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St Michaels House

Inspection report

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Tel: 01604250046

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
St Michaels House is a residential care home providing personal care to 13 younger and older adults with mental health conditions and/or people that abuse alcohol or drugs. The service was full at the time of inspection.

People's experience of using this service and what we found
People told us that staff treated them well and they usually felt safe within the home. However, there were significant failings in relation to the management, governance and oversight of the service. The provider and registered manager were unable to identify and embed adequate governance structures that effectively reviewed the service and ensured people received safe care and support.

People did not have adequate risk assessments in place that identified their known risks or gave sufficient guidance to staff about how to manage them.

Safeguarding procedures were not adhered to and there was insufficient action to report and investigate safeguarding incidents.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible. The policies and systems in the service did not always support a practice which empowered and enabled people to have as much freedom as they required. People did not always have appropriate mental capacity assessments completed, or best interest decisions made. The registered manager was unable to confirm the status of people's Deprivation of Liberty Safeguards.

Incidents and accidents were not always appropriately reviewed. There were missed opportunities to learn from previous events and prevent future occurrences.

Staff felt supported by the registered manager however supervisions were irregular, and staff were not given regular feedback about their performance.

Improvements were required to ensure people were supported to maintain their dignity and independence.

Care plans did not always contain sufficient information about people's care needs and the support they required.

People were supported to maintain relationships that were important to them and carry out activities they enjoyed.

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 25 October 2018).
The service remains rated requires improvement. This service has been rated requires improvement or below for the last six consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Caring, Responsive and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Michaels House on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to insufficient risk assessments to keep people safe, and inadequate governance and oversight of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures
The overall rating for this service is 'Requires Improvement' with the Well-Led section rated as 'Inadequate'. Due to the nature of our concerns and the history of this provider, we have placed this service in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

St Michaels House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was completed by one inspector and one inspection manager.

Service and service type
St Michaels House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the 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. We asked Healthwatch if they had any information to share with us. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 seven people who used the service about their experience of the care provided. We spoke with three members of care staff, the registered manager and a representative of the provider. We observed the care people received and reviewed a range of records. This included three people's care plan records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Requires Improvement

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 remained the same. 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.

Assessing risk, safety monitoring and management

- People did not have adequate risk assessments in place to manage and minimise their known risks. For example, staff knew that some people had physical aggression, had smoking risks, were at risk of getting lost and had breathing difficulties. There were no risk assessments in place to manage these risks.
- Staff knew people well however there was insufficient guidance in place to help staff support people with their risks. People living at the home had complex needs and there was a risk that people may not always receive safe or consistent support.
- People had generic risk assessments which were not tailored to meet people's specific needs, were undated and were not regularly reviewed.

We found no evidence that people were harmed, however this failing posed a risk that people could be harmed. The provider failed to ensure that people had accurate and sufficient risk assessments in place to ensure safe care and support. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Significant improvements were required to the culture and transparency relating to safeguarding incidents.
- Staff understood the different types of abuse and had training in this area, however, the registered manager had failed to report potential safeguarding incidents to the relevant authorities.
- There was a lack of understanding of the requirement to submit safeguarding allegations and insufficient records were maintained in relation to internal investigations.
- The procedures that were in place did not ensure incidents were adequately investigated and that people were always treated fairly.
- Following the inspection, the CQC were required to submit three safeguarding notifications to the local authority.

Using medicines safely

- Improvements were required to ensure people were able to have their pain relief medicine when they needed it.
- We saw one person tell staff they were in pain and would like pain relief. They told staff they had not yet had any pain relief, however, the person was not given their pain relief tablets for a further 35 minutes. This was not in accordance with their wishes and staff did not provide a reason for this.

Learning lessons when things go wrong

● Improvements were required to ensure sufficient learning was made and shared following incidents within the home to prevent future incidents from occurring.

● Accident and incident forms were not always completed. Incidents were not adequately investigated or reviewed.

● After an incident, care plans and risk assessments were not regularly reviewed or updated. There was insufficient evidence to show that staff were promptly made aware of any changes to people's care following an incident beyond the daily handovers.

Preventing and controlling infection

● The provider had made significant improvements to the environment since the previous inspection. This had vastly improved the cleanliness of the home and the provider told us further improvements were continuing, with added improvements to cleaning routines.

Staffing and recruitment

● Safe recruitment practices were followed. Staff files contained all the necessary pre-employment checks.

● Employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

● There were enough staff deployed to provide people with their individual care.

Requires Improvement

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Improvements were required to ensure compliance with the principles of the MCA. Decision specific mental capacity assessments and best interest decisions had not been completed correctly when people lacked capacity to make specific decisions about their care and treatment.
- The registered manger was unable to confirm who had DoLS authorisations in place, when they ran out and what they were for. There was a basic understanding of the DoLS procedures from the registered manager, however, there was insufficient knowledge of people's requirements.
- Staff had a basic understanding of people's capacity and understood people should be supported to make their own choices. We observed people support people in the least restrictive way possible.

Staff support: induction, training, skills and experience

- Supervisions were irregular and required improvement. There were insufficient systems to observe and provide regular feedback to staff regarding their performance. Staff told us they felt supported by the registered manager and could request additional support if required.
- There was a program of training in place, and the registered manager informed us they were about to book further training in end of life care to ensure people's full needs could be met.

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

- People were supported to have meals they enjoyed.
- One person said, "We get good food." People were able to choose the options they wanted and there were

different menus in place dependent on the different seasons.
● People were able to decide when and where they wanted their meals. One person chose to go out for their lunch and another person decided to have their lunch later in the day as they were not hungry at lunchtime.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked well with other healthcare services to provide consistent care. We saw that staff liaised with nursing staff to ensure people received the care they required. This had resulted in good outcomes for people. However, people's dental support was not always recorded.
● People were supported to visit the doctor when necessary. One person said, "I can go to the doctor if I'm poorly."

