

# The English Dominican Congregation (Stone) Charitable Fund

## St Martin's Centre

### Inspection report

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### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Outstanding** 

Is the service well-led?

**Good** 

### Overall summary

This inspection took place on 8 October 2015 and was unannounced. The previous inspection of St Martin's Centre was on 24 September 2013. At that time there were no breaches of the legal requirements.

The St Martin's Centre is registered as a care home with nursing for up to nine young people aged between 18-25 years of age. Since the last inspection the service has increased from four to nine beds, in response to increased demand. The accommodation is in two bungalows, one with five bedrooms and the other with four. The young people do not reside permanently at St

Martin's Centre but use the service for planned overnight, up to three nights or weekend short break stays. At the time of our inspection the service was supporting a total of 13 young people with short stay 'residential' breaks, and others with day services. The service is located on the site of the St Rose's School and is only available during the term time.

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

# Summary of findings

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 about how the service is run.

The safety of each young person was paramount at all times as they relied totally upon the staff to keep them safe. Staff received safeguarding adults and children training and were knowledgeable about safeguarding issues. They knew what to do if concerns were raised and who to report the concerns to. Pre-employment checks were robust and ensured that unsuitable workers could not be employed to work in the service. Medicines were managed safely. There were stringent procedures in place to account for all medicines being brought in to, and out of the service.

Risks to the young people's health and welfare were assessed and appropriately managed. Plans were in place to reduce or eliminate the risks where needed. There was a high staffing ratio in order to meet each young person's care and support needs. Extra staffing was arranged to enable staff to support the young people with social activities.

Staff were well supported to carry out their roles and responsibilities. They received regular training and supervision. New staff had an induction training programme to complete and there was a programme of refresher training for the rest of the staff. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

The young people were supported to make their own choices and decisions where possible. Staff understood the need for consent and what to do where people lacked the capacity to make decisions. Senior staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Young people were provided with sufficient food and drink or were supported to receive the nutritional supplements they required. The staff worked in partnership with the parents to ensure the young people's healthcare needs were met.

Each young person received a service that was kind, caring and compassionate and met their needs. They and their family said they were well looked after. The staff team had good friendly relationships with the young people they were looking after. The young people were able to participate in a range of different activities and supported to attend activities in the community.

The young people and their parents had a say about how they were looked after and they were encouraged to raise any concerns they may have. Care records were kept for each person and provided information about how the planned care was to be provided.

A range of measures were in place to audit and monitor the quality and safety of the service. Action plans were developed where improvements and changes were required.

# Summary of findings

## 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.

The young people received care from staff who safeguarded them from harm and would take the appropriate action if their safety was compromised.

Staffing levels were appropriate and enabled them to keep the young people safe. Robust recruitment procedures ensured that only suitable staff were employed.

The young people's medicines were managed safely. There were stringent procedures in place to account for medicines being brought in to and out of the service.

Good



### Is the service effective?

The service was effective.

Staff received training that was relevant to their job role and were regularly supervised to ensure their work performance was effective.

People's rights were protected because staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were provided with sufficient food and drink that met their individual requirements. They worked in partnership with the young people's families in order to ensure they had access to other health and social care professionals as needed.

Good



### Is the service caring?

The service was caring.

Staff were caring and kind and had good, loving working relationships with the young people they looked after. Young people were supported in a way that promoted their well-being.

The young people were treated with dignity, respect and compassion. Staff supported them to learn new skills and to be independent where possible.

Good



### Is the service responsive?

The service was responsive.

The young people received the care and support they needed because the assessments of their care needs were completed in partnership with the parents, care and therapy staff. Care plans provided a detailed account of what support was needed and how this had to be provided.

When the young people were staying at the St Martin's Centre they were able to participate in a range of social activities. They were also supported to attend college, to do the things they liked to do away from the service, in the local community and further beyond.

The young people were listened to and staff supported them if they had any concerns or were unhappy.

Outstanding



# Summary of findings

## Is the service well-led?

The service was well-led.

There was a clear set of vision and values for the service and this was owned by all the staff who worked for the service. There was a real commitment to develop and change the service where needed for the benefit of the young people using the service.

