

Broadoak Group of Care Homes

St Martins

Inspection report

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Ratings

Overall rating for this service

Requires improvement



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?

Requires improvement



Overall summary

This inspection took place on 9 and 11 June 2015 and was unannounced. St Martins provides accommodation and personal care for up to 21 people with and without dementia. On the day of our inspection 18 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 about how the service is run.

At our inspection in November 2014 we asked the provider to take action to make improvements in respect of cleanliness and infection control. During this inspection we found that sufficient improvements had been made and people were cared for in an environment that was clean and hygienic.

Summary of findings

People were left exposed to avoidable risks because not all of the appropriate steps had been taken to keep people safe. Staff understood their responsibility to protect people from the risk of abuse.

People received their medicines when they needed them and medicines were stored and recorded appropriately. Whilst we observed people received timely support during our visit, the provider had not assessed how many staff were required to keep people safe.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. There were systems in place to ensure people were not deprived of their liberty unlawfully.

Staff were provided with relevant training, supervision and appraisal. There was a plan in place to ensure any

gaps in training provision were rectified. People had access to sufficient quantities of food and drink and told us they enjoyed the food. People had access to a range of healthcare professionals.

Staff supported people in a caring manner and had developed positive relationships with people. Where possible, people or their relatives were involved in planning their care and making decisions. People were treated with dignity and respect by staff.

Staff were aware of people's care needs and provided activities and stimulation. People told us they would feel comfortable making a complaint to the registered manager.

The quality assurance systems in place were not sufficiently robust in detecting issues of concern and bringing about improvements. There were regular meetings for people and their relatives to attend to provide their views and a survey had been distributed recently. There was an open and transparent culture and staff felt their input was valued.

You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Risks to people's health and safety were not always well managed.

There were enough staff to meet people's needs during the day time. The provider had not assessed how many staff were required.

People were protected from the risk of abuse and received their medicines as prescribed.

People were cared for in a clean, hygienic environment.

Requires improvement



Is the service effective?

The service was effective.

People were cared for by staff who received appropriate training and supervision.

There was appropriate use of the Mental Capacity Act 2005 and staff acted in people's best interests where they could not provide consent.

People had access to sufficient food and drink and had access to healthcare professionals when required.

Good



Is the service caring?

The service was caring.

Staff cared for people in a compassionate manner and there were positive relationships.

People and relatives were supported to be involved in their care planning and making decisions about their care if they wished to.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

Care plans contained information about people's needs and were kept up to date.

People felt able to complain and knew how to do so. Complaints and concerns were taken seriously and acted upon.

Good



Is the service well-led?

The service was not always well led.

The quality assurance systems were not robust in detecting issues and bringing about improvements.

Requires improvement



Summary of findings

People were offered different ways of providing their opinion about the quality of the service.

There was an open and transparent culture in the home.

St Martins

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 9 and 11 June 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with three people who were using the service, four relatives, three members of care staff, the cook, the cleaner and the registered manager. We also observed the way staff cared for people in the communal areas of the building using a recognised tool called 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. We checked the standard of cleanliness in various parts of the building and looked at the care plans for five people and any associated daily records. We also looked at a range of records relating to the running of the service such as audits and four medicines administration records.

Is the service safe?

Our findings

At our inspection in November 2014 we found that people were not fully protected from the risk of infection because the home was not sufficiently well cleaned. The provider submitted an action plan detailing the improvements they planned to make. During this inspection we found the required improvements had been made because people were cared for in a clean and hygienic environment.

People told us they were happy with the standard of cleaning in the home. One relative said, “I think the home is very clean.” Another relative said, “It has got a lot better.” We observed that the communal areas such as the lounge were visibly clean and staff cleared up any spillages throughout each day. People’s bedrooms were cleaned on a daily basis and we saw that people’s rooms were sufficiently clean.

Staff felt that the standard of cleaning in the home protected people from the risk of infection. The registered manager was in the process of developing a new cleaning schedule with the involvement of the housekeeping staff so that it was clear which areas required cleaning and how often. Since our previous inspection the provider had re-commissioned a sluicing sink which was not being used before. This meant that staff had a more effective means of cleaning any soiled clothing and bedding to reduce the risk of infection.

Two of the relatives we spoke with told us they did not feel their loved one had not been protected against all risks. This was because their loved one had sustained an injury following a fall. There had been a total of six falls over a three month period prior to our inspection. We looked at the records relating to each fall along with the guidance in people’s care plans. The records confirmed that staff had not always supported people to stay safe. For example, one person had fallen in the lounge when there were no staff in the area at the time. The person’s care plan stated that whilst they were in the lounge there should always be a member of staff present to reduce the risk of them falling.

