Assistwide Limited

St Martins Residential Home

Inspection report

63 St Martin's Lane
Wallasey
Wirral
CH44 1BG
Tel: 0151 639 9877

Date of inspection visit: 1 December 2015
Date of publication: 05/01/2016

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

The inspection took place on 1 December 2015 and was unannounced. The home is a four-storey property set in a residential area close to Liscard town centre. There were bedrooms on three floors with communal areas on the ground and the lower ground floors.

The service is registered to provide accommodation and personal care for up to 16 people and 15 people were living there when we visited. The people accommodated were adults of various ages who required 24 hour support from staff due to mental health conditions.

The home had a manager who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

During the inspection we found breaches of the Health and Social Care Act 2008 and the Care Quality Commission (Registration) Regulations. You can see what action we asked the provider to take at the end of this report.

All staff had received training about safeguarding and this was updated every three years. Safeguarding incidents had not been reported to CQC in accordance with legal requirements. There were enough experienced staff to meet people's needs and keep them safe. The required checks had been carried out when new staff were recruited to ensure person employed were suitable and safe to work with vulnerable people.

The members of staff we spoke with had a good knowledge of the support needs of the people who lived at the home and had attended relevant training. The staff we met had a cheerful and caring manner and they treated people with respect.

We found that the home was adequately maintained in most areas and records we looked at showed that health and safety checks were carried out. However, we found that a number of doors, including the kitchen door, the laundry door, and the door leading to the conservatory which is the area where people were permitted to smoke, did not close fully which meant that people were not adequately protected from the risk of fire.

People were potentially at risk as smoking was not managed safely in the home as people were not adhering to the smoking policy.

We found that medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

People were registered with local GP practices and had visits from health practitioners as needed. The care plans we looked at gave details of people's care needs and how their needs were met.

There were no restrictions on people's movements and no Deprivation of Liberty Safeguards had been applied for.

There was an open and inclusive culture in the home and regular house meetings were held. The manager carried out various checks and audits to monitor the quality of the service.

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 entirely safe.

Staff had received training about safeguarding but safeguarding incidents had not been reported to CQC.

The home was adequately maintained in most areas, however people were not adequately protected from the risk of fire.

There were enough staff to support people and keep them safe. The required checks had been carried out when new staff were recruited.

Medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

Requires improvement

Is the service effective?
The service was effective.

The staff team completed a comprehensive programme of training relevant to their work and had regular supervision meetings.

Staff had received training relating to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People who lived at the home were able to make their own decisions and there were no restrictions on people's movements.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available.

Good

Is the service caring?
The service was caring.

Staff working at the home were attentive to people's needs and choices, and there was evident warmth and respect between the staff and the people who lived at the home.

Staff protected people's dignity and privacy when providing care for them.

Good

Is the service responsive?
The service was responsive.

The care plans we looked at gave details of people's care needs and how their needs were met.

A copy of the home's complaints procedure was displayed.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

The home had a manager who was registered with CQC.

There was a positive, open and inclusive culture.

Auditing tools were used to monitor the quality of the service but had not identified the concerns we found.

Statutory notifications had not been made to CQC.

St Martins Residential Home

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.

The inspection took place on 1 December 2015 and was unannounced. The inspection team consisted of an adult social care inspector and a specialist professional advisor (SPA). The SPA had experience in supporting people with mental health conditions.

Before the inspection we looked at information CQC had received since our last visit and we

contacted the quality monitoring officer at the local authority. CQC had received no complaints about the service since our last inspection and the local authority officer told us that no complaints had been reported to them.

During our visit we spoke with five people who lived at the home and five members of staff. We looked at care plans for three people who used the service, medication records, staff records, health and safety records and management records.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living at St Martins and a member of staff said they felt safe working there because "Staff always look out for each other but it's rare that there is ever an incident." Training records showed that all staff had received training about safeguarding vulnerable adults and this was updated every three years.

A number of people had personal spending money in safekeeping at the home. Some had appointeeship through the local authority. We saw that detailed records were kept, with an explanation of the financial arrangements for each person, and all transactions were double signed. The records were audited every week to ensure that people were protected from financial abuse.

We looked at staff rotas which showed there were always two support staff on duty, with the manager also present during the week. In addition there were two housekeeping staff on duty four days of the week, three on duty two days of the week, and none on Sundays. A cook was on duty five afternoons a week and a maintenance person was shared with another service owned by the same provider. This appeared to be enough staff to meet people's needs as the people who lived at the home were mainly independent in daily living.

Two new staff had been recruited since the last CQC inspection and we looked at their recruitment records. We found that safe recruitment processes had been followed before they were employed at the home and the required records were all in place. However, a reference for one of these staff members had been provided by a previous employer who was also a relative and we advised the manager that it would have been good practice to obtain an additional reference. Records showed that the people who lived at the home had been involved in the recruitment process and had been asked for their comments.

The manager told us that the home did not have a food hygiene rating as they had not yet been inspected, however we saw that the kitchen was clean and tidy. All areas of the home were clean however there was a smell of smoke through most of the building. A daily schedule was in place for the housekeeping staff. The home had not had an NHS infection control audit.