Feedback was encouraged and the whole care team worked in partnership with the young people's families. Improvements were made to the service when needed.

**Good**



# St Martin's Centre

## 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 8 October 2015. The inspection was undertaken by one adult social care inspector. Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider

Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our visit we met and spoke with six people living in the service and four parents. We spent time with the registered manager and the head of care nurse. We spoke with 11 staff, including therapy staff, catering and housekeeping staff.

We looked at five young people's care documentation, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, audits, quality assurance reports and minutes of meetings.

# Is the service safe?

## Our findings

Those young people who were able to verbally communicate said, “I am completely safe here”, “The staff have never been unkind to me. They are my friends” and, “They (the staff) keep me safe”. Those parents we spoke with said, “I am never worried when she is staying there”, “No worries about their safety”, “He is so safe when he goes there” and, “It is a very safe environment”.

All staff completed safeguarding children and adults training as part of the induction programme within 12 weeks of starting employment. Existing staff regularly updated their knowledge by attending refresher training. These arrangements were confirmed when we spoke with new members of staff and those who had worked at the service for many years. Staff knew what was meant by safeguarding the young people, what constituted abuse and what their responsibilities were to keep them safe. Staff told us they would report any concerns they had about a person’s safety or welfare to the registered manager or nurse in charge. Staff were also aware they could report directly to the local authority, the Care Quality Commission or the Police. Staff also referred to the whistle blowing procedure. The registered manager had completed level two safeguarding training with Gloucestershire County Council and was fully aware of their responsibilities.

Staff personnel files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were always validated to check that they had been provided by previous employers. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. These measures ensured unsuitable staff could not be employed and the young people using the service were not put at unnecessary risk.

Risk assessments and management plans were in place for each young person. This ensured the level of risk from any health or welfare issues were either reduced or eliminated. These included mobility, the likelihood of damage to skin integrity and the development of pressure ulcers, falls, malnutrition and dehydration. For one young person there were assessments and plans in place to maintain the

person’s safety. Their care plan referred to the use of bed rails and lap belts in their wheelchair to safeguard them. For another young person there was a plan in place to protect them when they went outside. Personal emergency evacuation plans (PEEP’s) had been prepared for each young person: these detailed what support they would require in the event of the building needing to be evacuated.

Checks of the premises, facilities and equipment were undertaken on a regular basis to ensure that everything remained in good working order. ‘Premises’ meetings were held every week, meeting notes were kept and action points were listed and then followed up to ensure remedial works were undertaken. The maintenance team had a programme of weekly, monthly, quarterly and six monthly checks to complete, in respect of the fire safety systems, and hot and cold water temperatures. The fire risk assessment was in the process of being reviewed and updated by an external contractor. The provider had a business continuity plan in place and these were kept in the emergency information file. The plan had last been reviewed in September 2015. The plan covered staff shortages, IT failure, pandemic flu and loss of essential services.

The number of staff on duty per shift was based upon the number of young people who were using the St Martin’s Centre at that time. During the day each young person was allocated a member of staff who was going to look after them. Overnight there were either two waking night staff or one waking and one ‘sleeping’ member of staff. Staffing numbers were kept under continual review and were adjusted to accommodate the activities the young people wanted to do in the evenings and at weekends. The care team was made up of care staff, teaching assistants and those who had a dual role (caring and teaching). Other staff that met the young people’s needs included therapy staff, housekeeping and catering staff.

The measures in place for the management of medicines were in line with safe practice. None of the young people were able to administer their own medicines and all medicines were looked after and administered by staff at the prescribed times. Nurses, or senior carers who had been trained to administer medicines safely, were responsible for administering medicines as prescribed. All members of staff who administered medicines were observed regularly to ensure they remained competent to

## Is the service safe?

administer medicines safely. Some medicines needed to be administered via a feeding tube directly into the stomach. Additional training was undertaken before care staff were able to do this task.

Because the young people did not permanently reside in the service, their medicines were not ordered by the staff. When a young person arrived for their short stay their medicines came in with them and were “signed in”. No stock of medicines were kept in the service, only those to be administered to the young people when they were staying at St Martin’s Centre.

