

St Michaels Rest Home Ltd

St Michaels Rest Home

Inspection report

107 Cooden Drive
Bexhill-on-sea
TN39 3AN

Tel: 01424210210

Date of inspection visit:
08 November 2022
14 November 2022

Date of publication:
14 December 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Michaels Rest Home is a residential care home providing accommodation and personal care for up to 29 people, some of whom had dementia. At the time of our inspection there were 22 people using the service.

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

At the last inspection we identified improvements were needed to ensure there was an effective quality assurance system to identify concerns and drive necessary improvement. At this inspection we found some improvements had been made. However, further improvements were needed to ensure consistent practice across all aspects of the service and fully embed changes into everyday practice.

Where areas for improvement were identified, an action plan was developed to ensure these were addressed. The manager and provider were aware of improvements needed to people's care plans and records.

There was not enough for people to do each day. People spent each day with limited interactions and engagement. The provider had recognised this and was making changes which included external entertainers visiting the home. We identified this as an area that needs to be improved.

We received mixed and conflicting feedback about whether relatives were engaged and involved. Some relatives told us communication was poor and they were not provided with information about their loved one's well-being. They also told us they were not updated with what was happening at the home. Other relatives told us they were regularly updated. Before the inspection, visiting professionals had told us that staff from the home did not always engage with them. However, a further professional gave us an example of how staff had worked with them to actively meet a person's needs.

There was a complaints policy and we saw complaints received had been responded to appropriately. However, some relatives told us they were reluctant to make a complaint in case this impacted negatively on loved one's care. We made a recommendation about this.

Concerns had been raised with CQC that people's care and support needs in relation to personal hygiene were not being met. We saw that a number of people were at risk of self-neglect as they regularly declined various aspects of personal care throughout the day. Staff told us and records showed how they worked with people to help ensure they received the personal hygiene support they needed whilst respecting people's choices.

Staff were positive about working at St Michaels. They knew people well and were committed to providing good care and support.

At the last inspection we identified improvements were needed in relation to infection prevention and control and environmental safety. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation. The home was clean and tidy throughout. Concerns about odours had been brought to our attention previously. Although this is not something we identified during the inspection, staff told us where and why odours may occur. They also told us what actions were taken to prevent and address this.

Risks to people were well managed. Staff knew people well and understood how to support them safely. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff who had been appropriately recruited, to support people safely. Systems were in place to ensure safe medicine management.

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; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 3rd December 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However further improvements were still required to develop the service and embed changes into everyday practice.

Why we inspected

This inspection was prompted in part by a review of the information we held about this service. In addition, the inspection was prompted due to concerns received about the care people received. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the responsive and well-led key question sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Michaels Rest Home on our website at www.cqc.org.uk.

Follow up

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 safe.

Details are in our safe findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 Michaels Rest 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.

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 undertaken by three inspectors. Two inspectors visited the service and the third inspector contacted people's families for feedback.

Service and service type

St Michaels Rest 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 Michaels Rest 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager. There was a new manager in post and we were told they planned to submit an application to register.

Notice of inspection

The first day of the inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 8 September 2022 to help plan the inspection and inform our judgements. 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. We used all this information to plan our inspection.

During the inspection

During the inspection we reviewed the records of the home. These included three staff recruitment files, medicine records, accidents and incidents and quality audits along with information about the upkeep of the premises. We looked at six care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection process we spoke with most people who lived at the home. However, not all were able to feedback to us verbally. We therefore gathered feedback from the relatives and representatives of 12 people. We spoke with 10 staff members, this included the provider and manager. We also received feedback from two further health and social care professionals.

We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas, this included the lunchtime meals.

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. At this inspection the rating has changed to Good.

This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At the last inspection we asked the provider to make improvements to their infection prevention and control (IPC). At this inspection we found these improvements had been made and the provider was no longer in breach of regulation.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and tidy throughout. There was a cleaning schedule which helped to ensure all areas of the home were regularly cleaned. Housekeeping staff were aware of areas of the home that required more attention to maintain cleanliness and prevent odours. They told us they regularly revisited these areas throughout their shift. The laundry was clean and tidy, and people's clothing appeared well cared for.
- We were assured that the provider was preventing visitors from catching and spreading infections. One relative told us, "During COVID they had a system to keep people safe, wearing PPE and sticking to the rules."
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- Family and friends were able to visit the home whenever they wished. Before the inspection, visitors had been asked to let the home know when they were going to visit. We were told this was not to prevent visitors but to help staff manage the environment if a large number of visitors were present at the same time. The provider assured us that relatives were not prevented from visiting. If a relative arrived without calling the home first, then they would not be denied entry.