We saw records of the regular safety checks that were carried out by the home's maintenance person. These included the fire alarm and emergency lighting systems. Portable appliance testing was carried out annually and current certificates were in place for the electrical wiring and the gas boiler. A 'grab file' was in place and gave details of the arrangements in place in the event of an emergency.

A fire officer inspection had taken place since our last visit. Regular fire drills were held and recorded and these included the people who lived at the home, who were able to evacuate the building independently if necessary. Some members of staff had recently done fire extinguisher training and told us this was useful and they would feel more confident to use a fire extinguisher if necessary. The manager told us that nine people who lived at the home were not always compliant with the home's smoking policy. A conservatory was provided and this was the only designated smoking area, however people were known to smoke in their bedrooms which was a risk to the health and safety of people living in the home

We observed that a number of doors did not automatically close fully and this included the laundry door, the kitchen door, and the door leading through to the conservatory. This meant that people would not be protected from the spread of smoke and/or fire should a fire occur. There was some rubbish outside the fire exit from the dining room which needed to be cleared away. We also observed a potential ligature point which we discussed with the manager during the inspection.

These issues are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 'Safe care and treatment'.

We looked at the home's arrangements for ordering, storage, administration and disposal of medicines. Medicines were handled only by staff who had received appropriate training. Medicines were stored in a small room adjacent to the manager's office. The room was tidy and well-ordered and there was a suitable cupboard for the storage of controlled drugs.

Repeat medicines were ordered monthly and delivered by a local pharmacy. Most items were dispensed in blister packs. The drugs were checked in and signed for on a separate sheet for each person. We looked at a sample of the blister packs and the medicine administration record

Requires improvement

Is the service safe?

(MAR) sheets that went with them. These showed that the correct number of tablets had been removed. A running total was maintained of any items not dispensed in blister packs.

Any unused medicines were returned to the pharmacy weekly and this was recorded. At the time of our visit, nobody was administering their own medication. Four people attended a local health centre for regular injections of anti-psychotic medication.

Good

Is the service effective?

Our findings

The home's training programme comprised a set of modules relevant to the needs of the people who lived at the home including fire safety, diet and nutrition, food hygiene, person-centred care, dignity and compassion, safety of people and premises. These were completed every three years by all members of the staff team and new subjects were added as needed. Records we looked at showed that new staff completed a programme of induction training and had supervision meetings during their probationary period. A chart in the manager's office showed that all staff had regular supervisions and appraisals. There was a total of 19 staff of whom 13 had a national vocational qualification (NVQ) in care and three were working towards a qualification. Six staff were working towards a 'customer care' qualification.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that most staff had completed mental capacity training and others had partially completed it. Staff who we spoke with were able to tell us about the Mental Capacity Act. The doors were not locked except at night and people were free to come and go as they pleased, with no restrictions on their movements. We observed that people informed the staff when they were going out. The manager told us that one person was over 80 years of age and a member of staff went with this person when they went out to ensure their safety. The care files we looked through did not have any consent forms and we discussed this with the manager. She said she didn't know about a consent form but would look at putting one in place.

One person told us the food was good and you got a "good portion" and there were "always extras" if you wanted more. Other people we spoke with were also happy with their meals and were able to express their choices. The home had a pleasant dining room which had enough space to seat everyone. People were able to help themselves to hot and cold drinks throughout the day. People had their breakfast at a time that suited them and a choice of cereals was available. The manager told us that staff supported people making toast. The support staff prepared the midday meal, which was a light meal, and a cook came on duty in the afternoon to prepare the evening meal.

The main meal followed a four week rota and was displayed for the people who lived at the home to see. Choices were available and the staff asked people for their choice during the morning. People were asked to let the cook know before 2pm if they wanted to change their choice. At the monthly residents meetings, people were able to make suggestions of dishes they would like to be included on the menu. We considered that the menus did not provide much variety of food and few healthy options were available. We discussed this with the manager who said that the people who lived at the home were generally unwilling to try anything new and when other dishes had been introduced they had not been popular. Each person's care plan had a section relating to nutrition which detailed any specific needs. People were weighed monthly, with their verbal consent, however a small number of people opted out of this.

Everyone was registered with a local GP practice and the care plans recorded that people had a full health check at least once a year. There were also records of people visiting dentists, opticians, and chiropodists in the local community. The manager told us that people were sometimes reluctant to attend appointments made with a dentist or other health professional. Staff spent considerable time encouraging people to look after their health and were available to accompany people if they wished. Some people had an annual flu vaccination but others chose not to.

The building is old and had not undergone any major refurbishment, however people we spoke with were satisfied with their accommodation. A new call bell system was installed in 2014 and there was a call point in each person's bedroom as well as in communal areas. People who lived at the home were all mobile although two used

Good

Is the service effective?

mobility aids, and no adaptations had been made to the premises. Some carpets were getting worn out. The conservatory was where people smoked but when we visited there were no windows open and the extractor fan was not switched on and so when someone left the room or entered it, smoke escaped and filled the house so it always had a smell of smoke.

Good

Is the service caring?

