

Akari Care Limited

# St Marthas Care Centre

## Inspection report

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Date of inspection visit:  
29 May 2019  
30 May 2019

Date of publication:  
08 August 2019

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

### About the service:

St Marthas Care centre is a residential care home providing personal care for up to 50 people. The home is split into two separate units called Beech which provides residential care and Ash provides nursing care. At the time of the inspection 48 people lived at the home.

### People's experience of using this service:

Since the last inspection in February 2016 there had been a change in the management team and a new manager had recently been appointed. We received some concerns before our inspection about the service and the provider told us that their own quality monitoring systems had identified concerns at the service. When we inspected the provider and newly appointed manager had started to make improvements. However, although we found improvements were taking place these had not always been timely or the providers own systems had not always been effective in identifying areas that required improvement. For example, we found improvements needed to be made in supporting people who were at risk at hydration, improving the meal time experience for people, the management of risk and providing a safe and secure environment.

People were supported to receive their medicines as required to support their wellbeing. People's consent was sought before providing support. However, not all staff we spoke with were clear about their role and responsibilities with regards to DoLS and what this meant for individual people.

Staff had not received all the training they needed, or training had not always been effective.

Staff liaised with other health care professionals to meet people's health needs and support their wellbeing.

People, staff and relatives all told us that the current manager and staff team had made improvements at the service and they felt able to raise any concerns they had if needed.

Rating at last inspection: Rated Good (February 2016)

Why we inspected: This was a planned inspection

Enforcement: Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### 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 Marthas Care Centre

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector, a specialist professional advisor. The specialist professional advisor on this inspection was someone who had nursing expertise; and one expert by experience, an expert by experience is someone who has had experience of working with this type of service.

#### Service and service type

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

The registered manager had recently resigned from their position a new manager had been appointed but was not yet registered with CQC.

#### Notice of inspection

This inspection was unannounced and took place on 29 May 2019. We agreed with the manager to return and complete the inspection on 30 May 2019, when the inspection team consisted of one inspector.

#### What we did:

We received some concerning information about people's care prior to our inspection. We spoke and met with the provider and commissioners about these concerns which related to poor care and allegations of abuse. We already had this inspection planned as the service was due an inspection. We went ahead with the scheduled inspection and considered the concerning information as part of our planning.

We looked at information we held about the service, including notifications they had been made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with nine people using the service and six relatives to ask about their experience of care. We spoke with the regional manager, the chief operating manager and the home manager who had recently been appointed. We also spoke to one nurse, two senior carer staff and four care staff.

We looked at the care records for five people, two staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection in February 2016 we rated the service as requires improvements in this key area. At this inspection we again found that improvements were needed and we also found a breach of the regulations.

### Assessing risk, safety monitoring and management

- Some people's nutrition and hydration needs had been assessed as high risk which means people were at risk of dehydration and weight loss. Their care plan stated that they should be weighed weekly and fluid and food intake should be closely monitored to prevent this happening. People identified as at risk had not been weighed for five weeks and food and fluid intake had not always been monitored as required.
- Some people who needed support at meal times to eat safely did not get the support needed. We saw two people who were unable to cut up some of their food into bite size pieces were left without staff support. We needed to alert staff, so they could support the people to eat safely.
- Environmental risks to people were not well managed. The manager told us that people were not able to use the garden because it was not safe to access. The ramp access to the garden was damaged and unsafe for people to use. There was broken furniture, tubs and pots with cigarette ends in, debris, overgrown shrubs, broken fence panels, broken gates and the grounds were not secure. A paved central area was also a car park, and this was also a designated fire evacuation point for people to assembly in the event of a fire.
- Care plans and risk assessments were in place; although these had not always been kept up to date with changes in people's care needs.