Systems and processes to safeguard people from the risk of abuse

- People appeared comfortable in the presence of staff. They approached staff freely and engaged with them. A relative told us, "I know [name] is safe and well cared for."
- People were protected from the risk of harm from abuse because staff knew what actions to take to keep them safe. Staff received safeguarding training and told us if they believed people were at risk of harm, abuse or discrimination they would report concerns to the most senior person on duty. Staff told us they knew they were able to escalate concerns outside of the organisation if this was required.
- Concerns that were identified by the provider were reported appropriately to the local authority safeguarding team and CQC.

Assessing risk, safety monitoring and management

At the last inspection we asked the provider to make improvements to ensure risks associated with the safety of the environment and equipment were managed appropriately. At this inspection we found these improvements had been made and the provider was no longer in breach of regulation.

- Environmental risks were identified and managed. There were servicing contracts that included checks of electrical equipment, legionella, gas and lifting equipment. Measures were in place to ensure people were not at risk from building work that was taking place at the home.
- Regular health and safety checks were completed. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation.
- Risks to people were well managed. Staff knew people and understood the risks associated with their care, support and health needs. Some people required regular checks to ensure they were safe. This information was in people's care plans and risk assessments. Care plans and risk assessments were in an electronic system, these had been set up to prompt and remind staff when people needed to be attended to. For example, some people were at risk of developing skin pressure damage. Care plans reminded staff to regularly change the person's position. The electronic system alerted staff as to when this was needed.
- Some people were at risk of falls. Staff were aware of people who were at risk and knew how to support them safely. There was information in care plans and risk assessments to guide staff. One relative told us about actions that had been taken to keep their loved one safe, "They have a falls mat when [name] gets out of bed at night. Commode in there at night to reduce falls. Every need seems to have been thought about, they've looked at their diet and supplements to see about improving that."

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Mental capacity assessments had been completed to identify if people lacked capacity to make certain decisions. Any decisions made were in the best interest for the person. These assessments included the views of the person, their relatives and others involved in their care and support. Mental capacity

assessments had been completed at times when the person was deemed most likely to be able to engage in the assessment.

- Staff told us how people were able to make their own choices and decisions. We observed staff supporting people to make decisions and accepting when people changed their minds

Staffing and recruitment

- There were enough staff working each shift to support people safely. In addition to the care staff there was a housekeeper, laundry assistant and cook working each day. Staff told us there was generally enough staff working. One staff member told us the number of staff working each afternoon had recently been increased which meant staff were able to respond to people's needs in a timelier way. Some people required one to one support from staff. These staff worked in addition to the staff team. The provider told us they were currently recruiting a staff member to undertake the role of activity co-ordinator.
- When staff started working at the home they completed an induction and shadowed more experienced staff. They also completed training and competency checks which were regularly updated.
- Staff were recruited safely. Relevant checks were completed before staff started work. This included references and Disclosure and Barring Service (DBS) checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems were in place to ensure medicines were managed safely. We found one medicine that had not been stored correctly and some medicine records had not been fully completed. This did not impact on people or the safety of medicines. This is further discussed in the Well-led key question.
- Only staff who had completed medicine training and been assessed as competent were able to give medicines.
- Some people had been prescribed 'as required' (PRN) medicines. These were only given when the person needed them, for example pain relief. Protocols were in place to guide staff about when people may require these medicines. Staff were able to tell us about people, the medicines they needed and why.
- Some people needed their medicines to be given covertly (disguised in food or drink). Appropriate guidance had been followed to ensure these were given safely and in the person's best interests. Where people regularly declined their medicines, the GP had been contacted to review the prescribed medicines.

Learning lessons when things go wrong

- Accidents and incidents were documented and responded to. Staff recorded and reported concerns they identified. Information was shared with staff to ensure they were aware of any changes to care and support.
- Staff showed us what actions they took following an accident or incident. This included recording the details of what happened and actions taken. If a person sustained an injury such as a bruise, this was photographed and a body map completed.
- Accidents and incidents were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent reoccurrences.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Before the inspection, concerns were raised with CQC that people did not have enough to do during the day. One relative said, "People just sit around in a circle." Another relative told us, "There's just nothing for [name] to do."
- During the inspection we saw people spending long periods of time with nothing to do. The television was on but people were not engaged with watching this. When staff were alerted to our concerns they provided people with some jigsaw puzzles and games. However, due to their dementia, people were not able to engage in these activities and staff did not support people to do this.

This is an area that needs to be improved.