Our findings

One person we spoke with had lived in the house for a number of years and took great pride in decorating his room with collections of memorabilia. He told us he was looking forward to a family visitor at Christmas. He told us “Most people who live here are alright but there’s a few I’m not keen on.” He said he went shopping for himself twice a week and got the bus to the local town or to Liverpool. He told us that staff were “ok” and if they had time they would sit and listen to him if he needed help or someone to speak to.

We were able to speak briefly with most of the people who lived at the home and to observe interactions between staff and people who used the service. Some people said that they had lived at other care homes but they preferred this one. People were able to decide their own daily routines and to come and go as they pleased. We observed that people informed the staff when they were going out and when they came back. Some people went out regularly either to visit family, to day centres, or to college, but other people chose only to go as far as the local shop. One person went to stay with their family at the weekend. There was a wide age range and the manager considered that this had a positive effect on daily living.

The home had two double bedrooms. One was shared by a couple and the other by two people who we were told usually got on well together. We saw that people were able to choose how they arranged their bedroom. Some rooms had lots of personal belongings and decoration while others had very little by individual choice.

During our visit we observed that staff treated people with respect and warmth between staff and the people who lived at the home was apparent. The language used in the care plans was respectful of people's choices and non-judgemental. A monthly meeting was held for the people living at the home.

The SPA commented ‘I saw that during my time in the house, all staff were visible interacting with the clients, having a laugh or helping someone to attend to their bathing. They seemed to be very busy all the time. All in all, I would have to say that, besides the décor in the house and the strong smell of smoke, I saw that each person was happy, smiling, chatting with staff and others and there was a strong sense that the staff really looked after those within the house.’

There was a residents' noticeboard in the dining room which showed the complaints procedure and other information.

Good

Is the service responsive?

Our findings

People we spoke with said they had been fully involved in the writing of their care plans and we saw signatures within the care plans to verify this.

People who lived at the home required support due to long-standing mental health needs. They were supported by the community mental health team and their care needs were reviewed every ten months by mental health professionals. Three people required daily support with personal care and others needed some assistance with bathing. The manager told us that some people required encouragement to maintain an acceptable standard of personal care.

A member of staff we spoke with was able to describe in detail the care and treatment of a person who had epilepsy and we saw that an epileptic seizure observation chart was filled in each time the person had a seizure. This was detailed to show where, when, what happened and what type of seizure it was. This information could be shared with mental health professionals when the person's support was reviewed.

We looked at care files for three people. These had been rewritten recently and more documents, for example falls risk assessment, moving and handling assessment, life history and life aspirations, has been added to meet the requirements of the local authority. There was a detailed information sheet at the front giving information about next of kin, outside professionals etc. Each support plan was detailed enough for a new member of staff to read and to see how the person liked to be treated and what they liked to do. We found that some risk assessments were not always detailed enough and did not describe how staff should act if the person was seen to be at risk or in a hazardous situation.

People were able to pursue their hobbies and interests and a small number of people went out with their families. One person spent the weekends with their family and had been on holidays abroad with them. One person had a number of hobbies and interests and we were told was "always out and about". The manager told us that she and the rest of the staff team tried to encourage people to go out more often. Minibus transport was available twice a week to take people for a trip out but only a small number made use of this. The main activity people enjoyed was having a meal out.

The home's complaints procedure was displayed in the dining room. It was in small print and could have been clearer and easier to read. It listed a number of people and organisations people could contact with a complaint but did not give contact details for all of them, for example there was no phone number for social services. The manager told us that no complaints had been recorded since our last visit.

Requires improvement

Is the service well-led?

Our findings

The manager had been in post for five years and was registered with CQC. She was working towards a management and leadership qualification. There was a senior care assistant who shared on-call duties with the manager and could deputise in the absence of the manager. The provider visited the home often and did the shopping. We asked a member of staff about the manager and she told us "The manager is really good and you can have a chat with her and she listens." She said that everyone got on well together, "It's like a small family."

People who lived at the home had a monthly meeting and we saw that the most recent had been held the week before our visit. The minutes of the meetings showed that they were well attended and that people were able to raise any issues they wished to discuss. Safeguarding was a standing item on the agenda. People who lived at the home were also able to express their views through satisfaction questionnaires, which had last been completed in August 2015. The manager had written a summary report.

A staff meeting was held every three months, the most recent being in October 2015, and

records showed that staff had regular individual supervision meetings with the manager.

The manager wrote a monthly report for the home owner which covered residents, staff, environment and social activities. A monthly health and safety check of each bedroom was recorded. There was a weekly audit of people's personal spending money and a monthly audit of everyone's medicines. There were also monthly audits of accidents, care plans, kitchen and food hygiene. The audits had failed to identify the concerns we found relating to fire safety and smoking.

The manager had not informed CQC of safeguarding incidents which had been investigated by social services. The manager told us she was not aware that CQC should have been notified.

This is a breach of the Care Quality Commission (Registration) Regulations 2009: Regulation 18. Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had not ensured that the premises were safe.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The provider had not notified CQC of incidents that affected the health, safety and welfare of people who use services.**