The service had not consistently ensured that care and treatment was provided in a safe way for people and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

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

- Prior to our inspection we received whistle blowing information about the management of the service.
- The provider had also identified concerns within the service. They requested a meeting with CQC and the Local Authority, so they could tell us what they had found and the steps they had taken to safeguard people. At the time of our inspection there were safeguarding investigations taking place involving the local authority and police. The investigations included concerns regarding poor care and allegations of physical abuse.
- Some but not all staff were clear on their responsibilities in ensuring people living at the home were kept safe from the risk of harm or abuse. The manager told us that further safeguarding training had been planned with the staff team to ensure that they were clear about their responsibilities.

### Staffing and recruitment

- The provider told us prior and during the inspection that there had been significant staff changes. Some staff had been suspended and some staff had left the service. The registered manager and a senior staff member were no longer employed at the service.
- A new manager had recently been employed. They told us that a huge recruitment drive was taking place and a number of staff were due to start their employment in early June 2019. Both care and agency staff had been used to address the staffing situation and to ensure minimum staffing levels were met. The manager told us that where possible regular agency staff had been requested to minimise the impact on people.
- At times, staff were not always available in communal areas. For example, the dining room at meal time. We also saw that there was one nurse on duty and they were occupied for long periods of the day with medicine administration. The manager told us that as well as the recruitment drive they were also looking at staffing levels and deployment across the service to ensure that staffing levels were adequate.
- Staff had been recruited safely to ensure they were suitable to work with vulnerable people. The provider completed employment checks that included the Disclosure and Barring Service (DBS). DBS checks helps providers reduce the risk of employing unsuitable staff.

### Preventing and controlling infection

- Overall the home was clean. However, we saw that chairs in the lounge area needed cleaning: the manager told us that this would be dealt with. Staff had access to personal protective equipment when required. However, we saw that these were stored away from toilet and bathroom areas. We discussed this with the manager who told us they would improve staff access to this equipment.

### Using medicines safely

- People we spoke with told us that they were happy with the support they received to take their medicines. One person told us that they had eye drops and they were happy with the support they received from staff to take these.
- Records we reviewed were completed to confirm people received their medicines as prescribed.
- Protocols were in place to guide staff on when to administer medicines that were 'as required'.
- Staff had received training in how to administer medication.

### Learning lessons when things go wrong

- Accident and incidents were recorded by staff. The manager also completed records to monitor accident and incidents and to look for actions needed to prevent reoccurrence. A recent accident was being investigated further at the time of our visit and we saw that the manager involved senior staff in the process. To establish what had happened and if further action was needed.



## Is the service effective?

### Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Some people required the texture of their meal to be altered to reduce the risk of choking. However, we saw that all food items were combined into one mixture. This did not provide people with a choice about their individual preference regarding food items and did not follow good practice guidelines.
- The mealtime experience for people was not always a positive one. Staff were not available to support people to eat safely and to maintain their independence. The provider had completed their own audit of meal times and identified that people should be given a choice about where they chose to eat their meal and this positive change had been implemented. However, the staggering of meal times as suggested by the provider to ensure staff were available to provide people with the right level of support, had not been implemented.
- Staff lacked knowledge and understanding regarding meeting people's nutritional needs. A food guard was placed over food items, so the person could not get to food items, a meal was placed out of a person's view and the staff member assisted them from the side which gave the person no visual experience, choice or control of what they were eating. Staff were not aware of what food items they were assisting people to eat.
- People's cultural and religious dietary needs had been identified. However, the manager told us that these needs could only currently be met by purchasing in prepared meals.

The service had not consistently ensured that people's nutritional and hydration needs were met, and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- People were supported by staff who had received training in the MCA, however, staff we spoke with were not always clear about their role and responsibilities with regards to DoLS and what this meant for

individual people. We spoke to the manager about this; they had already identified this and advised that further staff training was to be arranged.

- The Manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and applications. They told us that they were going through applications that had been submitted by the previous manager to ensure that the application had been made appropriately. For example, they thought that some people had capacity therefore the application should not have been made. The manager had a system and it was working towards reviewing all the documentation.

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

- People's needs were assessed prior to admission. Information was not always detailed, personalised and kept up to date.
- The manager told us that significant work was about to commence, and this would include a review of people's care plans and risk assessments.

