Shakthi Healthcare Limited

St. Michaels Lodge

Inspection report

St. Michaels Lodge
68 Bulwer Road
London
E11 1BX

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14 February 2017

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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

The inspection took place on 1 and 14 February 2017 and was unannounced on the first day. At our last inspection on the 24 and 26 February 2016 St Michaels Lodge was in breach of two legal requirements.

After the last inspection the provider wrote to us to say what they would do to meet legal requirements in relation to care plans being person centred and providing care in line with the Mental Capacity Act 2005.

St. Michaels Lodge is situated in a quiet residential road and provides accommodation and 24 hour support for up to 10 people with mental health needs. At the time of our inspection nine people were using the service. Five rooms had an en-suite bathroom for added privacy and the provider was in the process of renovating the downstairs bathroom.

St Michaels Lodge had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to escalate safeguarding concerns where they thought someone was at risk of abuse which involved speaking to the registered manager and where necessary forwarding concerns to outside agencies such as the CQC, social services or the police.

Medicines were managed safely and staff completed training before being authorised to administer medication to people. The registered manager audited medicines to ensure staff were recording them correctly and to see that people received medicines on time.

Risk assessments were in place and covered aspects of people's daily lives to protect them from harm. Staff had guidance on how to identify and minimise the risk if it presented itself. Risks such as going into the community were minimised so that people could have their freedom and be safe in public by informing staff where they were going and when they had left the service.

Staff were recruited safely and criminal records checks were performed in a timely manner to ensure staff were of good character to work with people in a care setting.

Staff were supported to be competent in their role and received training, supervision and an appraisal to review their work.

People were supported to make their own decisions about their care and permission to give care was sought in line with the principles of the Mental Capacity Act 2005. Where people were deprived of their liberty this was done lawfully and staff were fully aware of who was subject to this.

Staff were kind and patient with people and positive interactions were observed between staff and people. Staff knew people at the service well and spent time getting to know people in order to understand their lives so far and pastimes they enjoyed.

Care plans were personalised and now met people's individual needs. There was a clearer focus on meeting the needs of the person and what they would like to do.

Activities at the service were minimal and the registered manager was working to resolve this issue. However people who wanted to, took part in a number of activities outside of the service.

The registered manager was available however some people felt they could be on site more often.
Staff said the registered manager was approachable and they could speak to them about concerns or the work at any time.

Quality assurance processes identified where improvements were needed and feedback from people and relatives was listened to.

We have made two recommendations in relation to providing in service activities and seeking staff feedback.

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.

People were protected from the risk of abuse as staff observed them and knew how to report allegations of abuse.

Risk assessments were up to date and provided information on how to minimise risk of harm and how to support people take positive risk.

Recruitment was completed in a safe way and staff were checked for suitability and character before working with people at the service.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff received regular support in the form of supervisions and training.

People were encouraged to make their own decisions and consent was sought before care was given.

Staff understood their responsibilities under the MCA 2005 to ensure people were not unlawfully restricted.

People were supported to eat a balanced diet at the service and advice was given on healthy eating when outside of the service.

Is the service caring?

Good

The service caring.

People were supported by staff who were kind and compassionate.

Staff spent time getting to know people and finding out about

their interests.

People's privacy and dignity was maintained at the service.

People were supported to maintain friendships and to see their family outside of the service.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and detailed specific individual needs.

People were supported to be independent and attend a number of activities outside of the service. Activities within the service were limited.

No complaints had been received since our last inspection.

Is the service well-led?

Good

The service was well – led

People stated they wanted to see the manager on site more.

Staff felt well supported by the registered manager and found them easily approachable.

The registered manager had recruited a deputy manager to support them in managerial duties.

Quality assurance systems were used to monitor the service and to ensure people received care as needed. Feedback from people and relatives was listened to. Staff feedback had not been requested at the time of our inspection.

St. Michaels Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 1 and 14 February 2017 and was unannounced on the first day.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of using mental health services.

The registered provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.
We reviewed the information we already held about the service, including notifications they had submitted to us. This would help us see how incidents at the service were managed and how people were protected.

Before the inspection we contacted the local authority contracts team in Waltham Forest and Tower Hamlets for feedback on the performance of the service.

During the inspection, we observed how staff interacted with people who used the service throughout the day. We spoke to the registered manager, three care workers and six people who used the service.