- The provider told us they were aware improvements were needed to ensure people had enough to do each day and remained stimulated. They were currently recruiting for an activity coordinator. In addition, the provider had engaged external organisations to provide some activities for people. We saw this during the inspection. One relative told us, "A guy comes in and does singing which [name] loves. There's another man who does quizzes and games. Another lady comes and does puzzles and colouring. [Name] enjoys this."
- People who were able, spent their time engaging in activities of their choice. Some people chose to spend time within friendship groups and others had objects of comfort which staff ensured they kept with them.

Improving care quality in response to complaints or concerns

- We received conflicting evidence regarding the providers response to complaints. Before the inspection, CQC had received complaints about the care and support people received at the home. Not all of these complaints had been raised with the provider. Two relatives told us they had raised the same issues with staff on a number of occasions but the matter had not been resolved.
- One relative told us although they hadn't made a complaint, "I guess there's a worry in the back of my mind that care could be affected if I complain about little things. If there was something about safety, I would absolutely mention it though."
- Despite these concerns above, we also found evidence of good practice and complaints that had been received and addressed appropriately.
- There was a complaints policy. When complaints were received, these were recorded and responded to

appropriately. One relative told us that when they had made a complaint, it had been addressed and they were given an explanation about what had happened. Another relative said they had not formally complained but had raised a concern and "They (staff) responded quickly."

- Regular feedback surveys were sent to relatives, these asked whether relatives had ever, or needed to make a complaint. When the surveys were returned any concern / complaint was addressed.

We recommend the provider, whilst maintaining the good practice we found, review their approach and response to concerns and complaints. This will help ensure people and relatives feel comfortable to raise issues. It will also help to ensure concerns raised informally are addressed before they become formal complaints.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before the inspection, concerns were raised with CQC that people's care and support needs in relation to personal hygiene were not being met. These were currently being investigated. During the inspection we saw that a number of people declined various aspects of personal care throughout the day and were therefore at risk of self-neglect. One staff member spoke to us about a person who had declined care. They told us, "I will try again later and if that's not successful I will ask someone else to try." The staff member also described to us the approaches and times of day that worked well for this person.

However, on occasions people continued to decline any care. Staff had recorded when support was offered and declined in the care records.

- Staff were aware of the importance of respecting people's choices but equally ensuring they received the care and support they required. Staff told us how they had worked with one person and gained their confidence. This person would now accept personal care from this staff member. Another staff member told us how they had altered the way they offered another person personal hygiene and this had proved successful.

- Staff knew people well. They understood about the care and support people needed. People's care plans and risk assessments were available to all staff on the hand-held computer devices. Whilst some care plans needed further details added (see Well-led key question) in general care plans contained detailed guidance for staff. For example, some people required support with their mobility which included the use of walking aids and this guidance was followed.

- People were supported to spend the day where they wished. Some people chose to stay in their rooms and they were supported to do this through regular checks by staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Improvements were needed to aspects of communication. Some relatives spoke about poor communication. One relative told us when they phoned up to ask about their loved one they were told, "[Name] is ok. I never get proper feedback. I want to know how [name] is, what they're drinking etc. I don't like going in." Other relatives told us that some staff did not always engage well or answer questions when asked.

We raised this with the provider as an area that needs to be improved.

- Care plans contained information about people's communication needs. Staff were able to tell us how people communicated. Where people were less able to communicate verbally, staff used their knowledge of people to help determine their needs. Mental capacity assessments also reflected people's communication needs, including what time of day the person was better able to communicate.

End of life care and support

- People had end of life care plans in place. Some of these included general information staff would need to support a person if their health suddenly deteriorated. Where people had specific end of life wishes, these were included in the care plans.

- When people moved into the end stages of their life, care plans were updated to include care and support guidance specific to each person.

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. At this inspection the rating 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

At the last inspection we asked the provider to make improvements to their quality assurance systems and records. At this inspection we found that whilst improvements had been made and the provider was no longer in breach of regulation. However, further time was needed to fully embed these changes into everyday practice.

- There was no registered manager at the home. Since the previous registered manager had left, the home had been managed by several managers with support from the provider. At the time of the inspection there was a manager in post who had worked at the home for three weeks.
- Improvements were needed to ensure there was evidence of actions being taken when required. People were weighed regularly and we identified it had been recorded that one person had lost a significant amount of weight. Staff told us that this, "Must be an error as the person did not appear to have lost this amount." There were no records to show what actions had been taken to establish if this was a true weight loss. Following the inspection, the person was re-weighed and it was identified that this had been a recording error.
- Minutes of staff meetings highlighted some people had lost weight, dietician referrals had been made and people were provided with fortified diets to help prevent further weight loss. Staff were able to tell us who was at risk and about dietary support for these people.
- Although medicines were generally well managed, we identified one medicine that had not been stored or added to the stock check correctly. This had not been identified in medicine audits.
- Improvements were needed to some aspects of record keeping in relation to oral care. As discussed in the responsive key question, some people declined personal care and this was recorded. However, records related to oral care conflicted with what we saw. We saw some people's toothbrushes appeared to have been unused. However, records indicated that people had received oral care. We discussed this with the manager and provider as an area to review to ensure people were receiving oral care and records were correct.

