

H U Investments Limited

St Martins

Inspection report

3 Joy Lane
Whitstable
Kent
CT5 4LS

Tel: 01227261340

Date of inspection visit:
23 October 2019
24 October 2019

Date of publication:
19 November 2019

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St Martins is a residential care home providing personal care and support to up to 30 people in one large extended detached building. At the time of the inspection, there were 24 older people living at St Martins, some of whom were living with dementia.

People's experience of using this service and what we found

People told us, and our observations confirmed, that they felt happy and safe living at the service. Potential risks to people's health, safety and welfare had been assessed and there was guidance in place to mitigate risks.

Accidents and incidents had been recorded, analysed and action taken to reduce the risk of them happening again. When incidents had happened, the provider had been open and transparent, they had worked with external agencies to reduce the risk of them happening again.

Staff had been recruited safely and there were enough staff to meet people's needs. Staff received training, supervision and appraisal to develop their skills and meet people's needs. Staff monitored people's health and referred them to healthcare professionals when required. Staff followed the guidance given to keep people as healthy as possible. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to eat a balanced diet. People had access to activities they enjoyed and kept them as active as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Each person had a care plan that contained details of their choices and preferences. People had been involved as much as possible in developing the plan.

People met with staff before moving into the service to check staff would be able to meet their needs. People were treated with dignity and respect. People were supported to express their opinion on the service. People's end of life wishes were recorded. Staff worked with GP's and district nurses to support people at the end of their lives.

Complaints had been recorded and investigated following the provider's policy. The environment had been developed to support people living with dementia following good practice guidance. People were given information in a way they can understand.

Checks and audits had been completed on the quality of the service and action had been taken when shortfalls were found. The registered manager attended local forums to keep up to date with developments in adult social care to continuously improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 15 November 2018) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

St Martins

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since our last inspection. We used this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and four relatives about their experience of the care

provided. We spoke with seven members of staff including the provider, registered manager, senior care workers, care workers, activities co-ordinator and the kitchen assistant. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to consistently manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were now managed safely. Creams were stored safely and at the recommended temperature. Risk associated with certain medicines or creams were assessed and well managed. Medicines records had been completed accurately.
- People received their medicines as prescribed. There were clear instructions for staff if a medicine needed to be given at a specific time or in a specific way. There were protocols in place for medicines prescribed 'when required' such as pain relief. Records showed that staff had followed the protocols.
- There were processes in place for the ordering, storage, recording and disposal of medicines. Staff followed these processes, they had received training and their competency had been checked regularly. We observed staff supporting people with their medicines, they were patient and encouraged people to take their tablets.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to consistently complete checks to ensure the premises was safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Previously, the buildings electrics and wiring had been not been checked as recommended. There were no records to confirm that remedial work had been completed following the previous report. At this inspection, the checks had been completed and remedial work had been completed. Other checks had been completed on the environment and equipment to make sure it was safe.
- Some people were living with health conditions such as diabetes. There was guidance in place for staff to follow if they became unwell. People had been asked to describe how they felt when they were experiencing high or low blood sugar. This was recorded so staff would be able to recognise when people became unwell

and support them appropriately.

- When people required equipment to help them move around the service, people's moving and handling needs were assessed by an occupational therapist. There was clear guidance for staff about the equipment to use and how it should be used. We observed staff moving people safely in the hoist during the inspection.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to identify any patterns or trends. Where and when the accident had taken place was reviewed to identify any patterns.
- Action had been taken to reduce the risk of the accidents happening again. This included referring people to health professionals such as the falls clinic.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse and discrimination. Staff had received training and could describe the action they would take if they had any concerns. Staff were confident the registered manager would take appropriate action. Staff knew they could contact the local safeguarding authority if they thought action had not been taken to keep people safe.
- The registered manager understood their responsibilities to keep people safe. They had reported concerns to the local safeguarding authority when required. The registered manager had recently completed a course 'Designated lead on safeguarding' to further understand their role in protecting people from the risk of abuse and neglect.

Staffing and recruitment

- Staff were recruited safely following the provider's policy. There were checks completed including Disclosure and Barring Service (DBS) criminal records check. When the DBS showed a caution or conviction, there was a risk assessment in place.
- Staffing levels were calculated using a dependency tool. People, relatives and staff told us there were enough staff to meet people's needs. During the inspection, call bells were answered quickly. Staff spent time sitting with people or joining in with activities.
- When staff were unable to cover annual leave or sickness agency staff were used. The registered manager told us they used the same agency staff, to reduce the risk of people being supported by staff they did not know. Records confirmed the same agency staff had worked at the service and their training and experience profile was available.

