

Hertfordshire County Council

St Michaels House

Inspection report

71 Holwell Road
Welwyn Garden City
Hertfordshire
AL7 3SF

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09 July 2021

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17 August 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

St Michaels House is a specialised short break service that provides respite care for people with a learning disability and/or physical disability. Hertfordshire County Council is registered to provide accommodation and care at St Michaels House for up to 12 people at any one time. At the time of the inspection there were six people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Staff did not have specific training to support people with learning disability and autism. We observed a staff member speaking to people that did not promote dignity and respect. Care plans identified peoples support needs and were being developed to ensure they maximised people's choice and control. The registered manager acknowledged this and was putting actions into place to educate staff.

Staff received training that covered mandatory training, however, did not receive training that was required for people's specific support needs. This was actioned immediately following the inspection. And staff had their competency assessed. Staff had received training in infection control practices and personal protective equipment was provided for them.

People and their relatives felt the care provided was safe and risks were managed appropriately. This was because staff knew people well, and systems were in place to report any concerns. Risks to people's health, safety and well-being were assessed. People's medicines were managed safely. People were supported by a staff team, who had been safely recruited.

Systems were in place for reporting and responding to accidents and incidents. Incidents were followed up and prompt action taken to ensure people were safe and to prevent reoccurrence.

People and their relatives praised the staff team. Staff had a good understanding of the people they supported. They took the time to get to know people's individual likes and dislikes. People and their relatives told us they would be confident to raise any concerns with the management team.

People, their relatives and staff members and professionals spoke highly of the registered manager and told us that they were available and supportive. The registered manager had a good understanding of their

responsibilities towards the people they supported and was dedicated to continuing to improve the service. A governance system was established, which included various audits and the monitoring of safeguarding concerns, complaints, accidents and incidences. Formal action plans however had not been developed for ongoing monitoring.

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 good (published March 2020).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about staff skills, training and the culture of the service. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern staff skills and training, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the well-led section of this full report.

We asked the provider to ensure there was immediate action to mitigate the risk where staff needed specialist training. The registered manager ensured that staff had training the next working day.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

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.

Details are in our safe 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 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was made up of one inspector.

Service and service type

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

The service 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, senior care workers, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems in place to ensure where safeguarding's had been raised these were investigated and dealt with in an open and transparent way. Safeguarding incidents were shared with the relevant professionals including CQC and the local authority.
- Incidents and accidents were reported and investigated. This information was collated, analysed and shared with the staff team.
- People and relatives spoke about how they and their family member, felt safe in the service and with the staff that supported them. One relative said, "I feel [person] is safe. [Person] seems to be well looked after, [Person] doesn't look stressed coming and going.
- Staff knew how to identify, and report concerns to management relating to abuse. They said they felt comfortable raising concerns and received support to do this. One staff member said, "I would first report it to the senior on shift, I would speak to the (registered) manager. We have a safeguarding out of hours emergency contact number. If it was a staff member on shift, I would move them away from the situation."

Assessing risk, safety monitoring and management

- Peoples risk assessments detailed their key support needs such as nutrition and hydration, skin integrity and manual handling. Where risks were identified these records detailed how staff should support the person safely.
- Staff were able to talk about peoples support needs and identify where someone may be at risk of falls or needed additional support in specific areas. Where staff met new people, they had processes to ensure they got to know the person and how they wanted their support to keep them safe.
- One professional spoke about how staff were able to identify when people needed health professional intervention. They said, "I find the support from the entire team is very skilled, professional and driven to enable those who stay there a safe and positive experience which also includes families own confidence to relax and take a break. The team develop person centred plans, they make necessary enquiries and share information to ensure such plans are fit for purpose. I gain a sense they really understand the person they are supporting and the person themselves is included in such support. In terms of decision asking, the team have conversations, they listen, and they advocate to a high standard."

Staffing and recruitment

- We observed there being enough staff to support people. When speaking to people they said there were always staff around when they needed them. One person said, "If I need help there is always someone there to help me."
- Staff felt the morale of the team fluctuated and recognised it had been a few difficult months due to the COVID-19 pandemic and staff recruitment. The registered manager was proactively recruiting staff for the

service. One staff member said, "We are alright, we are a small team. Sometimes there are ups and downs."

Using medicines safely

- Where medicine errors had occurred, these were investigated, and appropriate action taken.
- Staff had been trained to administer medicines and records supported this.

Learning lessons when things go wrong

- The registered manager spoke about how they continued to have discussions with the staff team where lessons needed to be learnt this was through supervision and team meetings.
- Staff said they felt comfortable in speaking up when things may have gone wrong.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager did not ensure staff were adequately trained to support people with specific training to meet their needs. For example, staff did not have training in Percutaneous endoscopic gastrostomy (PEG) training. However, staff felt they had the knowledge and skills to perform this role and the registered manager had training booked for this, this mitigated the risk to people. Following the inspection visit training was brought forward for the staff the following day.
- The registered manager placed staff on manual handling training, however they did not follow this up with a competency assessment to check staff knew how to support individual people. However, the registered manager said there were manual handling champions that were able to ensure staff were using safe manual handling practices day to day.
- The registered manager had quality assurance systems in place, however where actions were identified there was not an action plan following this to show actions had been completed and implemented into the service. The registered manager acknowledged this and was going to implement changes to capturing the outcomes of audits.
- The provider gave staff the opportunity to identify how they felt the overall culture of the service was and any improvement needed. For example, they were keen to have people using the service involved in recruitment to ensure they got the right staff.
- The provider and registered manager had leader meetings which discussed the service at a strategic level which spoke about systems to be implemented to improve the care. This was then filtered down to the local team meetings.
- The registered manager had a clear understanding about the duty of candour and told us they encouraged everyone to be open and honest in their feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had not consistently promoted equality and diversity with staff, although this was a focus in the staff meetings. For example, we observed staff using language and actions that could be seen as disrespectful towards people. The staff did not do this with the intention of causing offense however,

this showed a lack of knowledge about their role and responsibility.

- People had the opportunity to shape their support and their stay, this was through a planning meeting before they came to the service. This meeting covered what was important for people and what support they needed. This was an important tool for staff to get to know people. When speaking with staff they felt there needed to be further development of the content obtained.
- The registered manager spoke about how they were starting to develop care plans to ensure they were more inclusive and were being developed to ensure they maximised people's choice and control.
- The provider sought feedback from people and those important to them and used this to develop the service.
- People appeared comfortable with staff whilst being supported. One person said, "The staff are great, they are sound as a pound."
- The registered manager had links with partner agencies. Professionals spoke highly of the management and their dedication to the role. One professional said, "[Registered manager] of the service is exceptional, she engages well with citizens, families and with multi agency professionals. I would have no hesitation working for her directly as she demonstrates effective leadership, empathy, knowledge and skills to enable her team to work to the best of their own abilities.
- Staff gave feedback through individual face to face meetings with the management team. Staff had been involved in surveys in the past to formally capture their feedback.

Working in partnership with others

- Professionals spoke about how the service worked with them to gain positive outcomes for people. One professional gave an example of this, "St Michaels have risen to the challenge over the last twelve months, due to COVID-19 and the need to get people out of hospital ASAP. We have developed moving and handling plans on individual needs, introduced new ways of delivering care as and when needed. Staff have taken full responsibility for implementing and adapting the plan as required. There have also been a couple of situations whereby staff have managed what is an unsafe hospital discharge with my support, when the obvious solution would be to return the person to A&E."