

St Michael's Home Care Limited

# St. Michael's Home Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

St Michael's Home Care is a domiciliary care service that was providing personal and nursing care to 110 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People did not always receive a safe service. The provider's systems to manage medicines safely and protect people from risks were not always effective as medicine's administration records were not completed correctly.

Management processes were in place to monitor and improve the quality of the service. However, these were not always effective, as they had failed to address shortfalls in the service.

Staff had respectful caring, relationships with people they supported. They respected people's dignity and privacy, and promoted their independence.

People received care and support which met their needs and preferences. The provider upheld people's human rights.

Rating at last inspection:

The rating for the service was Requires Improvement. This was the second consecutive Requires Improvement rating.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we found that improvements had been made to the provider's systems to monitor and improve quality and safety in the service. However, there was insufficient evidence to show these improvements had been effective to address the shortfalls in the service.

Enforcement:

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of this report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was Effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was Caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# St. Michael's Home Care Limited

## **Detailed findings**

### Background to this 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 completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using services or caring for someone who uses services. The expert had experience of caring for older people.

#### Service and service type:

This service is a domiciliary care agency. It provides care to both older and younger people.

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:

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service to people who may be out during the day. We needed to be sure that they would be available to speak with us.

Inspection activity started on 15 January 2019 with telephone calls to people who used the service. The inspection site visit took place on 24th and 28th January 2019.

#### What we did:

Before the inspection the provider sent us a Provider Information Return. Providers are required to send us

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Before the site visit we spoke with seven people and two relatives of people. During the site visit we spoke to the registered manager, the deputy manager, a senior administrator, the director of operations and a member of care staff. After the inspection we also spoke with a further nine members of care staff.

We reviewed 10 people's care plans and medicine records. We also reviewed the provider's overall development plan, the staff rota, medicines audits, the provider's incident log, infection control policy and the provider's complaints file. After the inspection we reviewed additional evidence sent to us by the provider including end of life care plans, and the staff training matrix. We also spoke with a further nine members of care staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: 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.

### Using medicines safely

- The provider did not follow current legislation and guidance for managing medicines.
- The provider's systems and processes for managing medicines were not effective addressing documentation errors and had not been used consistently.
- The provider had not completed audits for August and September 2018. We discussed this with the registered manager who told us they had implemented a new auditing system from January 2019 with a senior manager to improve quality and safety monitoring. We reviewed monthly audits which had been completed from October 2018 to January 2019.
- Staff were trained to administer medicines to people, however, several staff members had completed medicines administration records (MARs) incorrectly. We saw that over a period of several months there were multiple gaps in at least five people's MARs. The provider's audits showed staff had repeatedly not entered GP details, allergies and specific instructions about how to give medicines on people's MARs. Actions to address these issues had been recorded in the audits. They included staff training and one to one support sessions.
- The audit from January 2019 showed 50% of MARs did not have the correct GP details and 45% of MARs did not have the correct instructions for administration. This showed the provider's actions to address this issue had not been effective.
- The provider had not followed best practice guidance when staff wrote new MARs by hand. The registered manager told us that when new MARs were written by hand, they were not checked by a second, suitably qualified person.
- The provider had not followed current legislation and guidance for managing medicines. This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) 2014, Safe Care and Treatment.

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

- The provider used systems and processes to protect people from abuse.
- Staff we spoke with were aware of their duty to safeguard people from harm. One staff member told us, "Any worries, I ring the office- about anything - they follow up."

### Assessing risk, safety monitoring and management

- Staff used personalised assessments to help people stay safe without restricting their freedom.
- Risk assessments reflected people's individual needs.
- The registered manager had plans in place to manage risks such as adverse weather. In the event of snow, arrangements had been made for carers to use four wheeled drive cars to ensure people received their care visits.

### Staffing and recruitment

- At the last inspection we found people did not receive care from consistent staff. The provider had relied on agency staff to cover shortages. At this inspection we found the provider made sure there were enough staff to support people's needs using an electronic rostering system.
- Wherever possible, people received their regular care visits from the same staff members who had the appropriate experience and training. When staff were on holiday or sick, the registered manager and office team ensured people still received their regular care visits. The registered manager told us they had considerably reduced their use of agency staff and had recruited more regular staff with contracted hours to retain them
- The provider used safe methods to recruit staff who were suitable to support people.

### Preventing and controlling infection

- Staff understood how to prevent the spread of infection and used personal protective equipment such as gloves and aprons when giving care to people.
- Staff used the provider's infection control policy.

### Learning lessons when things go wrong

- The registered manager kept a record of incidents and accidents. The overall incident log included details of the type of incident, the people and professionals involved and any actions taken.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received detailed, individualised assessments from competent staff.
- Staff used nationally recognised nursing tools to assess people's needs, such as people's risk of developing a pressure sore. Assessments were reviewed regularly and updated if changes were observed.
- People were satisfied that staff understood their care needs. One person said, "Yes they understand my care needs, my health needs are being met by the carers."

Staff support: induction, training, skills and experience

- At the last inspection we found staff had not received sufficient training and support to deliver individualised care to people which met their needs. At this inspection we found the provider had made significant improvements to staff training.
- Staff completed a thorough induction based on the care certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed mandatory training such as moving and handling, as well as training specific to people's individual needs, such as continence care.
- Staff were supported by senior and management staff through a structured programme of supervision. This included regular care competency observations and 'lunch and learn' sessions.
- The deputy manager provided regular, tailored, hands on training to care staff.