The nurses did weekly audits to check that the medicines they were storing tallied with the records they kept. A medicines administration record (MAR chart) was used to record when medicines were administered and these were checked daily to ensure that no signatures were missed. They were clear procedures in place to ensure good

communication between the service and the young people’s parents to ensure that any changes in medicines regimes were notified. The staff also confirmed any medicine changes with the prescriber.

Where a young person was prescribed “as required” or “PRN” medicines, there were clear protocols in place stating when and how these medicines were to be administered. Some young people needed a supply of emergency medicines with them if during their stay, they went out from the service to pursue social activities. There were clear procedures in place for the signing-out and signing-in of these medicines.

All medicines were stored safely in a well ventilated locked room. There were additional storage facilities in place for storing controlled drugs or other medicines that were subject to more stringent checks.

# Is the service effective?

## Our findings

Not all the young people we met were able to tell us about the care they received but we received the following comments: “They look after me nicely and make sure I am alright”, “It’s nice here, I like it” and, “I have been coming here for years and they support me”. Those parents we spoke with said, “He gets the exact help and support he needs”, “The staff have a good understanding of his needs”, “The staff are helping her develop new skills” and, “The staff know precisely how to look after my son and what his needs are”.

New members of staff had an induction training programme to complete when they first started working at St Martin’s Centre. The training programme was in the process of being adjusted to meet the requirements of the new Care Certificate. New staff had to complete the programme within a 12 week period. Two new members of staff confirmed they were working through the programme.

All staff had a programme of mandatory training to complete and this was achieved via a mix of computer based training programmes and practical learning sessions. New staff initially worked alongside experienced staff. Examples of training that staff had completed included; management of epilepsy, communication, health & safety, person-centred thinking, understanding autism and nutrition and hydration.

Staff were encouraged and supported to achieve further qualifications, for example diplomas in health and social care (formerly called a national vocational qualification (NVQ)). Information the provider had submitted to us before this inspection included the fact that all care staff had at least a level two qualification in health and social care. New members of staff would be encouraged to complete their diploma’s following their induction training. Staff received regular supervision and there were regular staff meetings to discuss the needs of the young people they were supporting. The nurses were supported to meet the requirements of their nursing and midwifery council (NMC) registration.

The staff completed training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do when a person cannot make decisions for themselves. DoLS is a framework to approve the deprivation of liberty

for people who lacked the capacity to consent to treatment or care. The legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised. These safeguards protect the rights of people who live in a care home to ensure that the restrictions placed upon their freedom and liberty, were appropriately authorised and were in the person’s best interests. The registered manager was fully aware of the MCA and DoLS legislation and stated applications were not required for any of the young people who used the service.

Staff were clear about asking the young person they were supporting to consent to the care and support they were to give. They were able to tell us how those young people communicated their wishes when they were unable to verbally communicate. In one young person’s care plan it stated, “Please tell me what is going on, I do not like not knowing”.

The young people were provided with sufficient food and drink. The catering staff and kitchens were based over in the school and meals were delivered down to St Martin’s Centre in hot boxes. As part of the care planning process any risks associated with malnutrition or dehydration were identified and a plan stating their nutritional requirements was written. Some young people received their nutrition via a gastric feeding tube and attended St Martin’s Centre with all the necessary equipment and nutritional supplements. Some young people required their food to be pureed and the different food items were pureed separately however, one person liked to have the whole meal pureed together. Catering staff told us they provided home cooked meals and used fresh fruit and a combination of fresh and frozen vegetables. Young people told us, “We get good quality food” and, “I have had a nice lunch, I had beef pie”.

Young people remained registered with their family doctor and the main support they received to access healthcare services remained with their parents. If healthcare concerns were raised during a young person’s stay at the service, the parents were contacted and informed. One parent said, “Good communication, they tell me if unwell. There is a good partnership between the family and the staff”.

The nurses and care staff met healthcare needs whilst the young person was in their care. During the inspection the care staff were supporting one young person who had developed symptoms relating to their medical condition. They had recognised the onset of the symptoms promptly



## Is the service effective?

and dealt competently and efficiently with the event. It was evident they “knew what to do”. One other young person was being reminded and prompted to apply topical medicines to their hands and face.

