

Mrs Anne Going & Mr Kenneth Going & Mr Raymond
Galbraith & Mrs Marian Galbraith

St Michaels Lodge

Inspection report

6-8 St Michaels Avenue
Northampton
Northamptonshire
NN1 4JQ
Tel: 01604 250355

Date of inspection visit: 10 March 2015
Date of publication: 29/05/2015

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?

Requires Improvement 

Overall summary

This unannounced inspection took place on 10 March 2015.

St Michaels Lodge provides accommodation for nine people with mental health needs. At the time of our inspection there was twelve people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the last inspection in September 2014 we asked the provider to make improvements in relation to staff supervision. At this inspection we found that these improvements had been completed.

People were cared for by a staff team that knew them well and understood their needs. There were robust and

Summary of findings

effective recruitment processes in place so that people were supported by staff of a suitable character. Staffing numbers were sufficient to meet the needs of the people who used the service and staff received regular training.

Care staff were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and support needs. Medicines were stored and administered safely. People received their medicines when they needed them.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People received a detailed assessment of risk relating to their care and staff understood the measures they needed to take to manage and reduce the risks. People told us they felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who lived at the home. Staff were aware of how to support people to raise concerns and complaints and we saw the manager learnt from complaints and suggestions and made improvements to the service. The registered manager was visible and accessible. Staff and people living in the home were confident that issues would be addressed and the any concerns they had would be listen to. Systems in place to monitor the quality and safety of the service were not consistently being carried out and required improvement in relation to fire management and safety.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them. Various risk assessments were in place and risk was continually considered and managed in a way which enabled people to safely pursue independence and to receive safe support.

There were safe recruitment practices in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review. People were supported by relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Good



Is the service caring?

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved as possible in the daily running of the home.

Good



Is the service responsive?

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care was delivered in the way that people chose and preferred.

Good



Summary of findings

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

The service was not always well-led.

Systems in place to monitor the quality and safety of the service were not consistently being carried out and required improvement in relation to fire management and safety.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the home, their relatives and staff were confident in the management structure and felt able to raise concerns or make suggestions for improvement. There were systems in place to receive people's feedback about the service and this was used to drive improvement.

Requires Improvement



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.’

This inspection took place on 10 March 2015 and was unannounced and was undertaken by three inspectors.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. .

During the inspection we spoke with the registered manager, deputy manager, three care staff and eight people who used the service.

We spent some time observing care to help us understand the experience of people who lived in the home.

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

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said “I am safe here, there are always staff around and I am much safer here than I felt in my previous home”. The staff confirmed they had received training on safeguarding people from abuse. They were knowledgeable about the different forms of abuse and knew how to report any concerns of abuse to the manager. Staff knew how to report abuse to other agencies such as the Care Quality Commission and the Local Authority safeguarding agency. We found the manager had taken appropriate action in response to investigating concerns.

There was a process in place for managing and reducing assessed risks and people were involved in identifying and managing these risks. In conjunction with each person, agreements were formed which helped balance their rights to make choices whilst at the same time helping to ensure that the risks to their health were minimised. One person told us that they had an agreed plan in place to help them monitor their moods and feelings and they did this to help identify when they may be an increased risk to themselves and staff supported them to keep them safe.

Staff had confidence that any concerns they raised would be listened to and action taken by the registered manager or deputy manager. They said the registered manager was always accessible either face to face or by telephone. There were arrangements in place for staff to contact management out of hours should they require support. There was a whistleblowing policy in place. Whistleblowing is a term used when staff alert the service or outside

agencies when they are concerned about other staff's care practice or the organisation. Staff knew and understood what was expected of their roles and responsibilities and felt comfortable raising any concerns.

People's medicines were managed in a safe way and administered by trained and competent staff. Checks on a sample of the medication administration records demonstrated that people's medicines had been given as prescribed. We found there were robust systems in place for ordering, storage and administration of medicine.

Staff and people told us there was enough care staff to meet people's needs; one person said “There is always a female staff member here to help me with my shower”. People told us they knew the staff well because they had worked at the home for a number of years. It was evident from the discussions people were having that it was a relaxed and comfortable home and people were engaging with activities that they chose.

