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Martins Care - the Angels

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected this home on 6 October 2015. This was an unannounced Inspection. The home was registered to provide residential care and accommodation for up to four people who may have a learning disability or mental health support needs. At the time of our inspection three people were living at the home. The accommodation was provided in single bedrooms, the home had bedrooms on the ground and second floor. There were shared lounge, kitchen and dining facilities on the first floor.

The service was previously inspected in September 2014 and at that time we found the service was not compliant with one of the regulations we looked at. The provider

did not have suitable arrangements in place for safeguarding people who use the services from abuse. We found that the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) had not been met, failing to protect the rights of people. The provider had not made sufficient improvements on this inspection.

People were supported by the registered manager, who was the registered provider and one member of staff.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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.

People we spoke with told us that they felt safe living at the home and relatives we spoke with supported this. Although the registered manager and the member of staff knew how to recognise when people may be at risk of abuse and how to report concerns, the action taken when a potential safeguarding incident had occurred was not in line with the procedure or established good safeguarding practice.

There were sufficient numbers of staff available to meet people's individual needs on our visit. The single member of staff had been properly recruited to ensure they were suitable to work in the home. The registered manager had ensured that people's needs were met by ensuring that staff support provided was adequate.

People had received their medicines safely.

People's needs had been assessed and person-centred care plans developed to inform staff how to support people in the way they preferred.

People's dietary needs had been assessed and people were supported to eat and drink sufficient amounts to maintain good health. People were supported to stay healthy and to have access to a wide range of health care professionals.

The service were not meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) which failed to protect people's rights. Some necessary applications to apply for authority to restrict people had not been submitted in a timely manner.

People told us, or indicated by gestures that they were happy living at the home. Staff treated people with respect and compassion and communicated well with people. People told us they had been to places of interests and had been supported to do things they enjoyed.

There was a complaints procedure in place and this was displayed in different formats to support people's preferred way of communicating. People told us they knew who to speak to if they had any concerns. Relatives told us they knew how to raise any complaints and were confident that they would be addressed.

Our inspection did not find that the leadership, management and governance of the home had been effective. Improvements were needed.

We found the provider was in breach of Regulations. 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.

Staff knew how to recognise and report abuse and were aware of the provider's procedures for reporting concerns; however they had failed to follow safeguarding procedures for one incident.

The provider had ensured there were enough staff to meet people's care and support needs.

Medicines were safely managed.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had the knowledge and skills they required to meet the needs of the people they supported. The one employed member of staff told us they felt supported.

Assessments of people's capacity to make decisions and determination of their best interests had not been undertaken. Necessary applications to the local supervisory body for Deprivations of Liberty Safeguards had not been made for two people.

People were supported and encouraged to have enough to eat and drink and to maintain good health.

Requires improvement



Is the service caring?

The service was caring.

Staff had positive and caring relationships with people using the service and promoted compassion, dignity and respect.

Staff had a good knowledge of the people they were caring for, including their preferences and individual needs.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and had been actively supported to pursue their interests and hobbies within their home and the local community.

People were supported to maintain relationships which were important to them and promoted their social interaction.

People and their relatives were aware of how to make complaints and share their experiences.

Good



Summary of findings

Is the service well-led?

The service was not consistently well-led.

Improvements were needed to ensure that quality monitoring systems were robust and that compliance with all aspects of the regulations were maintained.

People, relatives and professionals told us that the manager were approachable.

Requires improvement



Martins Care - the Angels

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 6 October 2015 and was unannounced. The visit was undertaken by one inspector.

Prior to the inspection we looked at the information we had about this provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people in the supported living accommodation) to obtain their views.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur

including serious injuries to people receiving care and any safeguarding matters. One notification that should have been submitted had not been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with three of the people who were receiving support and/or care, spoke at length with one member of staff and the registered manager. We spent time observing day to day life and the support people were offered. We looked at records about staff recruitment, training, care plans and some of the quality and audit systems.

Following our inspection we spoke with two relatives of people who received support and three health and social care professionals involved with people who used the service.

Is the service safe?

Our findings

People told us that they did feel safe living in the home. One person told us, “I feel very safe here.” Other people looked relaxed in the company of the staff and their environment. A relative we spoke with told us, “[name of relative] is very safe living at the home, the staff look after them well.”

One person we spoke with told us, “If I did not feel safe I would tell staff members.” The registered manager told us that regular meetings had taken place with people and that they had been encouraged and supported to raise concerns. A relative we spoke with told us, “If I had any concerns at all I would go immediately to [name of registered manager].”