The risk of people falling had been assessed, however the information in the risk assessments was conflicting. For example, one person’s risk assessment had different levels of risk indicated in different parts of the document. The risk assessments did not provide clear guidance to staff about

how to keep people safe. The staff we spoke with told us they felt able to manage the risks well during the day time but felt this became more difficult at night when there were less staff on duty.

The registered manager had made referrals to the local Falls and Bones team for support in helping people to stay safe. Where people required equipment, such as a walking frame, this had been provided. During our inspection we observed staff supporting people to stand and walk safely.

People were exposed to the avoidable risk of contracting legionella from the water supply because the provider had not carried out an assessment of the water supply. Staff were carrying out other safety checks and preventative measures such as flushing through taps and cleaning shower heads. However, it was unknown as to whether legionella was already present in the water supply. Other safety checks such as servicing of the gas boilers were being carried out as required.

The risk of people falling and risks associated with legionella meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people we spoke with told us they felt safe at the care home. One person said, “I feel safe. I am alright.” The relatives we spoke with also told us they felt people were safeguarded, one relative commented, “The staff are very good, I have peace of mind when I go home.” During our inspection we observed that people were relaxed and interacting comfortably with staff.

The staff we spoke with had a good knowledge of their responsibilities to keep people safe and how they would report any concerns. The provider had developed and trained their staff to understand and use appropriate policies and procedures in relation to safeguarding people. Information had been shared with the local authority about incidents which had occurred in the home. Staff and people who used the service had access to information about who to contact at the local authority and were aware of this.

Staff had access to information about how to manage situations where people may be at risk of harm. We observed staff respond to situations where people may

Is the service safe?

have been put at risk and staff supported people appropriately. Staff had sought professional guidance from the dementia outreach team with regards to managing people's individual behaviours to help keep them safe.

The people we spoke with told us that they felt there were enough staff to meet their needs. One person said, "Yes I think there are enough." Two of the relatives we spoke with told us they felt there weren't enough staff at night, however day time staffing was adequate.

We saw that day time staffing levels had increased since our previous inspection and people received the support they needed in a timely manner. During quieter periods staff spent time with people either talking or carrying out an activity. The provider had not carried out an assessment of the numbers of staff required to meet people's needs either during the day or at night. The set staffing level at night was two members of care staff. However this did not take into account the needs of people during this period. There were some people who required two staff to attend to their support needs and this meant there were periods where there would be no staff available to care for the other people.

The staff we spoke with told us that overall there were sufficient staff to meet people's needs during the day time but felt that more staff were needed at night. The registered manager told us they felt there were sufficient

staff during the day time but they were unsure how many staff were required at night. The registered manager told us they would carry out some night time visits to assist their understanding of how many staff were needed.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

We asked people if they were happy with the way in which their medicines were being managed. One person commented that they received their medicines when required. A relative said, "Yes I believe [my relative] gets their medicines when needed." We observed medicines administration being carried out and saw that the member of staff followed appropriate procedures when giving people their medicines.

Medicines were stored securely in a locked trolley. The trolley was also secured in a locked room when it was not in use. People could be assured that their medicines would be ordered in a timely manner as there was an effective system in place for the ordering of medicines to ensure people received these when required. The staff we spoke with had a good knowledge of safe practice regarding handling and administering people's medicines. Staff told us they received the support they required to manage people's medicines safely and this included regular training and competency assessments.

Is the service effective?

Our findings

People were supported by staff who received the support they needed to carry out their duties effectively. The people we spoke with told us they felt staff received appropriate training and support and were competent. One person said, “The staff are very good at what they do.” The relatives we spoke with also felt that staff received the training required to carry out their duties effectively.

The staff we spoke with told us they were supported by the registered manager and felt able to approach them for support. Staff received supervision and records confirmed that they were offered support as well as their performance being discussed. Staff told us they received training which was appropriate to their role and felt the quality of the training was good. Training records showed that staff had not received all of the training required to fulfil their duties effectively, however there was a plan in place for this training to be delivered. New staff received an induction before they began caring for people and staff also received a performance appraisal.

We saw that the provider followed the principles of the Mental Capacity Act 2005 (MCA). Assessments of people’s capacity to make certain decisions had been carried out when there was a doubt about their capacity. For example, one person had been deemed not to have the capacity to make decisions about their personal care. A best interest’s decision had been made that staff should attempt to provide personal care in the least restrictive way. Some assessments of people’s capacity had not been reviewed to see if their ability to make the decision had changed. The registered manager was aware of these and planned to carry out full reviews of each person’s care plan.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) as were the staff we spoke with. Where there were restrictions on people’s freedom, these had been appropriately assessed and the relevant

applications made to the local authority. The registered manager had delegated this task to a senior member of staff who had a good knowledge of the procedures to follow.