Preventing and controlling infection

- The service was clean and free of malodour. There were enough domestic staff to maintain the cleanliness of the service. One relative told us, "My Mum's room is always immaculate."
- Staff had received training in preventing infection. We observed gloves and aprons available around the service. Staff used these when appropriate to protect themselves and people from the risk of spreading infections.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People met with the registered manager before they moved into the service to make sure staff could meet their needs. The pre-admission assessment covered all areas of people's lives including people's culture, spiritual needs and sexual orientation.
- People's health needs were assessed using recognised tools such as Waterlow tool to assess people's skin integrity. Action had been taken following the guidance to meet people's health care needs. People's needs were reviewed regularly, and changes made to the care and support they received when needed.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. Training consisted of face to face, online and distance learning. Staff told us they enjoyed the mixture of training and the variety of topics covered. All staff received training in topics such as moving and handling, mental capacity act and dementia. Staff had access to additional topics such as epilepsy care if the service started to support someone with these needs.
- New staff received an induction this included shadow shifts to learn people's choices and preferences. Competency assessments were completed on areas such as continence care, before they were able to work by themselves.
- Staff told us they received supervision and appraisal to discuss their practice and development. They felt they were supported by the registered manager and could discuss any issues with them.

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

- People were supported to eat a balanced diet. People had a choice of meals and they told us they were able to choose an alternative if they did not like the meals. People who had been assessed as needing a specialised diet including puree meals were supported.
- During the inspection, we observed the lunch time meals. Staff supported people to eat their meals when needed. Staff were patient, allowing people to take their time while eating. Meals including the puree meals looked appetising and people told us they had enjoyed their meals.
- People were offered snacks and drinks throughout the day. Staff knew people's likes and dislikes and staff made sure that these were available for people to enjoy.

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

- Staff monitored people's health and people were referred to health care professionals when people's needs changed. People had been referred to the dietician when they lost weight and Speech and Language therapist when they had difficulty swallowing. Staff followed the guidance given, we observed staff giving

people thickened fluids as prescribed.

- People had access to health professionals such as dentist and opticians. Staff were aware of the need to support people to maintain their oral care. There were oral care plans in place and information about their teeth and dentures and how they should be cleaned.
- People were encouraged to be as active as possible. There were regular chair exercises for people to take part in.

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

- The service consisted of a large converted house that had been extended. There was a passenger lift, so people could access all the floors of the building. People had access to the garden and there was a ramp for easy access.
- The environment had been adapted in line with guidance to support people living with dementia. For example, memory boxes by people's doors to support people to identify their rooms.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff understood how to support people to make their own decisions. Staff understood how people communicated and how they needed information to be given to them. We observed people being supported to make choices. This included how they wanted to spend their time and what they wanted to eat.
- Some people had DoLS authorisations in place. When conditions had been placed on the authorisations, these had been met.
- When people were unable to make their own decisions, these were made in the person's best interest. These decisions involved people who knew the person best and taking into account their previous preferences. These decisions were recorded to show how the decisions had been made.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. Relatives told us, "Care is really good, very caring and compassionate." We observed staff treating people with patience and kindness. Staff changed the way they approached people and spoke to them according to their needs. Staff knelt so they were at eye level and spoke quietly and discreetly when needed.
- We observed staff spending time with people, chatting to them about their family and their lives. People were supported to do things in their own time and did not hurry them. Staff understood how to support people to reduce their anxieties. For example, some people were supported to get up late as this caused them anxiety and this had reduced the behaviour they displayed that challenged.
- People's different beliefs were supported. There were regular church services and holy communion within the service.

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

- Where people were able to, they were encouraged to express their views about their care and support. Life history profiles had been completed by people or their relatives, with information about their choices and preferences. These were used to help make decisions when people were unable to.
- Where possible people were involved in discussions about their care with GP's and other specialists. Staff supported people to make sure that their preferences were recorded and respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. We observed staff closing doors and curtains when supporting people with personal care. Staff knocked on people's doors and waited to be asked in. We observed staff moving people using equipment and their dignity was maintained throughout the manoeuvre.
- People were supported to be as independent as possible. People used walking aids to mobilise independently around the service. People were given cutlery that enabled them to eat their meals independently.
- People told us they were encouraged to be as independent as possible. One person told us, "They help me when I ask and I like the fact I am mainly independent but have help when I need it."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to establish and operate effectively an accessible system for receiving, recording, handling and responding to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The provider had a complaints procedure. Complaints had been recorded, investigated and resolved following the policy. The complaints log confirmed that all complaints and concerns had been recorded and there were written investigation notes.
- The registered manager had worked with outside agencies to investigate complaints when required to resolve complaints. The action taken to resolve the complaint had been recorded.
- People and relatives told us they would speak to the registered manager if they had a complaint. They were confident the registered manager would act to resolve the complaint.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan that contained detailed guidance on how to support them. This had been developed with people and, if appropriate, people's relatives. The care plans included details about people who had been involved in the developing the care plan.
- Care plans detailed information about people's choices and preferences. These included how people liked their drinks, how they communicated and when they liked to get up and go to bed. For example, some people displayed behaviours that challenged if they were woken up early. Staff assisted one person to get up just before lunch. We observed when they came to the lounge, they were happy. Staff had supported the person as detailed in their care plan to ensure it met their needs and preferences.
- People told us they were supported in the way they preferred. Some people had requested they were not disturbed at night and this had been recorded and respected by staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People were given information in a format they could understand. There was information displayed around the service in pictorial form, when required people were provided with information about their care in pictorial form.
- There were signs around the service in pictorial form to assist people to find their way around the service independently. Details of how people should be given information was documented in their care plan. Staff told us how they showed one person pictures of meals, so they could decide the meal they wanted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they enjoyed. The activities organiser had completed NAPA (National Activity Provider Association) training. NAPA specialises in developing activities for people living with dementia. They had developed an activity programme following the NAPA principles, to empower people with confidence, clarity and credibility, to enrich their lives.
- The service had close links to a local nursery and the children visited weekly. Close and rewarding relationships had developed, people talked fondly of their favourite children. Some children had continued to visit people after they had left the nursery. People were invited to activities at the nursery and they looked forward to this. There were photos of people and the children playing together and having lunch, laughing and enjoying themselves.
- People were supported to go out on trips, they told us about trips to the seafront and local attractions. One person told us, "I go to the seafront, which I enjoy." People were supported to continue their hobbies; two people had been encouraged to share their love of knitting. We observed a game of bingo, people were chatting, laughing and helping each other to play.
- People were encouraged to maintain relationships with their family and friends. Relatives they could visit at any time and were always made welcome. We observed relatives and staff relaxed in each other's company and asking about their families, there was a warm relationship.