We spoke with the member of staff who confirmed they had received safeguarding training and were able to identify the types of abuse people were at risk from. The member of staff understood their responsibility and told us that if they had concerns they would pass this information on to the manager and were confident this would be responded to appropriately. The member of staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe. The provider had a whistle-blowing policy and staff we spoke with told us they were aware of the policy and could describe how to raise concerns.

During the visit we were told about a recent incident that had been thoroughly investigated by the registered manager. The action taken when the incident became known was not in line with established local authority safeguarding procedures or in line with good practice guidance.

The registered manager had not understood their responsibilities to respond to concerns about abuse when providing care and treatment.

We looked at the ways in which the home managed risks to people living there. Each person had their individual risks assessed. Whilst staff were aware of risk management they did not always follow good practice guidelines. We noted there were no systems in place to monitor and reduce risks within the environment.

People had an initial assessment and visited the home before they decided to live there; this meant that the manager could determine if they could safely meet people’s needs before they arrived.

Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents. Records we saw supported this; accident and incident records were clearly recorded and outcomes for people were detailed. Staff could consistently describe plans to respond to different types of emergencies.

There were sufficient numbers of staff on duty on the day of the inspection to meet the individual needs of people using the services. A person living at the home told us, “Yes, there is always someone here to help me.” A relative also said, “There is enough staff, always someone there when I visit or telephone.” We saw staff were visible in the communal areas and we observed people being responded to in a timely manner. The registered manager did not have a current staffing rota and they confirmed they did not use a specific staffing level assessment tool to establish their current staffing levels; the numbers of staff on duty were based on the specific needs of the people who used the service. The registered manager informed us that in the event of staff absences they would use agency staff and confirmed if another person came to live at the home staffing levels would be increased as necessary.

The one recruitment record we saw demonstrated that there was a robust process in place to ensure that staff recruited were suitable. These included: checks of staff identification, obtaining references from former employers and checking with the Disclosure and Barring Service (formerly Criminal Records Bureau).

We looked at the way medicines were stored, administered and recorded. During the inspection, we observed a member of staff preparing and administering medication to people. We saw the records and stocks of medication held for three people which showed that people had received their medicines as prescribed, however, two medicine protocols were not in place for medicines that are prescribed for “use as needed” (PRN) this meant some medicines could be at risk of being administered incorrectly.

Is the service safe?

Staff told us that they had received training to administer medication and that competency assessments had been conducted to ensure they were able to administer medicines safely, however, there were no evidence available to confirm this.

Medicines were stored, disposed of and secured in line with current and relevant regulations and guidance; however, we saw medication being stored in the same fridge as food, which did not follow good practice guidelines. Whilst looking at medicines storage in the fridge we found some foods that were very out of date were in the fridge.

Is the service effective?

Our findings

We last inspected this service in September 2014. At that time we found the provider was breaching regulations, we identified that the provider had not met the requirements of the law in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to protect people's rights. The provider had not taken sufficient action to ensure that necessary applications had been made to the authorising body for restrictions or that appropriate assessments had been undertaken to ensure people had the capacity to understand these restrictions. At this inspection we found that the provider had not made sufficient improvements to comply with the legislation.

We spent time talking with staff about their skills and knowledge to provide care and support to the people who lived at the home. A member of staff told us that there was a variety of training and qualifications available to them. A relative we spoke with told us, "Staff seem confident at their jobs." There was no evidence of any competency assessments carried out after training had taken place.

Staff told us handovers took place before they started their shifts and said communication was good within the team. Staff told us that the handovers ensured that they were kept up to date with how to meet people's specific care needs and any changes to their conditions. We asked a member staff if they received regular supervision, they told us they did not receive any formal supervision but felt well supported by the registered manager.

Staff we spoke with had been provided with training on Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), but we found that staff had limited understanding about their responsibilities around both areas. Discussions with the registered manager identified that a referral for one person living at the home had been made to the local supervisory body for the Deprivations of Liberty Safeguards (DoLS), however, evidence of the application could not be found on the day of the inspection. The registered manager sent this following the inspection. Necessary applications to the local supervisory body for the Deprivations of Liberty Safeguards (DoLS) for other people living in the home had not been done.