We looked at a range of records including five care plans and risk assessments, their daily records and other health records relating to their care. We reviewed five staff files which included recruitment records, training, supervision and appraisal records. Quality assurance records including building safety checks, meeting minutes, medication audits and quality surveys were also reviewed.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "Yes I feel safe. They are like my family here." Another person said "Yes sometimes." This person explained they would feel safer if there were more females living at the service. The registered manager explained they always reassure the person and try to get females placed at the service.

The service had CCTV installed to see who was leaving and arriving at the service. The registered manager showed us they had recently installed an extra two cameras to areas where people smoked and a side area outside the service that was previously not monitored so staff could observe to keep people safe. Visitors and external contractors were identified at the front door and had to sign in at the service. This meant that staff kept people safe and checked who had arrived before letting them into the premises.

People's rooms and belonging were kept secure. People showed us they had their own key to their rooms and they were able to lock their bedroom for security when they went out and at night.

People had individual risk assessments to keep them safe at the service and in the community. Records showed the service identified the risk, triggers, indicators and protective factors to minimise the risk. People had risk assessments which included nutrition, going into the community, compliance with medication, self-neglect, abusive behaviour and vulnerability. For example, one person's risk assessment described how if they were sleeping irregularly, and displaying anxiety staff should contact the mental health team for further support as these were indicators their mental health was deteriorating. There were clear guidelines for staff to follow should this person's mental health deteriorate further. One person was at risk when going into the community and the protective factors included the person telling staff when they wanted to go out and where and the time to expect them back.

The service had a safeguarding policy and staff explained their responsibilities when safeguarding adults. One member of staff said, "If I saw bruises I would ask the person how they got it and then report to the manager." The same person told us they would whistleblow to the CQC, social services or to the police if they felt an allegation of abuse was not being taken seriously. The service had an accident and incident book where they would record this information. Since our last inspection there had been no reported incidents.

Staff were recruited safely at the service. Records confirmed that staff had completed an application form detailing their previous experience and qualifications obtained. The registered manager explained they requested two references and staff were not able to commence work until a clear criminal records check had been received. Records regarding this showed they followed their recruitment policy to ensure staff working with people were safe to do so.

Medicines at the service were managed safely. Staff had to complete medicine training before they could administer to people and records confirmed completed training. The service kept a copy of staff signatures to show who could administer medicines. One person self-administered their medicines and they were

residing on a respite basis (where people lived at the service for a short period) at the service. The registered manager showed us they kept the prescriptions and the person was responsible for collecting their own medicines. The remaining people at the service were supported to take their medicines by staff and staff explained they carried out safety checks before giving medicine. A member of staff said, "I check the person's name against the medication, check the dose and the time to give it." We observed people being given medicine and staff were asking people if they were ready to take their medicine and once it had been taken staff signed the medication administration record (MAR). People were told the medicine they were to take and half the people we spoke to could remember being told there would be side effects and what they were. One person said, "Yes I take tablets for diabetes. Yes they do watch me take it, and they have told me about the side effects."

Where people were given medicines 'as required' (PRN) the service had appropriate protocols to explain when they should be given. Controlled drugs were kept locked in suitable cabinet and records completed when these had been administered.

People told us they did not think there were enough staff. Observations showed people did not have to wait to speak to staff, though they did have to wait to go out if they required staff to escort them. During each shift there were two members of staff therefore if a member of staff was escorting there would only be one member of staff. The registered manager advised for pre booked appointments they now brought in an extra member of staff to escort people and they were in the process of recruiting someone to support with escorting people who required support so the ratio of staff at the service would not be unsafe.

We also noted on the staff rota, where there used to be one member of staff during the night the registered manager had now placed two members of staff. This meant that people were kept safe during the night as there was extra member of staff to respond to people.

Records confirmed staff were responsible for cleaning throughout the service and people who needed support received this to clean their bedrooms. The service was clean as were people's bedrooms and there was no malodour in the service.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff now understood the principles of the MCA and the service had an up to date policy. Records confirmed applications had been correctly made and authorisations had been received from the authorising body. Where people had conditions that needed to be complied with in relation to their DoLS, records showed that the service were meeting these. For example someone was to be supported to attend their place of worship and the service was to record when they had attended and when they refused.

We spoke to visiting "paid relevant person representative", this was somebody appointed by the supervisory body to ensure the DOLs was being adhered to and to trigger any review if needed where the person did not have anybody suitable to support them. They said, "The staff have been supportive."

People spoke positively about the staff one person said, "Yes the staff are good." Another person said, "They're alright. And if I need to talk to the staff I will."