People we spoke with told us they enjoyed the food and were given enough to eat and drink. One person said, “The cook is very good, we get good meals.” Another person said, “The food is nice, I’m not always that hungry so they give me different choices.” The relatives we spoke with told us they felt their loved ones were offered enough to eat and drink. One relative commented that the options at tea time could be limited to just sandwiches. We discussed this with the cook who told us they were trialling different, hot choices at tea time as well as sandwiches.

Staff ensured that people received sufficient food and drinks and we observed that people enjoyed their meals. Where people required support to eat this was provided to them. People were provided with alternative choices where required and specialised diets were catered for, such as soft diets and low sugar alternatives. The staff we spoke with told us people had access to sufficient food and drink as well as snacks in between meals.

People told us that they had access to various healthcare professionals and one person said staff arranged for them to see their doctor. A relative told us they were grateful to staff for arranging a healthcare professional to visit the home rather than their loved one having to go to hospital.

People were supported by staff to access healthcare services such as their doctor and the local Falls and Bones team. We contacted a healthcare professional during the inspection who confirmed that staff had made timely referrals to their service. The staff we spoke with told us they arranged appointments for people and would accompany people when required to ensure that information was recorded. We confirmed that this was the case by checking the information in people’s care plans, which reflected professional guidance.

Is the service caring?

Our findings

The people we spoke told us they had positive relationships with staff and felt staff were caring. One person said, “We have a laugh with them (the staff).” Another person joked, “I keep an eye on the staff and they keep an eye on me.” We confirmed with staff that this person enjoyed much positive banter and that it was light hearted. The relatives we spoke with told us that their loved ones were well cared for and that staff and people had positive relationships. One relative said, “(My relative) hasn’t lived here for very long, but the staff seem very nice so far.”

We observed staff treated people kindly and people enjoyed the interaction they had. For example, one person was upset and staff spent time sitting and talking with the person to reassure them. Another person was attempting to complete a jigsaw and staff regularly checked how they were progressing with it. We saw that people were very comfortable in the home and had positive relationships with other people living at the home and any visitors that came.

Staff spoke with and about people in a kind and considerate manner and appeared to enjoy spending time with people. The care plans we looked at contained information about the way in which people preferred to be supported which matched what staff told us. There was also some information about how people’s religious and cultural backgrounds influenced the provision of care and support.

Where people were able, they were offered the opportunity to be involved in planning their care. One person told us they could be involved in reviewing their care plan but were not interested in doing so. The registered manager told us they planned to review all care plans and would seek to involve people and their relatives in the process. One relative told us they had been involved in providing information about their loved one during their move into the home.

People were involved in making day to day choices such as what they wanted to eat. One person told us, “Staff are always asking if it’s OK to do something.” We saw that staff made attempts to involve people and their relatives in decision making on a day to day basis. Visitors to the home were able to have discussions with staff about their loved one’s care and reported that staff consulted them about decisions that needed to be made. We also saw that staff explained what they were going to do prior to delivering any care and support to people. Any decisions people made were respected by staff who then provided the support people required.

People were provided with equipment, such as walking aids, to enable them to retain independence. The staff we spoke with described how they supported people to remain independent and we observed this happen. A representative of a local advocacy service had recently started to visit the home to attend meetings with people living at the home. An advocate is an independent person who can support people to speak up about the care service they receive.

The people we spoke with told us they were treated with dignity and respect by staff. One person told us that staff made sure to respect their privacy when helping them wash or take a bath. The relatives we spoke with also confirmed that staff provided care in a dignified manner. Staff spoke with people discreetly about any personal matters.

People were supported by staff who were aware of the importance of providing dignified care and respecting people’s privacy. Staff told us they were always careful of maintaining people’s privacy when hoisting them and helping them with personal care. People had access to a smaller, quiet lounge or their own bedroom should they require some private time. We saw both areas being used by people during our inspection.

Is the service responsive?

Our findings

People told us they received the care they needed and in a manner which they preferred. One person told us that care staff enabled them to do what they could independently and provided support with the things they could not manage. Another person told us that staff provided the care they needed and when required.

We observed that staff responded quickly to requests that people made for support, whether verbal or non-verbal. One person was struggling with a drink and a staff member helped them to hold the cup. Another person enjoyed dancing and a member of staff danced to some music with them, which they enjoyed. Staff told us they had access to information about people's care needs and received regular updates when anything had changed. The staff we spoke with had a good knowledge of the care people needed and how this may have changed over time.

