Prime Life Limited

St Michaels

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 6 September 2017 and was unannounced. At our last inspection the overall rating for St Michaels was 'requires improvement'. St Michaels provides nursing and residential care for people who are living with dementia. It provides accommodation for up to 40 people who require personal and nursing care. At the time of our inspection there were 36 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations.

On the day of our inspection staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

Medicines were administered to people safely however systems for monitoring medicines were not consistent with national guidance.

We saw that staff obtained people's consent before providing care to them. Where people could not consent, assessments to ensure decisions were made in people's best interest had usually been completed. We found one occasion when this had not occurred.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There was usually sufficient staff available to meet people's needs. Staff responded in a timely and appropriate manner to people. We observed occasions when staff were disturbed from what they were doing in order to provide assistance to people. Staff were kind and sensitive to people when they were providing support. People were treated with respect.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place. Staff had received regular supervision and appraisals People were provided access to leisure and social activities. They were supported to maintain relationships that were important to them.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action

plans put in place to address any issues which were identified. Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were administered to people safely. Systems were not always in place for the safe management of medicines.

There was not always sufficient staff.

Risk assessments were completed.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Good

The service was effective.

The provider acted in accordance with the Mental Capacity Act 2005.

Staff had received regular supervision.

Staff had received training to support them to meet the needs of people who used the service.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

Is the service caring?

Good

The service was caring

People had their dignity considered.

Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

Is the service responsive?

Good

The service was responsive.

Care records for people who were at the home on a permanent basis were personalised.

People had access to activities.

The complaints procedure was on display and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

Issues raised at the previous inspection had been addressed.

There were systems and processes in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

The registered manager created an open culture and supported staff.

St Michaels

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 September 2017 and was unannounced. The inspection was completed by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about. We also considered information that had been sent to us by other agencies when making our judgements.

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.

During our inspection we spoke with a registered manager from a sister home, a senior manager of the company and five care staff. We also spoke with six people who used the service and six relatives. We looked at five people's care plans and records of staff training, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

We looked at medicine administration records (MARs) for people who lived at the home. The provider had protocols for 'as required' medicines (PRN) in place. However, we observed in two records of people recently admitted protocols had not been completed. These were put in place during our inspection. These are important because they indicate when these medicines are required and whether or not people could request and consent to having their medicines. We also observed two medicines for people had been given on a PRN basis when they were as medicines required on a regular basis. For example, a person was prescribed a medicine to be taken twice daily however records showed that the medicine had been offered as a PRN and recorded as not required. There was a risk people were not getting their medicines as prescribed.

Where a person received their medicines without their knowledge (covertly) arrangements had not been put in place to ensure this was in their best interests. Although discussions had taken place with other professionals and family members a capacity assessment had not been carried out. A protocol to guide staff about administering covert medicine was in place. However, it did not reflect national best practice or the provider's medicines policy and the need to obtain advice from a Pharmacist. We observed that discussions had taken place with the pharmacist and following our inspection the provider informed us they had received written confirmation that the method of administration was appropriate. Discussion with a pharmacist is important to ensure the method of administration does not affect the efficacy of the effect of the medicine.

We observed the medicine round. We saw that medicines were administered safely. We saw that the medicine administration sheets (MARS) had been fully completed. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

People who used the service told us they felt safe living at the home and had confidence in the staff. One person said, "Safe not half! I love it here. I love the staff, they love me. Its brilliant they are like family to me. I have my own key to my room, I can lock myself in so other residents cannot come in. They[staff] do knock on the door though."

During our inspection we observed people were responded to promptly. A relative said, "I think [family member] is safe before they had lots of falls. Here there is always someone around they keep an eye on them when they walk with their frame." People and relatives told us that they thought there was enough staff to provide safe care to people. They said they did not have to wait long for support and the response was usually quick. Throughout the day there were staff available in the communal areas. However, we observed that during our inspection the staff member in charge was continually interrupted from tasks by telephone calls. We also observed staff had to leave people with whom they were playing games etc. in order to assist people with their personal care. On two occasions we observed staff did not return to continue the activity with people. Staff said they had to prioritise in these instances to ensure people received the care they required.

Arrangements were in place to ensure when staff were unavailable gaps were filled by staff who were familiar with the service and people who lived there. This helped to ensure people received consistent care from staff who understood their needs. Staff told us the registered manager recruited to vacant posts in a proactive way in order to prevent staff shortages.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This included Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home.

Individual risk assessments were completed on areas such as nutrition, moving and handling and skin care. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Good

Is the service effective?