# Is the service caring?

## Our findings

Those young people who were able to tell us about the care they received said, “I like it here. The staff are nice and kind”, “The staff do a good job, they are the best” and “I love coming here and seeing everybody. The staff are my friends”. Parents were spoke with were extremely positive about the service. Their comments included, “The staff are incredibly kind and caring”, “The staff are friendly and approachable. He always comes home with lots of smiles and enjoys going there” and “The care he receives is outstanding and his confidence has grown since going to St Martins”.

We spent periods of time watching the interactions between young people and the staff members who were supporting them. It was evident the young people were comfortable and relaxed in their surroundings and enjoyed warm and positive relationships with the staff. One young person who had only been attending since the beginning of September 2015 had already formed a “bond” with one member of staff – this staff member has initially been allocated to always support them when they were on duty.

The young people were treated with kindness and staff responded efficiently to their needs. It was evident they knew the young person well. There were friendly, warm and positive interactions between the staff team and the young people they supported. They were treated with dignity and respect. Personal care tasks were met discreetly and sensitively. After meal times, the young people were assisted to clean their hands and faces.

The care staff were knowledgeable about the young people they were looking after and told us about the things they

liked to do. A number of the young people used communication aids (eye gaze technology or lite-writers) and staff let them “talk” to tell us about themselves. The young people were supported to communicate in their preferred method but were not interrupted by the staff who knew what they were trying to say.

There was a keyworker system in place, where a staff member was identified as having key responsibility for ensuring a young person’s needs were met. Staff told us this system allowed them to get to know the young person they were keyworker for well and ensure their needs were met. Keyworkers met regularly with the young person and recorded how things were going, any changes made and any significant events.

The young people were supported to make friendships with others using the service and to maintain relationships with people who were important to them. One parent told us the staff supported their young person to take part in activities away from St Martins Centre if the date was the same as a planned weekend stay.

There was a real commitment from the whole team to enable each young person to reach their full potential. Care staff encouraged young people to act independently where possible. One person was asked if they would like to help clear the table after the midday meal and they agreed to do this. The person was guided on how to load the dishwasher and clearly gained a great deal of pleasure in helping the staff member. Young people were supported to increase their independence in order to prepare for the next stage of their life. They, and their families, were provided with information as part of the transitional planning process to help them make decisions for the future.



# Is the service responsive?

## Our findings

Young people told us, “I come here every day and one weekend a month. The staff will take me to church. I really like it here”, “The staff support me well, know what I like and ensure I have a good time when I am here” and, “I am happy here. I like being here”. One young person said they were going to a sports competition soon and their dad was taking them there but said that previously “The staff supported me to attend”. Parents we spoke with told us, “My daughter loves going there and all the activities she can take part in”, “The service meets his needs perfectly. My son does not cope with change and the staff understand his needs completely” and, “He is looked after so well when he is there”. One young person had been empowered by the staff to attend college courses and the parent said, “I would never have thought it was possible. The staff are very keen on X developing new skills”.

All young people had an assessment of their care and support needs prior to starting to use the service. This was carried out by a multidisciplinary team consisting of the registered manager, head of care nurse and therapy staff. The young person and their families were invited to visit St Martins Centre prior to any placement beginning. Any specific equipment needs would be discussed at this initial meeting and purchased if not already available.

Each young person received the care and support they needed because assessment and care planning arrangements took account of their individual needs, choices and preferences. Their support plans had been developed based upon an assessment of their care needs and had used information supplied by the parents, the school staff if the young person had previously attended the St Roses school and other health and social care professionals. The care and support plans included input from the therapy staff (occupational therapists, speech and language therapists and physiotherapists), nursing and care staff. The plans provided information about the individual's specific needs, preferences and behavioural patterns. Those plans we looked at were well written and provided detailed information about how the planned care was to be provided. The plans were supported by photographs showing how equipment should be used and the body positioned. This information was essential to maintain the young person's comfort and skin integrity.

Young people were supported to develop their means of communication. This included input from the speech and language therapy staff and the teachers based in the school. Parents told us, “X was very shy when they first attended St Martin’s, but the staff have brought her out of her shell and she is now confident” and “X’s confidence has grown and his abilities are progressing well”. Some of the young people used eye gaze technology to communication and others used different forms of technology. One young person was being supported to develop their skills using this eye gaze technology. Staff currently understood what the young person wanted because of known gestures or head movements and said, “this will open up their life”. Some young people were able to verbally communicate and their care plans stated they needed ‘simple language’ to be used.

