

St. Michael's Care Ltd

# St Michael's Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Michael's Home is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection and one person who was in hospital. The service can support up to 21 people. The rooms are provided over three floors with access via stairs or a lift however, only the ground and first floor had bedrooms in use.

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

The provider did not have oversight of the home and relied on an acting manager who lacked experience and was not supported in the role. This meant although they had implemented improvements in the environment since our last inspection, other areas such as staff training were not being fully monitored.

The provider had some systems and processes such as audits in place however, these quality assurance systems were not robust enough to identify issues and drive improvement.

Systems and processes for recruiting staff were not robust enough and the full process set out by the provider was not being followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice. The acting manager and staff did not have a good understanding of the Deprivation of Liberty Safeguards process although, following the inspection we received assurance from the provider that this has been rectified.

Medicines were managed well although creams charts and equipment checks needed improvement to ensure people were safe.

People were happy with the care they received and stated the home met their needs well. Relatives found staff to be warm, approachable and supportive of them and the people they cared for.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 19 November 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

At this inspection we found improvements had been made but we found the provider remained in breach of regulations.

At our last inspection we recommended that improvements were needed to the environment, medicines and the overall governance of the home. At this inspection we found the provider had made improvements to the environment and medicines management but concerns about the provider governance of the home remained in place and concerns have been identified with staff training and recruitment.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 07 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the premises and environment, safe care and treatment and good governance. We also looked at concerns raised by the local authority relating to staff training, recruitment and governance.

We have found evidence that the provider needs to make improvements. We found no evidence during this inspection that people were at risk of harm from this concern. The provider gave CQC additional evidence to show the actions they had taken to mitigate the risks from the concerns raised. Please see the safe, effective and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Michael's Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the provider oversight and management of the home, staff training, implementation of the Deprivation of Liberty Safeguards, and risks relating to the recording of the use of creams for people and equipment checks.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **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

## 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 Health and Social Care Act 2008.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a concern we had about safety of the environment, medicines management and governance of the home.

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

One inspector, an inspection manager and a specialist advisor carried out a site visit for this inspection. An Expert by Experience made telephone calls to relatives off site. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Michael's Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Michael's Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 April 2022 and ended on 03 May 2022. We visited the location's service on 27 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the acting manager, care workers, domestic staff and the chef. We reviewed a range of records. This included three 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. 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.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider failed to ensure that risks associated with the premises, environment, and medicines were safely managed. These were breaches of Regulation 15 (Premises and Equipment) and Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the provider was issued with a warning notice.

At this inspection improvements had been made to the environment and the provider was no longer in breach of regulation 15.

The provider had made improvements in medicines management however, some issues from the previous inspection had not been resolved and the provider was still in breach of regulation 12.

- Issues with regular equipment checks being completed had improved however these had not been completed since 19 April 2022 and staff could not be sure that equipment was safe to use.
- At our last inspection we found PPE storage required replacing as these could not be effectively cleaned. At this inspection we found they had not been replaced. This put people at risk of cross infection.
- Creams charts were still not being completed consistently. This meant staff could not be sure if the creams had been applied or if they were being administered in line with manufacturers guidance.
- People's care plans contained risk assessments, however, they did not contain enough information relating to people's risk, which would make it difficult for staff to know what people's risks were. For example, in one set of records charts showed significant weight loss but there was no indication of the level of risk or how staff should support and manage this.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal Emergency Evacuation Plans had not been updated in the file kept by the front door for emergency use. They were up to date in people's care plans, but this information had not been transferred to the file meaning people were at risk should they need to be evacuated. The acting manager took

immediate action to rectify this.

- Risks relating to the environment had improved. The acting manager ensured maintenance was logged and completed and areas such as the fire exit and storage were now safe.
- The acting manager ensured staff who administered medicines received training in the safe administration of medicines and completed regular competency checks.
- Staff ensured medicines were ordered, stored, administered and disposed of in line with organisational policies and best practice guidance.

#### Staffing and recruitment

- Recruitment of new staff was not robust. There was no provider oversight of this process. The acting manager had recruited new staff who were due to start working within the home which would significantly reduce the number of agency staff used. However, the process did not show that a full range of interview questions had been used and some application forms from applicants contained minimal information. Although additional evidence of this process was provided after the inspection visit this did not show that interview questions had been asked or gaps in application forms followed up with the applicants.
- The acting manager did not know the processes for recruiting people from abroad although we saw that applications of this type had been received. This meant people could be recruited without the assurance of proper checks being made which would not be safe for people living in the home.
- The acting manager did complete reference and disclosure and barring service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff and the acting manager reported that there had been issues with taking leave due to a lack of permanent staff and the use of agency staff.
- People and their relatives reported that there were enough staff to meet their needs and we observed this was the case on the day of the inspection. One relative said, "I think the staff are always busy, but they always find the time to talk to you."

#### Learning lessons when things go wrong

- The acting manager had completed audits and looked at incidents, however there was no evidence that learning, or themes were taken from this to improve the quality of care provided.

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

- People felt safe within the home and said they could speak to staff if they needed help. One person said, "If I had a problem, I would go to whoever is in charge."
- Relatives confirmed they were happy with the care and support and felt people were safe in the home.
- Staff understood about safeguarding and how to keep people safe from abuse. This was reported to the acting manager or staff member in charge for reporting.