Care staff told us they felt supported in their role and that they could ask colleagues or the registered manager for advice. Records confirmed that staff received an induction to the service and completed shadow shifts with an experienced member of staff. Staff explained they were introduced to people at the service and they read their care plans so they understood people's needs. New staff joining the service had started the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Records showed that staff completed mandatory training which included adult safeguarding, medicines, first aid, health and safety, fire safety, mental capacity act and deprivation of liberty safeguards, food safety and infection control. The registered manager confirmed they were to attend manual handling training on the 15 February 2017.

Staff received regular supervision and records confirmed these were conducted every two months with the registered manager and staff received an annual appraisal. These meetings gave staff an opportunity to

discuss their role and any training they needed. The appraisal reviewed the previous years' work and set development objectives for staff. A member of staff said of the training and support, "It's good, I want to keep moving forward."

People were encouraged to eat a healthy diet. Care plans said "objective is to provide a balanced diet." People said they overall enjoyed the food. A person said, "Yes the food is sometimes good. My favourite is spaghetti bolognaise." Another person said, "Yes the food is alright. I always know what we're having, day by day."

The service had listened to people when they had expressed they wanted different types of food. Where people followed a special diet for religious reasons this was respected and appropriate food was available in the home. Also where people had been identified as diabetic the service did not add sugar to people's hot drinks. Care plans had documented the risk of high sugar had been explained to the person and that when they went into the community it was their choice what they ate.

People were able to make choices for meals during resident meetings and weekly menu plans were devised from people's input. Care plans also emphasised that choice should be offered to people on what they would like to eat. At mealtimes we observed people who needed support to have their food cut into smaller pieces received this as stated in their care plan.

People were supported to attend health appointments as necessary with staff from the service. Records confirmed that pre booked appointments were noted in the staff communication book and transport and extra staff were called to maintain ratios within the service. Staff recorded details of who the appointment was with and outcome details of discussions so there was an audit of people's meetings with health professionals.

Records showed that people met with the district nurse, chiropodist, GP, optician, social worker, psychiatrist and dentist. People were also supported to maintain routine health screening appointments.

Good

Is the service caring?

Our findings

People told us staff were kind to them and they got on with the other residents. One person said of a staff member, "[Staff] is a diamond."

A member of staff said, "I'm always kind, I'm here to make them happy."

We observed a number of interactions between staff and people that were kind. A member of staff was seen brushing and styling the hair of one of the females. On our second visit one person said, "[Staff] did my hair for me." We observed someone receive a haircut from staff, this helped to maintain their appearance and they were happy to have this done.

People's care plans documented their life history and staff told us they spent time during one to one sessions getting to know people. Care plan records confirmed people had told the service about their previous jobs, their interests and the close family and friendship links they wished to maintain. We observed people visit their friends at other services to spend time maintaining their friendships. Staff showed they knew people at the service well and could explain their likes and dislikes. A member of staff listed a variety of different foods a person liked. They said, "[Person] likes Weetabix and chicken, I know them." Staff also explained they asked people what they liked and disliked for future reference. For example a member of staff said, "I'll ask, do you like pasta? If they say no I'll make something else."

From our previous inspection we observed there had been a number of renovations within the service and to people's bedrooms. Two new en suites had been installed into the bedrooms of two females. This further supported their privacy and dignity. One person's views about living at the service said, "Yes it's a nice place. They decorated it just before Christmas."

People's bedrooms were decorated with their personal possessions such as photographs and favourite dolls. People were happy to show us their rooms and told us that having these possessions with them gave them comfort.

People's privacy and dignity was respected at the service. Staff told us they always knocked on people's doors before entering and we observed staff do this. One person said, "Yes they always knock on my door before they come into my room, they are very polite." During personal care a member of staff said," I close the door and curtains, I don't let anybody walk in." People's dignity was further respected during mealtimes where we observed staff encourage people to wipe food away from their mouths or helped them to do this.

Staff also explained they maintained people's confidentiality while in the service and did not discuss the people they worked with outside unless it was with a health professional.

People's end of life wishes had been documented at the front of their care plan. However we observed some people become distressed when they raised end of life wishes themselves. The registered manager advised they were due to revisit this area with people again to ensure it was up to date.

Good

Is the service responsive?

