manager any time, sometimes I sit with them in their office".

Continuous learning and improving care; Working in partnership with others

- The manager focussed on working with people, their families and staff to drive improvement at the service.
- The manager and staff were aware of information about changes in policy and practice from the provider. They also accessed information from other agencies such as Skills for Care. Skills for Care are a national charity who support adult social care providers.
- Staff worked with health professionals such as psychologists, speech and language therapists and a positive behaviour support practitioner to improve people's care and meet their needs.
- People were supported to be part of their local community. The service had identified a 'safe shop' locally where people could go if they became anxious. The manager had given the shop staff their phone number, so they could get in touch quickly if they needed to.