These are areas that need to be improved.

- There were a range of quality assurance audits and checks, these identified areas to be improved. There were action plans to monitor the progress and confirm where actions were completed. These were regularly updated.
- Taking into account their short time at the home, the manager had good oversight of the service. On CQC arrival at the home for the inspection the manager said, "I wish you had given me a couple of months; I know I have work to do, I really wanted to review all the care plans." Audits identified actions had been completed for some care plans, and minor improvements were still needed. Although care plans were generally detailed, we found small areas that needed to be developed. The manager had identified that care plans required more detail about what made each person an individual. The provider worked at the home most days and had good oversight of what was needed to improve and develop the home.

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

- We received mixed feedback about whether relatives felt engaged and involved with the service. Some relatives told us did not always know about changes at the home or what their loved ones were doing. One relative said, "They (staff) don't communicate much about what they do there, directly or by website. I know with dementia it's challenging, but it would be nice to see what [name] is doing and what is arranged." However, other relatives told us they were updated. One relative said, "Generally, I've been impressed. They ring me with updates if something was wrong, pretty good with communicating in that sense."
- People, relatives and staff were provided with opportunities to feedback about the service. The provider sent out regular feedback surveys for relatives and staff to complete. These were analysed to identify areas for improvement and development. Feedback was generally positive and any areas of concern were responded to individually.
- There were regular meetings with people, they were updated about changes at the home and asked for their feedback about meal choices. People had made suggestions and these were being introduced into the winter menu.
- Staff attended regular meetings where they were updated about changes at the home and given an opportunity to feedback.

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

- We received mixed feedback about the culture at the service. Whilst we found there was generally a positive culture at the service, some relatives expressed concerns about the lack of engagement and communication, as discussed in responsive and this key question.

We raised this with the provider as an area that needed to be improved.

- Other relatives spoke highly of the home and staff. One relative told us, "Staff are always warm and friendly, they know my [relative] well." Another relative said, "The staff are all lovely, they're my friends. I come every week and they seem to care about me as well. I engage with them all. I talk to the provider as well and he's very welcoming and friendly."
- Whilst staff were positive about working at the home, they told us the past few months had been unsettling due to the frequent change of managers. They told us there was always someone senior that they could talk to if they had concerns.
- Staff knew people well, they treated them with respect and kindness. We asked some staff what the best thing was about working at the home and they told us, "The residents."

Working in partnership with others

- Before the inspection we received negative feedback from health and social care professionals about working with the service. They told us communication was poor and staff did not always engage with them in a positive way.

We identified this with the provider and manager as an area that needs to be developed and improved.

- The provider, manager and staff ensured people received support from health and social care services when they needed it. Records showed that health and social care services were contacted when people needed them. This included GP and district nurses. One health care professional who spoke well of the service, told us, "I found the staff to be quite determined to look at ways of solving issues (related to the care of a person with complex needs)."

Continuous learning and improving care

- The provider was currently enlarging and updating the home. Positive changes had been made with increased communal space for people, refurbishment of the kitchen and a new laundry. Further refurbishment throughout the home was planned. However, it had been identified by visiting professionals that chairs in the lounge area were all the same height, which meant they were too low for some people.

We asked the provider to review the seating to ensure that it was suitable for everyone.

- The provider and manager promoted learning for all staff to improve care for people. There was evidence that incidents were reflected on, discussed and shared with staff through meetings and general discussions.
- Accidents and incidents were analysed to identify if there were any themes or trends or actions required to prevent a reoccurrence.
- The provider shared with us examples of what he had learned from previous inspections and how he had implemented them into all his services. For example, where people did not have a current need, but may do in the future, generic care plans provided basic guidance for staff. These care plans were highlighted as being generic. This highlighted to staff that if the care plan was needed it would need to be updated and personalised.
- One relative told us about changes and improvements at the home. They said, "It (St Michaels Rest Home) has improved dramatically over the years, the décor, the staff are so much better. My opinion of them has gone up especially in the last 12 months."

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 provider and manager were aware of their responsibilities, including those under duty of candour. Relevant statutory notifications were sent to the CQC when required.