Our findings

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 Act 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. We checked whether the provider was working within the principles of the MCA. We saw that best interest decisions had been carried out for people who required these. We found one instance where a best interests assessment had not been completed for a specific need. This is dealt with under the safe domain. Good practice and national guidance recommend that in such an instance a specific best interests decision should be completed.

We observed that people were asked for their consent before care was provided. When we spoke with staff they understood the importance of obtaining consent and were able to tell us how they supported people to understand. Records included completed consent to treatment forms.

It was not consistently clear from the records if relatives had a legal power to manage people's affairs on their behalf or what they were able to consent to. For example, finances, health and welfare or both. There was a risk that decisions were being made on people's behalf unlawfully because documentation was unclear.

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. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission (CQC) is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were two people subject to DoLS, DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. When we spoke with staff and registered manager about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

People told us they thought staff had the skills to care for them. A relative said, "They have done a good job my family member has reached all their goals now. [Family member] can walk and move about independently more than before." Another commented, "Very happy with the quality of care." New staff received an induction. The induction was in line with the Care Certificate which is a national standard. However, two new staff members told us they thought some training could be provided in a more timely way for example, moving and handling. They said the delay they had experienced had meant they could not fully carry out their role. Staff told us they were happy with the ongoing training that they had received and that it ensured that they could provide appropriate care to people. We saw from the training records that most staff had received training on core areas such as fire and moving and handling.

There was a system in place for monitoring training attendance and completion. It was clear who required

training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. Staff had received regular supervision to review their skills and experience and told us they found these useful. Appraisals had also been completed with staff. Appraisals are important because they support staff to review their performance and consider future training and support.

People told us they enjoyed the food. One person said, "I like the food I like the dinners." Another person told us, "The food is very good you get choices at lunch I have big cooked breakfast and toast with tea for tea time there is soup and a sandwich. You can have anything for breakfast, yoghurt, fruit, cereals." We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. People were offered a choice and we observed people had different meals at lunchtime. One person refused their pudding and staff offered them a range of alternatives. People also had access to regular drinks and snacks throughout the day.

Assessments had been completed with regard to nutritional needs and where additional support was required appropriate care had been put in place. For example, food supplements were given to ensure that people received appropriate nutrition. Where people had allergies or particular dislikes these were highlighted in their care plans. Staff were familiar with the nutritional requirements of people and records of food and fluid intake was maintained appropriately. This is important to support staff to monitor whether or not people receive sufficient nutrition.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. People told us they had access to the GP and were supported by staff. One person said, "The doctor comes here quickly if you need him." Hospital grab sheets were in place in order to provide information about people's health needs to other professionals in the event of a hospital admission.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives and people who lived at the home said they thought staff were kind, helpful and caring. One person said "They [staff] socialise with me. I get looked after, the staff look after me very well. They wash my clothes and clean my room. Another person told us, "If I want anything they get it for me." A staff member also told us they enjoyed the job and making a positive difference to people's lives.

Staff were kind and gentle when providing care to people. We observed a person was concerned about when their relative was visiting and staff explained and reassured the person. Another person was dozing in a dining chair and a member of staff asked them if they would prefer a more comfy chair. We observed they supported the person to move and checked that they felt better when seated.

We observed throughout the day that the staff knew people very well and were caring towards them. Staff spoke clearly and gently to people. We observed a member of staff speaking to a person about their family and sharing experiences of raising children with each other. Another staff member expressed concern about a person who they felt was not their 'usual self' and said they would be contacting the GP about them.

We observed staff chatting with relatives in a friendly and respectful manner. All the people we spoke with said that they felt well cared for and liked living at the home. Staff explained to people what they were going to do before providing care and asked people if that was alright.

Staff supported people to receive care how they wanted it to be provided. Care records detailed people's choices. For example, a care record stated, "Likes to go to bed late". Another said, "Prefers to have a shower in the morning."

People who used the service told us that staff treated them well and respected their privacy. A person told us, "They knock on my door before they come and they tell me who it is." A relative commented, "Dignity was upheld until the very end of life." We observed staff knocked on bedroom doors. We observed a person required assistance with their personal care whilst in a communal area. Staff used a screen to protect the person's dignity whilst they supported them to mobilise.
Staff we spoke with were aware of the importance of confidentiality regarding people's information. Records were stored appropriately in order to protect people's confidentiality.

Staff supported people to mobilise at their own pace and provided encouragement and support. A staff member said, "Slow and steady", to a person they were supporting and chatted with them to put them at ease. We saw when staff assisted people to mobilise by using specialist equipment they explained what they needed people to do and explained what was happening.