Our findings

At our last inspection there was a breach of the regulation 9 of the Health and Social Care Act 2008 as care plans were not personalised. Records did not always state the care people needed and that people's routines may change. This was seen in particular when people wanted to go out of the service where they had no restrictions. Records now confirmed staff were to facilitate people's wishes to go outside the service even if this was different to their normal routine. For example in one care plan it stated, "[Person] goes to the café every day in the afternoon but sometimes likes to go in the mid-morning. Staff to facilitate wishes." We observed staff respond to people's needs when they wanted to go out just before lunch was to be served. The registered manager told the person their lunch would be saved for them so they could eat when they came back.

Care plans were reviewed every six month or sooner and people's keyworkers, health professionals and relatives were involved in this process to ensure information was up to date. People had personalised care plans which detailed how to deliver care to them, with specific needs, aims for their care and objectives. People's preferences were documented on their care file. This included preferred name and whether they wanted to receive personal care from a male or female member of staff. Communication and language needs were documented and whether people needed an interpreter for communication.

Care plans stated people's daily living needs and tasks they could do independently and where they needed support. In relation to supporting with personal care a member of staff said, "I help them wash the areas they can't like their back but I let them be independent and wash themselves elsewhere."

People took part in a number of activities outside the service. One person said, "I go to church on Sundays and I go to a knitting class and a woman's meeting on a Wednesday at the church." Another person enjoyed doing light housework within the service and they were observed doing this.

The service had a complaints policy which explained how people could make a verbal or written complaint and gave the target time for responses. No formal complaints had been received at the service since the last inspection a year ago. People were asked if they wanted to make a complaint during meetings and key work sessions and staff said they would support people to do this. People told us they would approach staff or the registered manager to make a complaint. One person said, "If I had a complaint it would be to the manageress." Another person said, "No, never made a complaint, never needed too. But if I did it would be to [registered manager]."

There was a lack of structured activities for people to do within the service. There were a few board games but people at the service had expressed they would like more activities. One person said, "I like bingo, they used to do it, not anymore." The registered manager showed us games they had bought for people to play and they advised they were looking at other games that could be played within the service.

We recommend the service follow best practice to find activities for people within the service.

Good

Is the service well-led?

Our findings

People knew who the registered manager was but told us they would like to see them more at the service. People gave mixed views on whether the registered manager was doing a good job. One person said, "[Registered manager] is the manager and I'm not sure if she's doing a good job, we hardly see her." Another person said, "She's ok." Another person said, "Yes, I think she does a good job."

Staff spoke positively about the atmosphere in the service and the registered manager. Staff felt supported by the registered manager and could speak to them when they needed. A member of staff said, "I can call her if I need help" and "Yes she's good manager." The registered manager said, "I enjoy coming to work and I'm hands on during the day and I have an open door policy, the door [office] is not closed, I ask people how they are." We observed people come to the office and speak to the registered manager if they wanted a chat.

The registered manager explained they had been through a period of staff turnover but they had recruited more staff and a deputy manager to support them at the service in order to delegate some management duties. The registered manager explained the challenges they faced at the service which included receiving information from multidisciplinary meetings and reviews. Records showed that the registered manager had chased health professionals for information so that they had record to store on file.

Records confirmed house and staff meetings took place every two months. People's views about how the service was running were sought during the house meeting as well as informing people about upcoming refurbishments. Observations confirmed that refurbishments were taking place to improve shared bathroom facilities. During this time there was another bathroom available for people to use. During the last staff meeting staff had confirmed their domestic responsibilities and who they were a keyworker for.

The service had quality assurance procedures to check that people were receiving care as they should. The registered manager told us and records confirmed they audited people's individual finance books folder to check the amounts were correct. There was a further check of people's finances during handovers where two staff checked the amounts recorded correlated to the total amount of money people had available. Records showed an audit of medicines was carried out weekly and any issues found were documented with an outcome. For example where a signature had been missed this had been raised directly with the member of staff in question. Other quality checks included checking that cleaning responsibly had been completed, the registered manager reviewed people's daily notes to check the level of detail and that information was clear. Where this needed improving the registered manager wrote memos for staff at handover and they discussed at team meetings.

Questionnaires were sent to people who used the service and to relatives. Overall the feedback from people using the service was positive. The only negative feedback related to lack of activities and the accessibility of the registered manager. The registered manager was addressing the issue of activities by purchasing a variety of games to play at the service and after the last house meeting they had stated that an activity was to take place at the service every day. Upon asked how often they were at the service the registered manager advised they were there three to four days during the week and on call on the weekends. External meetings

meant they may not be at the service sometimes. Staff had not completed a survey. The registered manager explained they had not sent the forms to staff as yet.

We recommend the service follows best practice to ensure they seek staff feedback to improve the service.