Robust recruitment systems were in place to reduce the risk of unsuitable staff being employed. Staff confirmed that checks had been undertaken before they were allowed to start work. Staff files confirmed that pre-employment checks had been carried out before staff started their employment. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS), checking their work history by obtaining references from previous employers. The DBS check helps employers make safer recruitment decisions and identifies if staff have any criminal records or are barred from working with vulnerable adults.

Is the service effective?

Our findings

At the last inspection in September 2014 we were concerned that not all staff had received supervision meetings to discuss training and development needs and to gain feedback on their performance. This was a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations

2010. At this inspection we found that improvements had been made, staff now have supervision and the manager had planned a rolling programme of supervisions throughout the year. Staff also confirmed that working in a small team meant that they had access to the manager on a daily basis.

People told us they were involved in the decisions about their care and were able to voice their preferences. One person told us “The staff help me manage my money, I have tried managing it by myself and I end up spending it all so now I have help with it”. People who smoked had signed the homes smoking policy, one person told us “we all smoke outside now and take it turns to empty the smoking bin.” Consent was obtained where people were supported with medicine and support with health care appointments.

The manager had an awareness of their responsibilities under the Mental Capacity Act 2005 and in relation to the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The manager told us and we observed that people were able to come and go freely in the home and there were no restrictions placed upon them. In the care plans that we viewed it showed that where needed, people had capacity assessments in place.

People were supported by a stable staff team who had received training relevant to their role and who were

encouraged to continually develop themselves. Staff said “The training here is very good.” Staff members had been supported to complete various levels of the Qualification and Credit Framework (QCF) in health and social care, staff told us “It is a hard course but it gives me the understanding of why it is important to record everything and it has given me more confidence in my role”. The manager had a training programme in place to ensure that annual refreshers of the homes mandatory training was booked and staff were informed in advance.

People were complimentary about the food that was provided and we observed people were provided with sufficient amounts of food and drink to meet their needs. People told us the food was very good. One person enjoyed a weekly cake baking session with staff and everyone in the home had cake for supper on them nights. One person said “The food is good and I have something different when other people have baked beans because I don’t like them.” Staff were knowledgeable about people’s food intolerances and knew what foods they should avoid and this was taken into account when menu planning. Where people had nutritional needs we saw that food and fluid charts were in place.

People said they were able to access healthcare when they needed it. Care plans we reviewed showed that people has access to a range of health care services and referrals were made to specialist teams where appropriate. One person told us they were supported with hospital appointments and said “Staff come with me so they can explain things better to me than the doctor does”, another person told us “I can go to the GP by myself but I ask staff to come with me because sometimes I forget what the doctor has told me”.

Communication between the home and peoples family members was effective. One person told us that they were having various health appointments and with their permission staff updated family on the outcome of the appointment.

Is the service caring?

Our findings

It was clear to see that people had formed positive relationships with staff and everyone was treated as an individual. People told us “Staff are great, they understand me.” One comment was “I have lived here for a lot of years and I wouldn’t stay if I didn’t like it.” We saw people and staff sharing jokes and positive affection was given which people clearly appreciated. Staff told us that they and some of the people who lived there had been working together for years and everyone felt like part of an extended family. People were involved in activities such as playing video games and listening to music and we saw staff talking to people enthusiastically about their activities.

The staff were able to tell us in detail how they cared for individual people living at the home, which indicated they knew the people well. One person told us “The staff know me really well and looked after me when I was poorly; I had cups of tea in bed.” Staff told us “it is really important that we learn people’s ways and know how they like to be cared for”.

People told us they were encouraged to express their views about the home and felt they were listened to. One person told us “We have meetings and people talk about things like what rooms are being painted and they (Staff) ask us if we want to change anything.” Another person said “I told the staff I don’t like my shower in the mornings and now I have it in the evenings.”

Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or

in their own rooms. One person said “My family can visit when they want, sometimes we go to the flat so we have some privacy.” A member of staff said “Residents can see their visitors either in their rooms, in the lounge or the quiet flat area, they have the choice and it is whatever suits them best.”