Where people required support from lay advocacy services this was identified in their care record. For example a care record stated, "Would require support from an advocate to make bigger decisions." Lay advocates are people who are independent of the service and who can support people to make decisions

and communicate their wishes. Information was available to people as to where this service could be provided from.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis. We observed people in the lounge were being supported by staff to participate in games. One person who had previously worked as a teacher was involved in sorting books and pencils and staff spoke with them about their profession. People we spoke with told us about previous activities and what they enjoyed. One person said, "We do activities and play games I like to go out on trips we go in the minibus but it only takes one wheelchair at a time. I come down to my room it's a bit noisy at times in the lounge. I would like to go out more though."

Staff told us although there was very little in the village to do they occasionally accompanied people to the local shop and pub. On the day of our inspection there was a visiting musical group and people also told us about a small animal zoo which had visited the previous day. Staff told us they also had access to a mini bus once a month and decided on the day with people where they wanted to go.

During our inspection we observed the hairdresser was visiting and people were supported to access this service. People also had access to church services locally and we saw that any specific cultural wishes were recorded in care records and provided for according to people's wishes. Care staff understood the importance of promoting equality and diversity. A relative told us, "There is lots of freedom here it's not regimented they allow you to be who you are its easy and relaxed you can get up when you want and do what you want and they give personalised care." We observed a person had their dog at the home and staff supported them to care for it. They explained they supported them to take the dog for a walk and reminded them about meals for it. One person said, "They look after my needs every bit just look what I have in my room and in the garden I only have to ask."

In order to assist people to orientate themselves around the building bedroom doors were coloured and numbered. In addition most bedroom doors had people's names on and some had pictures.

Assessments had been completed prior to people moving to the home to ensure the provider could meet people's needs. Care records for people who were staying at the home on a permanent basis were personalised and included information about what practical support people required. However, we found care records for people receiving respite care lacked detail. The senior manager told us they were in the process of reviewing the format of records for people who were admitted for a short period if care. There was a risk staff would not be aware of how to provide appropriate care to people.

Care records had been reviewed and updated. Care records included details so that staff could understand what things were important to people such as information about people's past life experiences and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. Some of the people we spoke with were able to tell us about their care records. One person said, "They keep records of what I do and what I eat they are in the office in a file." All the relatives we spoke with were aware of their family members care record and had been consulted with regarding these. A relative said, "The staff are great here this is a good home nothing is too much trouble for them .I was involved in developing the care plan it's in the office I think. The staff know [family member] really well

nothing is too much trouble and they come straight away if they or I need them."

Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff chatting with relatives and their family member. A member of staff told us a person had been estranged from a family member before coming to the home but since being admitted they had been able to support them to begin contact again.

A complaints policy and procedure was in place and on display in the home. People told us they would know how to complain if they needed to. At the time of our inspection there were no unresolved complaints. A person said, "The staff look after me very well I have no complaints." Another said, "I know most of the staff really well I get on well with them I would speak to them if I had a complaint. I have never had need to complain .I can express my concerns and needs at the moment and I do and they are listened to."

Good

Is the service well-led?

Our findings

Where issues had been identified by the provider's quality checking system we saw action plans had been put in place in order to make improvements. An action plan had been put in place to address the issues raised at our previous inspection. People told us there had been improvements in the décor and some people were getting new bedroom furniture. They also said the garden had been improved with the addition of animals, raised beds, a green house, seating areas and new ornaments. We observed the lounge and dining area had been newly decorated. However arrangements for checking the quality of care had failed to identify the medicine issues we identified at the inspection.

People felt the home was well run and told us the manager was approachable and wanted to provide good quality care to people. We observed a notice on the office door which stated, "Our residents do not live in our workplace, and we work in their home." A relative told us, "We can go in to the office anytime if we need to see the staff or the manager."

Resident's meetings were held on a regular basis and the registered manager involved people in the running of the home. Surveys had been carried out with people and responses had been positive. We noted the surveys had been provided in both words and pictures to make them more accessible to people. In addition a questionnaire had been carried out to ask people about the redecoration of the home and their preferences.

Staff understood their role within the organisation and were given time to carry out their tasks. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. They told us that staff meetings were held on a regular basis and if there were specific issues which needed discussing additional meetings would be arranged. We saw at the meeting in July 2017 issues such as activities and confidentiality had been discussed. Staff and relatives told us that the registered manager was approachable. Staff said that they felt able to raise issues and felt valued by the registered manager and provider.

The service had a whistleblowing policy and contact numbers to report issues of concern, were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed.

The provider had informed us about accidents and incidents as required by law. The provider submitted notifications, for example, CQC had been informed about all the people who were subject to a DoLS. Notifications are events which have happened in the service that the provider is required to tell us about. The ratings for the last inspection were on display in the home and available on the provider's website.