Whilst the young people were attending St Martins Centre they were able to attend life-skills classes, music therapy and the hydrotherapy pool sited within the school buildings. The young people had regular meetings where their views were sought and where they made plans for activities. These meetings were led by the young people and not by the staff group. Examples of decisions being influenced by young people were the décor of the premises, the trees surrounding the two bungalows and sky TV.

Person centred reviews were carried out. Those young people who were able, presented their one page power point profile at the start of the meeting. These profiles showed their likes, dislikes, achievements made so far and plans for the future. Young people were encouraged by all staff to develop their skills and independence, with targets being set as part of their individual goals and care plan. One young person was working towards being able to dress themselves independently and only wanted staff to monitor they put their clothes on correctly. Another young person’s goals were to participate in specific community events. This was done in conjunction with the on site occupational therapist who worked one evening a week to support individuals and the staff team.

Numerous social activities were organised throughout the year. The young people’s family and friends were invited to attend these social events. Examples of social events that have taken place in the last year include a summer barbeque, an “awards evening” and parties to celebrate festivals and sporting events.



## Is the service responsive?

There was a complaints policy and procedure in place and this was reviewed regularly to ensure it remained fit for purpose. Posters were displayed in a variety of formats throughout the two bungalows so that young people knew how to make a complaint. There were regular visits to the service from an independent person. One young person told us they had spoken to this person but, “I didn’t have anything I wanted to complain about. I just wanted to say

hello”. This meant that young people could talk to someone other than a member of staff if they wanted to. The registered manager told us they were in the process of reviewing how they recorded “minor grumbles” to ensure they could capture information and any trends developing. One parent told us, “Little problems never become large because things get sorted”.

# Is the service well-led?

## Our findings

We received many positive comments from the young people and their parents about the running and management of the service. Comments included, “Everything is very well organised”, “I know all the dates of stay for X until next July. This means that as a family we can organise events for our other children”, “The organisation is spot on and everything always runs smoothly” and, “There is no comparison with the service provided by the St Martin’s Centre and others we went to look at”. One parent whose young person attended the centre on a day placement basis said, “I can’t wait for a place to become available for my son to have overnight stays and weekend breaks. I am very impressed with the service provided”.

There was a set of visions and values in place for the service. This was a shared vision and this was ‘Working as a team with parents, governors and all the staff to provide young people with knowledge, skills, opportunity and resources to enable them to reach full potential and to live a happy and purposeful life’. From speaking with the registered manager, the head of care nurse and the care staff, it was evident that this was a vision that was shared by all.

The registered manager was fully committed to ensuring the service was based upon meeting the needs of the young people using the service and their families. Each young person was provided with a 1:1 service based specifically around their individual care and support needs. Although there were no group ‘relative or families’ meetings, the young people and parents were encouraged to provide feedback and make suggestions as the staff worked in partnership with them.

‘Student’ meetings were held and we looked at the notes of the meeting held on 7 October 2015. There had been discussions about the Halloween party, the bonfire party and Christmas. There had also been discussions about activities for that weekend and suggestions on how they were going to celebrate one young person’s up and coming significant birthday.

Staff meetings were held on a monthly basis and ensured the whole team was kept up to date with any changes and developments. The last meeting had been held 28 September and there had been discussions about the new young people who were using the service, care planning and security of care records and infection control. The next meeting was booked for 13 October 2015.

There were other systems in place to ensure the service provided was reviewed and audited in order to monitor quality and safety. There was an annual programme of quality audits plus an overall quality improvement plan review each January. In the overall review they looked at the staffing structure, the appraisal process, the learning programme for the young people, policies and procedures, safeguarding, catering, care planning and person centred care. An action plan was devised following this review. Evidence of audits we saw that had been completed included a personnel audit, care documents audit, and a safer recruitment audit. The health and safety audit for the St Martin’s Centre was incorporated in to checks of the school premises and the whole site. In addition, daily, weekly and monthly audits were carried out of the medicines that were stored in the service.