We saw that people were given choices such as how they wished to spend their time and whether they required staff support. Staff told us they encouraged people to make day to day decisions and we saw this throughout the day. People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People’s care records clearly stated what they could do for themselves and what they needed help with. Staff encouraged people to remain as independent as possible. One person told us “I help with the washing up and the tidying up.” People looked well cared for and were also supported to make decisions about their personal appearance, such as choice of clothing or whether to be clean shaven.

Peoples’ privacy and dignity was respected, staff referred to people by their preferred name and personal care was provided in the privacy of people’s own rooms. Staff knocked on people’s doors before entering their rooms and people were able to have a key to their bedrooms if they wished. There were quiet areas where people could be alone if they preferred.

Is the service responsive?

Our findings

People received care and support that was planned and responsive to their needs. We looked at the care plans for people and they were written in an individual way, which included information on people's likes, dislikes and preferences. Staff were provided with clear guidance on how to support people as they wished, for example, with preferences around night time checks. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. People using the service or their representatives had been involved in the development of their care plan with records signed by people in agreement to their care and updated at regular intervals.

People were involved in activities that they were interested in. Most people told us they chose not to go to work placements or community opportunities as they didn't find the places interesting. Staff offered activities based on people's likes and dislikes. One person told us "I go in to the town quite a bit by myself and meet up with people I know" another person said "I like it when we have games nights and we play on the games console." We saw that people were encouraged to be involved in daily household tasks

and people were enjoying the involvement and proud of the tasks they had completed. One person said "I always help with the washing up", another person told us "I like to wipe the tables down after dinner, it helps me feel useful"

People were encouraged to maintain relationships. One person told us "My family come and visit me and sometimes I meet them in a café for coffee." Another person said "I speak with all my family often and they can ring me or visit whenever they want to, they don't need an appointment!" The people who lived together had formed supporting relationships with each other and we saw there was lots of laughter and a relaxed atmosphere.

There was a complaints policy in place and a process to record and investigate any complaints received. This helped to ensure any complaints were addressed within the timescales given in the policy. The registered manager explained there were no formal on-going complaints. Feedback from a recent questionnaire sent to family members commented on the appearance of the home from the outside, as a result of this feedback the registered manager told us they were planning to paint the exterior of the home. People told us they knew how to complain and said they could speak to any staff member or the manager.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection and a full complement of staff. We noted that staff retention was good with many staff who had been working at the home for several years. This promoted continuity in the care and support provided and enhanced the quality of care to people using the service.

Staff told us there was effective communication between staff working shifts. We observed this during the inspection, for example, updates on people's health and well-being and if people were out of the home the expected return time was handed over to staff at the beginning of their shift, this ensured that information regarding people's needs was consistent and up to date and the person received the right care and support.

People who used the service were aware of who the registered manager was and spoke positively about them, the manager was present in the home most days and was visible in the home which meant they were aware of the day to day culture and the way that the staff carried out the vision of the service. Care staff were positive about the registered manager, and felt that they were well supported and the manager was approachable.

Satisfaction surveys had been sent to people who used the service and their relatives and we saw that the responses

were positive. Comments included "My son is cared for really well and I don't worry about him like I used to" and "The staff are very friendly and always smiling" One person had commented that they had been involved and consulted with updating of the care plan.

A staff survey was completed in 2014 and some of the feedback was about the maintenance of the home. Since this survey maintenance had been undertaken and broken items replaced. On the day of the inspection we saw that a vacant room was in the process of being re decorated and new carpet had just been fitted. Staff said they felt listened to and they thought the training programme the manager provided was good.

The manager told us there was a system of a quality audits in place. This included audits on care plans, medication, health and safety, and the premises. We saw documentary evidence that these took place, however these were being inconsistently carried out. For example, Fire alarm tests had not been completed for a few months and fire drills had not been undertaken which meant people's safety could be at risk.

There were systems in place to monitor the quality and safety of the service. Records showed this included monitoring of safeguarding issues, accidents and incidents. The manager confirmed there were no identifiable trends or patterns in the last 12 months.