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

- Staff supported people with food preparation and with eating if required. Staff ensured people were adequately hydrated and recorded their dietary and fluid intake if people were at risk of malnutrition or dehydration.
- People we spoke with confirmed they were given support with nutrition. One person said. "I start the evening meal and when they arrive, they take over and it take out the oven and serve it to me at the table. It is nutritious food and I choose the food."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked in partnership with occupational therapists and end of life care nurses to meet people's needs.

Records we reviewed contained evidence of referrals to healthcare and social care professionals.

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

- Records we reviewed showed staff contacted health professionals if people were in need of care. This was confirmed by staff we spoke with. One staff member said: "I thought they [person] had a urinary tract infection. I called the doctor."

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

- People's care plans showed staff had sought consent for all aspects of care. People had signed consent forms to say they were happy with what was recorded in their care plans.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with told us care workers treated them with courtesy and respect. One person said, "The staff are kind, they're more like friends. They provide a good service, I really can't think of any improvements." Another person said, "[They're] kind and respectful - lovely and caring."

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

- People told us they were actively in their care plan reviews. One person said, "My care package is reviewed every year and I am involved."
- The provider sent out annual questionnaires to gather people's views on the service provided. Results from the latest survey were not available to review as the provider had not yet received responses.
- Results from a recent customer satisfaction survey showed people were satisfied with the service they received.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told staff treated them with respect. One person said, "They ask permission before doing things like bathing etc and they treat me with dignity." Another person told us, "The carers are kind and respectful. They respect my dignity. I can't fault any of them."
- Staff we spoke with told us they promoted people's independence. One staff member said, "If I give [person] a wash I put the towel over- you have to be nice and kind." Another staff member told us, "I encourage them-as them 'would you like to wash your face?' – I try to encourage them to do as much as they possibly can."
- People's care plans included information about how independent they were and how much of their care they were able to be involved with.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff planned care and support in partnership with people.
- People's needs were captured in care plans which contained detailed information about how they wished to receive care and support.
- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- For those people with a sensory impairment, the provider gave information in a format they could understand. Each person's care plan included a communications preference sheet which included detailed information about how the person was able to communicate such as aids they required. In one person's communication plan it stated 'I need use braille'.

Improving care quality in response to complaints or concerns

- The provider had a policy in place for dealing with complaints. People knew how to complain and contacted the office staff if they were concerned about any aspect of care they received.
- Records we reviewed showed complaints were dealt with promptly and thoroughly investigated.

End of life care and support

- At the time of our inspection, the service was not providing care to anybody at the end of their life.
- The registered manager told us that when people were in need of end of life care, staff referred to specialist nurses, occupational therapists and doctors. One staff member told us, "We do have a lot of [people needing] end of life care as we fast track from the hospice and the hospital if they want to go home to pass away. St Michael's [home care] offers them support."
- When people were in need of end of life care, their care plans showed staff had made appropriate considerations for how their changing needs would be met. This included the location people wished to remain in and the type of care they preferred and needed.

# 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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At our last inspection we found that the registered manager did not have a sufficiently detailed knowledge of audits and methods used to assess quality and safety in the service provided. At this inspection we found that some improvements had been made. However, although the registered manager had a more thorough understanding of audits to measure and improve quality and safety in the service, evidence showed audits had not been effective in addressing errors. This included the accurate completion of people's MARs, details of staff responsible for completing audit actions, details of reviews of previous audits or dates for completed actions.
- Audits, quality assurance reviews and action plans had failed to address errors and improve staff competency in the accurate completion of people's MARs
- The provider has a duty to notify CQC when an allegation of abuse is made. However, the provider had failed to notify us of a safeguarding incident from September 2018. They had reported the incident to the local authority safeguarding team and completed an internal investigation. However, they had not made us aware of this incident at the time it occurred. We asked the registered manager to send us a statutory notification. We received this after the first inspection site visit day.
- The above areas meant people were at risk of receiving care which did not meet their needs or preferences, as the registered manager had not addressed shortfalls and required improvements in the service.
- These areas were a breach of regulation 17 (2)(a)(b) of the health and social care act 2008 (Regulated Activities) 2014, Good Governance.

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

- The registered manager maintained the overall responsibility for service delivery. However, they had not always maintained a clear and up to date oversight of required service improvements.
  - Staff roles were clearly defined. The registered manager was supported by a senior administration team and a deputy manager.
- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service were invited to give feedback about the care provided.
- The registered manager told us they engaged with the local community by attending events such as an over 55s group and a local village fete. This helped spread awareness about the service and maintain links with the local community.

#### Continuous learning and improving care

- The provider used a range of tools for monitoring and improving safety in the service. Following the last inspection, the provider had employed a senior manager to assist the registered manager in the development of the overall improvement plan.
- The development plan contained actions with deadlines for improvements and was regularly reviewed.
- As a result of service shortfalls identified through the plan the provider had implemented a new auditing system for medicines management. However, insufficient time had passed to show whether this new system was effective.

#### Working in partnership with others

- Records we reviewed showed staff worked in partnership with health and social care professionals to meet people's needs and promote their wellbeing.
- If people required input from a district nurse or occupational therapist, staff would make the appropriate referrals.
- Records showed the registered manager worked closely with agencies such as social services and the police if safeguarding concerns were raised.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider's systems to safely manage medicines were not effective
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider's systems to monitor quality and safety in the service were not effective