Staff endeavoured to provide activities for people and during our inspection we saw people engaged in conversation with staff and enjoying playing games. Some people liked to spend time sitting outside in good weather. Work had just started on laying a path and additional patio area in the garden so that people could walk around outside on a more even surface. Staff had supported some people to visit facilities in the local community, such as a nearby pub. The registered manager told us they were trying to recruit an activities co-ordinator to further enhance the provision of activities, but had not yet found a suitable candidate.

Staff ensured that adjustments were made for people with any physical and sensory disabilities so that they were not disadvantaged. For example, staff presented meals in such a way that a person with limited eyesight could eat their

meal independently. People who spent their time in their bedroom were checked regularly by staff to see if they required support and so they did not become isolated. Visitors were encouraged to come to the home at any time and we observed this to be the case during our visit.

People's care plans provided basic information about their needs and were updated when their needs changed. The registered manager told us they wanted to enhance the care plans so that they provided more detailed information about people and their life history. The staff we spoke with told us they found the care plans useful and would read them when able to.

The people we spoke with felt they could raise concerns or make a complaint. One person said, "Yes I would see the manager." Another person said, "I would speak to the manager." The relatives we spoke with told us they felt able to make a complaint to the manager. One relative commented, "I could raise any concerns with the manager and she would deal with them. Things have improved tremendously."

The registered manager told us they had an 'open door policy' and we saw that people and relatives were comfortable speaking with the manager who responded to any concerns that were raised. The provider's complaints procedure was displayed prominently in the home in a place that people and relatives had access to. No complaints had been received since our previous inspection so we could not assess how they had been responded to. However, we looked at minutes of meetings held for people using the service and their relatives. These showed that people had raised concerns and made suggestions which the registered manager had responded to.

Is the service well-led?

Our findings

People and their relatives were provided with different opportunities to give their opinion of the quality of the service. We saw that five surveys had recently been completed which indicated that people were generally satisfied with the service being provided. Any comments that had been made were taken on board by the registered manager and action was taken where possible. For example, adjustments had been made to the tea time menu following requests for more hot food to be provided at this time.

There were also regular meetings which people and their relatives could attend. The registered manager told us that attendance at the meetings was limited but she was working on ways of increasing attendance. The records of the meetings showed that people were given the opportunity to speak up about matters of importance to them.

The registered manager had been in post for a short period of time and had identified areas which required improvement. We saw that some audits had been completed in areas such as infection control and medicines administration. The audits had identified some areas for improvement and action had been taken to make improvements. For example, the medicines administration audit had identified that staff were not always completing records correctly. We saw that action had been taken to rectify this.

However, other audits which would prove beneficial had not been carried out. For example, there had been no recent analysis of the falls that had occurred to try and detect any patterns. We analysed the records relating to each fall over the three months prior to our inspection with the registered manager. We saw there was a pattern whereby many of the falls had occurred during the night. The registered manager told us that no night time spot checks were carried out to ensure night staff were provided the support people required, but that they would arrange to carry out some checks.

The lack of robust quality assurance processes and risk management measures meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us the registered manager was approachable and the culture of the home was open. One person said, "I feel comfortable here, I can speak to the manager if I need to." The relatives we spoke with felt that the culture of the home was relaxed and open and felt able to speak with the registered manager at any time.

The staff we spoke with told us they found the registered manager and provider to be approachable. Staff felt there was an open culture in the home and they felt comfortable raising concerns or saying if they had made a mistake. One staff member said, "It is a nice place to work. We have some input into what happens and I would be able to go to (the manager) if I had made a mistake." There were regular staff meetings and we saw that staff were able to contribute their views during these meetings.

The service had a registered manager and she understood her responsibilities. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with told us the registered manager spent time in the communal areas of the home and demonstrated good leadership. One person said, "I know she is in charge (pointing out the registered manager)." Another person told us they felt the home had improved since the registered manager started.

We also observed that the registered manager spent periods of time in the communal areas of the home speaking with people and staff. The staff we spoke with felt that the registered manager provided good leadership and had made clear their expectations of improvements that were required. One staff member said, "We have a manager who knows what needs to be done." Certain key tasks were delegated to staff, such as ordering medicines. Staff told us that resources were made available to support them and to ensure a good quality service could be provided.

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care was not always provided in a safe way for service users because assessments of the risks to the health and safety of service users of receiving the care had not always been properly completed. Regulation 12 (1) and 2 (a).</p> <p>The provider had not done all that is reasonably practicable to mitigate any such risks. Regulation 12 (1) and 2(b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes were not operated effectively in respect of assessing, monitoring and improving the quality and safety of the services provided. Regulation 17 (1) and (2) (a).</p> <p>Systems or processes were not operated effectively in respect of assessing, monitoring and mitigating the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (1) and (2) (b).</p>