Adapting service, design, decoration to meet people's needs
● At previous inspections we identified that there were areas within the home that required extensive refurbishment.
● At this inspection we found improvements had been made and there was a continuing program of ongoing refurbishment. For example, the downstairs bathroom required a refurbishment and the registered manager told us they were in the process of obtaining quotes for this work.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they were able to move into the home. This included people's likes and preferences.
● Many people had lived in the home a long time or were well known to staff from a previous sister home.

Requires Improvement

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 remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Improvements were required to ensure people were asked their opinions and given choices. We saw that staff regularly made assumptions about people's preferences and this put them at risk of embedding routines instead of promoting choice and independence.
- For example, staff made assumptions about what people wanted to drink and where they wanted to sit, people were not given those choices.

Respecting and promoting people's privacy, dignity and independence

- Improvements were required to ensure people's dignity was maintained. We saw that people were not always supported to wear clean clothes, or to help them make choices if they stained the clothing they were wearing.
- Improvements were required to ensure people were enabled to be independent. We saw staff and management encourage people to follow the requests of their family when this wasn't always their choice. This included requests about how they managed their money and about their appearance. The registered manager explained that they tried to work with families wishes however greater recognition of people's own choices was required.
- Advocacy had been arranged when people were required to make big decisions about their care.

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

- Staff told us they really cared about the people they supported. There was a consistent staff group, and this enabled staff and people to maintain friendly relationships with each other.
- People told us that staff treated them well and they usually felt safe within the home.

Requires Improvement

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 remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Improvements were required to ensure people had personalised care plans that were representative of their care needs.
- Each person had a care plan in place, however, they did not contain sufficient and accurate information about the care each person required. For example, one person required support around their behaviours and there was no information within their care plan about how staff were expected to support the person.
- Staff had a good understanding of people's needs, however, there was a risk of inconsistent support without adequate care plans in place.

Meeting people's communication needs

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.

- The registered manager understood the requirements of the AIS and explained that people were supported to have information in a format that they understood. The registered manager explained that people opened their own post and staff supported them to read it. The information was discussed together to ensure people understood, and any further actions were completed.

Improving care quality in response to complaints or concerns

- People told us they would contact management staff if they wished to make a complaint. They told us they felt senior staff were approachable and felt they would be listened to.
- However, there were no recorded complaints and complaints policies were not easily accessible for people within the home. The registered manager told us that when people moved into the home they were provided with a residents guide which included a copy of the complaints procedure. There was a poster advising people they could request a copy of the residents guide however the poster made no specific mention of the complaints procedure or that the residents guide contained a copy within it.

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 were encouraged and supported to maintain relationships that were important to them. One person told us, "I go to town and meet my [family members]. I know they can come here too if I want."
- People told us they enjoyed the activities on offer which included in house activities such as crosswords, watching television and gardening activities.

● People who wished to access the community were supported to do so.

End of life care and support

● Improvements were required to ensure people's end of life wishes could be supported.

● People had been asked about their end of life preferences and these were recorded, however, staff had not received training in end of life care. The registered manager told us this would be arranged.

Inadequate

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 now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnerships with others

- Significant concerns were identified regarding the abilities of the provider of how to run a good quality service. This was the seventh inspection in which the provider had failed to achieve a rating of 'Good' or above.
- The registered manager had limited knowledge about critical issues within the service including which people required DoLS authorisations to provide them with safe care. The registered manager was unable to find the appropriate documentation throughout the inspection.
- The registered manager had insufficient knowledge about the requirement to submit and adequately investigate safeguarding incidents.
- The registered manager had failed to ensure each person had risk assessments in place which were unique to their specific care needs and ensured staff could keep people safe.
- The registered manager had been unable to embed an auditing system that reviewed the quality of people's care and make improvements when required.
- The provider had no separate systems to monitor and maintain oversight of the quality of the service. The provider did not audit the quality of care people received and there were limited quality assurance systems in place for the provider to review and improve the service.
- Staff felt supported, however, there were limited opportunities where staff practice was observed, reviewed and staff given feedback about their performance.
- The provider failed to recognise and understand the operational risk of providing a service that continued to require improvement. No action was taken to identify best practice and implement robust oversight and governance systems.
- There was no evidence to show the provider sought working partnerships with community groups or those that could support best practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Improvements were required to the culture and atmosphere within the home. People were not regularly empowered or encouraged to take risks or have the best life they could.
- Assumptions about people's choices were made and people were not always asked or supported to aspire to achieve their goals or dreams. There was a risk that people could become institutionalised by the lack of choices and empowerment.

Continuous learning and improving care

● The provider had acted following the previous inspection and had begun to address the condition of the premises and people's home environment. Under the direction of the CQC the provider had taken sufficient action to remedy significant concerns.

● However, they had failed to identify and prevent failings in other areas, including; providing good quality oversight of the service.

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

● At the time of inspection, there were no duty of candour incidents recorded. However, it was noted that accidents and incidents were inconsistently reported and inadequately investigated.

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

● People and staff were invited to meetings with the management, however, these meetings were irregular.

● The registered manager had recognised that these meetings needed improvement and had committed to changing the format so more people and staff could contribute their ideas and feedback about people's care. This was not in place at the time of inspection.

People were placed at risk of harm as adequate systems and processes were not in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure that people had accurate and sufficient risk assessments in place to provide safe care and support.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that adequate quality assurance systems were in place to review the quality of the service to provide good, consistent and safe care.

The enforcement action we took:

Impose a condition