Staff support: induction, training, skills and experience

People and their relatives told us they were happy with the support they received from staff. One person told us, "I think they have a hard job and a lot of things to remember. I think they do it [ their job] to the best of their ability.

- Staff spoke very positively about the recent changes at the home since the new manager started and that there was more involvement from the senior management team.

There had been significant staff changes at the service and a number of new staff were shortly to be inducted to the home. The manager told us that training for new staff and existing staff was taking place.

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

- We looked at how people's individual needs were met by the design and decoration of the home. We found that improvements could be made in the home for people living with dementia.

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

- Relatives we spoke with told us that they had been kept informed about their family members health care or change in needs. A relative told us, "They do ring me if there is anything I need to know."

- Staff were able to tell us when they needed to ask for assistance from GP or emergency services. The manager told us that they were currently sourcing the services of a visiting dentist and optician as these services were not currently provided to people who had been unable to access these facilities in the local community.

- Some people required referring to the speech and language service so that their eating and drinking needs could be reviewed. The manager told us that these referrals had just been made.

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# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People did not always feel well-supported, cared for or treated with dignity and respect

Respecting and promoting people's privacy, dignity and independence:

- Arrangements in place did not always ensure that the confidentiality of care records were protected. We saw a number of care records were left on a table in a communal area and there were no staff around. We saw in an office adjacent to this area that cabinets and cupboards for the storage of confidential information was left open, again there were no staff in the area. We brought to the attention of a member of staff and they secured the records.
- People we spoke with told us that their privacy and dignity was respected, "One person told us that they were happy with how staff supported them and that staff respected their privacy. Another person told us, "I have a shower every Monday and I wash myself but if I need help I just ask the carers and they would help me. The carer dries my hair with the electric hair dryer."
- Staff told us how they ensured people received care and support in a way that promoted their dignity and privacy, for example by explaining what they are doing and always knocking on people's bedroom doors and making sure doors are closed when they are supporting people with their personal care. We observed staff doing this during our inspection.

Ensuring people are well treated and supported; respecting equality and diversity:

- People we spoke with told us that they were treated with kindness. People and relatives gave positive feedback about the caring approach of staff and how things were really improving at the service since the management changes.
- Staff told us that they enjoyed working at the home and that things were improving all the time. Staff told us that they feel the improvements that were being made would mean people will get better care. A staff member told us, "The new manager is all about the people living here and making sure we do what's best for them."
- Staff spoken with respected people's individuality and diversity. A staff member was able to tell us in detail about a person's working life and what they had done and the things that were important to the person. Care records included some information about people's personal histories and people's preferences, so staff could consider people's individual needs when delivering their care.

Supporting people to express their views and be involved in making decisions about their care:

- People said they felt listened to and made choices about their day-to-day care. One person commented, "They [staff] do ask me. If you need anything you can just ask."
- Where people were not able to verbally communicate their needs and choices staff told us they would use their knowledge about the person to understand their way of communicating.
- Although people we spoke with told us they felt involved in their care, some of our observations did not show that staff were always communicating with people about their care. We found care records could be

improved to show people's inclusion and involvement. This was acknowledged by the provider and we were told that plans were in place to review all the care documentation.

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, relatives and staff all told us there had been an improvement in the activities provided. One person said, "There is more going on now." Another person told us, "Yes, once a week we have exercises and I try and do them and on Wednesday we have the bingo and I join in."

- The manager told us that they had a staff member employed to plan and organise activities at the service. This person had been working at the service for three months. We spoke with this staff member who told us that they had lots of plans in place to improve opportunities for people to take part in activities and entertainment and for people to continue with their own hobbies and interests.

- We saw a sing along activity during the afternoon of our inspection. A number of people took part and we saw people really enjoyed themselves. People were laughing, singing and some people had a dance. Relatives who were visiting were invited to join in the session.

- Care records had some amendments to them as people's needs had changed. However, not all changes in care needs had been kept up to date. The manager told us that a new staff handover format was being introduced to improve the consistency of information being shared between staff members. The provider told us that a review of all care record documentation was about to commence, and staff were being brought in to specifically work on this.