#### Preventing and controlling infection

- 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 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.
- Relatives confirmed there are no restrictions in place for visiting the home.

We could not improve the rating safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they had not completed training for over 12 months and the training matrix provided confirmed this. We saw evidence the acting manager was in the process of renewing all log in passwords for staff so they could access training. They were also sourcing local training from NHS professionals for diabetes and falls prevention.
- The home had an induction policy for new staff, however, this had not been fully implemented as the acting manager was overloaded with other work they were completing.
- The acting manager was completing a nationally recognised level 5 leadership course.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The home had two people who had DoLS in place at the time of the inspection. These had been put in place by a previous manager. The acting manager found it difficult to locate the paperwork for these and did not know which people had a DoLS in place.
- The acting manager and staff were unclear and lacked the training needed about the processes for applying for DoLS and the reasons why these should be in place for some people. Since being in post, the acting manager had not reviewed or completed any required applications.
- For the two people who had a DoLS in place this was not recorded in their care plans which meant staff would not know about the safeguards they were required to follow although we observed that staff were taking appropriate actions to ensure that people were safe.

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

- People's needs were assessed prior to them being admitted to the home.

One person told us, "I was involved in my care planning. The manager completed it with me."

- People's cultural and religious needs were being met. For example, a local minister attends the home on a monthly basis to provide a religious service for those who want to participate.

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

- People told us they had enough to eat and drink with one person saying, "I like the food." A relative confirmed, "The food is good, and mum enjoys it and I have seen it and it seems a varied diet."

- Staff ensured the chef was advised of any changes to people's dietary requirements including pureed diets and special drinks.

- Staff were observed supporting people to eat and drink. We saw staff took time to talk to one person and offered alternatives to encourage them to eat.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- A relative told us "She [mother] has access to doctors, dentists and opticians. An optician came and she has a new pair of glasses. She also has a chiropodist."

- Staff made referrals to other agencies such as the GP, district nurses, occupational therapists and the dietician, although we found this had been delayed for one person who had a significant degree of weight loss. The acting manager had referred this person to the GP, but it hadn't been followed up. Action was taken on the day of the inspection to rectify this.

Adapting service, design, decoration to meet people's needs

- People had access to aids and equipment to promote their independence and support them with their daily lives.

- A plan for decorating people's rooms had been started so that people had the opportunity to choose what they wanted. A relative said, "They have put all her pictures up and made it nice."

- The home still had areas where repairs were required such as ceiling tiles that had water damage. The acting manager had put these on the maintenance plan and was following up with the maintenance person to ensure the work was completed.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained the same. 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

At our last inspection we found management and leadership was inconsistent and leaders and the culture they created did not always support the delivery of high-quality person-centred care.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the provider was issued with a warning notice.

Improvements had been made in some areas such as the environment, but not enough improvement had been made in governance and provider oversight at this inspection and the provider was still in breach of regulation 17.

- The provider had not taken all the actions required since our last inspection to demonstrate people always received safe, effective support. The continued breaches of regulation demonstrated that further lessons needed to be learned.
- The provider had failed to give adequate support to the acting manager to ensure effective systems were in place to continually assess, monitor and improve the quality and safety of the service provided. The quality and effectiveness of audits were not reviewed and there were no systems in place to drive quality improvement.
- Lack of oversight by the provider had meant areas of concern identified during the inspection such as support for the acting manager, staff training, Deprivation of Liberty Safeguards applications being in place and the recruitment of staff had not been identified or acted upon.
- The provider had failed to display the correct ratings poster for the home. The acting manager was not aware of the requirement to do this and corrected this the following day.
- The acting manager spent a large part of their day working with the residents and taking responsibility for the administration of medicines. This did not allow them enough time to focus on management tasks.
- The home did not have a registered manager. The provider had asked a senior member of the team to take on an acting manager role and they were undertaking a leadership qualification however, they lacked leadership experience.
- Since the inspection the provider has assured us these concerns have been addressed and additional support and training will be provided for the acting manager in the areas of governance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People found the care provided by staff to be open and person-centred.
- Relatives confirmed they felt well-informed if things happened and could contact the home whenever they need to. One relative told us, "The manager is very approachable and helpful. The manager knows the residents very well."
- Staff said things had 'improved' with the acting manager now in place and they described them as open and supportive.

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

- People said their needs were met and they were given choices. One person said "Meals are fine. The cook brings me breakfast of a morning as I don't like going downstairs."
- The provider did not have a system in place to collate feedback from people or their relatives, although we saw they had received thank you cards and letters from relatives.

Working in partnership with others

- Records showed staff liaised with a range of professionals such as GP's and occupational therapists when needed to ensure people received appropriate support.

The local authority told us they were working closely with the home on a range of actions following concerns they had identified.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems and processes were not sufficient to demonstrate risk was managed safely in relation recording of the application of creams, infection control, and equipment.</p> <p>This was a breach of Regulation 12(1)(2) (c) (d) (e) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure that systems were established or operated effectively to assess, monitor and improve the quality and safety of the service in relation to support for the acting manager, staff training, recruitment, Deprivation of Liberty Safeguards and on going monitoring of the service.</p> <p>This was a breach of Regulation 17 (1)(2)(a) (b)(e) Good Governance</p>