End of life care and support

- The service supported people at the end of their lives. When people were becoming frail, staff worked with the GP and district nurse to put plans in place for their future care. Medicines were reviewed, and additional medicines were made available to keep people as comfortable when required.
- People were asked what their end of life care wishes were. When people had been happy to discuss this, these wishes had been recorded.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had failed to effectively assess, monitor, record and improve the quality of the service. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Oversight of the service had improved since the inspection. Checks and audits had been completed on all aspects of the service. These had been effective in identifying shortfalls. When shortfalls had been identified an action plan was put in place and signed off when completed.
- An outside consultant completed regular audits on the service. The registered manager had an action plan they were completing. The plan had been reviewed and updated when actions had been completed.
- The provider and registered manager had made improvements to the oversight of the service and all the previous breaches of regulation had been met.

At the last inspection the provider had failed to inform Care Quality Commission (CQC) of events that had happened in the service as required. This is a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (Registration).

- Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious incident, so CQC can check that appropriate action was taken to prevent people from further harm. The registered manager had submitted all notification as required and in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff promoted a person-centred approach to people's care and support. People and their relatives were involved as much as possible in developing their care.

- The activities organiser encouraged people to take part in decisions about what they wanted to happen within the service. People had been encouraged to be involved in improving the service. People had helped to tidy the front of the service to make it more inviting, people told us they were pleased with the result.
- People were encouraged to develop their personal space. Some people had chosen to have bird feeders outside their bedroom window. People told us how much they enjoyed watching the birds.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture within the service. The registered manager had an 'open door' policy and staff told us they could approach them with any issue. We observed relatives chatting to the registered manager and appeared comfortable in their company.
- When incidents happened, the registered manager had been open and honest with people, relatives and staff. The service had worked with other agencies to put strategies in place to reduce the risk of them happening again.
- The registered manager told us they used incidents as a learning experience to improve staff practice. Staff told us how learning from incidents had improved their practice and the service.

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

- People and relatives were able to attend regular meetings. The dates for all the meetings were displayed, a resident meeting was held as planned, during the inspection. People were encouraged to express how they felt about topics such as activities and menus. Staff attended regular meetings to discuss people's needs and how to improve the service.
- Following meetings, action plans were put in place and signed off when completed. Some people had requested different meals such as curry and Chinese. Evenings had been organised to have Chinese and Indian take away with family and friends.
- Quality assurance surveys had been sent to people, relatives and staff recently. The staff survey results were being analysed after the inspection. Results from the resident survey were analysed during the inspection. The results were mainly positive, comments included, "The menu is always being worked on to accommodate the residents" and "The staff are lovely and always approachable."
- The registered manager told us, when the results were finalised there would be a board in reception with 'You said we did'. This would show how the service planned to make changes following comments in the survey.

Continuous learning and improving care; Working in partnership with others

- The service had created links with the community. The local nursery visited regularly, and people went to the nursery. The service supported police cadets with learning about dementia and how this affects people. The registered manager organised dementia workshops at their events such as the summer fete. These workshops helped people to understand what it was like to live with dementia. Equipment such as shoes and goggles to give people the virtual experience of how dementia affects everyday life.
- The registered manager attended local forums to keep up to date with changes. They received updates from national organisations to promote improvement. The registered manager had started to organise training for staff incorporating the new guidelines on equality and supporting the LGBT community.