- People and relatives, we spoke with told us that staff knew people's likes, dislikes and preferences. One relative told us, "They [staff] will talk to you ask you how things are."

- Some information such as the daily menu had been produced in a more accessible format for some people. However, the manager told us that further work was taking place to ensure that information was provided to all people in suitable format according to people's needs so that the service met the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the AIS. The standard sets out a consistent, specific approach to identify, record, flag share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way that they can understand to enable them to communicate effectively.

Improving care quality in response to complaints or concerns:

- People and relatives told us they knew how they would complain about the care if they needed to. One relative told us, "No, no I haven't had to complain about anything." The relative told us that they would speak to the manager if they needed to. Another relative told us that there had been some concerns around their family members care and the manager had invited them to a meeting to talk about this.

- Where complaints had been received these had been investigated. The manager was in the process of recording some outcomes of investigations for recently investigated complaints.

End of life care and support.

- We saw that plans were in place to support people at the end of their life to receive the care they wanted. We were told that there was no one receiving end of life care at the time of our inspection.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

- Although the provider had identified a number of areas of concern at the service and had taken action to make improvements, there were also some areas that they had not identified or had not taken action in a timely way.
- The provider's quality assurance systems had not identified issues we found including but not limited to concerns with the management of people at high risk of dehydration and weight loss, accurate record keeping and environmental risks.
- The provider's system in place to manage risks to people had failed to ensure that people who were at risk of dehydration and weight loss their care needs were not being monitored as detailed in their care plan.
- The provider's own system had identified the need to improve the meal time experience for people. However, the recommendations had not been fully implemented which meant that some people did not receive the support they needed to eat safely. The provider's food and drink strategy were not fully implemented.
- The provider's system in place to ensure that a safe and secure environment was provided to people had not identified all the issues we found at our inspection. The garden area was not secure. People were unable to access the garden because there was potential health and safety hazards in the environment.
- The provider's monitoring system to ensure people care records and risk assessments were well maintained had failed to identify that records were not always maintained accurately and not always up dated when people's needs changed.

The provider had not ensured there were robust quality assurance and governance processes in place and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- There was no registered manager in post at the time of the inspection.
- It is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us about certain events. We found that improvements had recently been made by the provider so that notifications were received as required by law.
- Plans were in place to make improvements to how staff would be supported to understand their roles with regular supervision and meetings starting to take place.
- The latest CQC inspection report rating was on display in the reception of the home and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff and relatives, we spoke with told us there had been an improvement within the home, since the introduction of a new management team.
- Staff we spoke with told us the management was supportive and led by example to demonstrate their expectations about how people should be cared for. One staff member told us, "Since the new manager has been here I can see improvements every day."
- The management team was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- On the day of our inspection the manager interacted in a relaxed and caring way with people living in the home, staff and relatives and took time to re-assure people when queries were raised.

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

- Plans were in place to introduce regular meetings for residents, relatives and staff.
- Staff told us they were now having meetings with the management team and felt involved in discussions about the aims and goals of the service.
- The culture within the home had not always promoted an open and honest culture. Staff told us that this was improving for the benefit of the people living at the service. A staff member told us, "I feel like I now have been given a voice to speak out."

Continuous learning and improving care

- The provider and current management team demonstrated a commitment to driving the continued improvements to develop the service.
- The provider and management team had started to introduce new processes that ensured staff received support and where staff felt comfortable in approaching the management team if they had any issues or concerns. A programme of training was planned, and this included safeguarding and whistle blowing training so that all staff would be clear about their responsibility to keep people safe and to speak out when they had concerns about people's care and well-being.

Working in partnership with others

- The service worked in partnership with the people's relatives, social workers and other health and social care professionals to ensure the care and support people received was person-centred. This was confirmed by professionals spoken with during our inspection.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Arrangements in place did not ensure that care and treatment was always provided in a safe way.

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	Arrangements in place did not ensure that people's nutritional and hydration needs were always met.

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not operated effectively to ensure compliance with the requirements.

### The enforcement action we took:

Warning notice