Discussions with the registered manager identified that people's mental capacity to consent to care or treatment had not been assessed and best interest decisions and meetings had not been undertaken. For example, we looked at one person's financial records and although staff described the process for managing people's money consistently and records demonstrated that the process was followed, family members were making decisions on behalf of people. Another person's care plan stated that the family had agreed for the use of an alarm in the person's bedroom, consent had not been given by the person.

Failure to obtain consent before care and treatment is provided is a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 11.

People told us they had access to a wide range of different food and drinks. One person we spoke with told us, "The food is lovely here, I get too much." A relative we spoke with told us, "[name of relative] tells me the food is good and there is plenty of choice."

We observed the evening meal and staff were sitting and eating their meals with people and noted interactions were positive and people were laughing and relaxed; people seemed to enjoy their meals and had enough time to eat at their own pace. A number of people who lived in the home had received nutrition assessments and detailed and individual care plans were in place. All of the staff we spoke with had a good knowledge of individual people's dietary and hydration needs.

People living at the home had a range of health conditions. People were supported to stay healthy and access support and advice from healthcare professionals when this was required. A person told us, "I don't like the dentist, so [name of registered manager] comes with me and holds my hand." A relative we spoke with told us, "[name of relative] has had a lot of recent health issues and staff have really gone overboard to support them, what they have done is amazing."

We contacted three health and social care professionals following our inspection who gave positive comments that the people who lived at the home were supported to maintain their health.

Is the service caring?

Our findings

We were told by people and their relatives that staff were kind, caring and helpful. One person told us, “Staff are kind and I like them.” A relative we spoke with told us, “Staff here are amazing and have really looked after [name of relative]; they have made such a difference to their life.”

People and relatives we spoke with told us they were able to visit without being unnecessarily restricted. A person we spoke with told us, “My brother comes to visit me and sometimes I go out with him for the day.” A relative supported this and their comments included, “There are no restrictions, I can visit whenever I want to, staff are always welcoming.”

We observed positive and respectful interactions between people and staff. Some people were able to talk to staff and explain what they wanted and how they were feeling. Others needed staff to interpret gestures and understand the person’s own communication style. People were supported with compassion and in a meaningful way. Staff we observed responded to people’s needs in a timely and dignified manner including supporting a person who was unwell. We observed examples of staff acting in caring and thoughtful ways.

People living at the home were keen to show us their bedrooms and told us they had been involved with choosing the colours and furniture for their own rooms. The registered manager told us people have been involved with the décor and style of the home and the garden area. The staff we spoke with told us they enjoyed supporting people and knew people’s preferences and personal

circumstances. We observed that activities were provided which met people’s preferences and personal needs. A relative we spoke with told us, “[name of relative] loves to shop for clothes and staff support them to do this.”

Opportunities were available for people to take part in everyday living skills. We saw people and staff working together in the kitchen.

We saw that staff actively engaged with people and communicated in an effective and sensitive manner. People told us they were able to choose what to do. One person told us, “I like to draw and watch television in my own room.”

We saw that one person who did not have anyone to support them, had been supported by an independent advocate [supporting and representing people who do not have a family or friends to advocate for them at times when important decisions are being made about their health or social care]. Records of advocacy visits supported this.

All of the relatives we spoke with were pleased with the support and care their relative received and praised the staff; A relative told us, “This is a perfect home for [name of relative] and staff are outstanding.”

Staff we spoke with had a good appreciation of people’s human rights and promoted dignity and respect. One member of staff told us, “People here have the right to personal space and privacy and the right to live as they wish.”

We did note that a lock was not available for one of the toilet doors; this could impact on people’s privacy and dignity. This was brought to the registered manager’s attention.

Is the service responsive?

Our findings

Each person had a detailed and person-centred care plan to tell staff about their needs and how any risks should be managed. One person living at the home told us, “I like to ring my relative every Sunday.” Staff we spoke with told us they spent time with people to discuss individual preferences and how they wanted their care to be delivered. This demonstrated that the service supported people to express their views to how they wanted care and support when they needed it. The registered manager told us about people’s individual routines and we saw that people were able to maintain these.

A person we spoke with told us, “I’m happy living here; I go to bed when I want to.” Care plans for people contained details of the choices which people had made in relation to their lifestyle and individual preferences. People we spoke with told us about the things they enjoy in their lives. One person we spoke with told us, “I like to draw and play cards.” People and their relatives told us they were happy with the quality of the care provided and that staff cared for them in the ways they preferred.

We saw some care plan review meetings that did not always include contributions from people living at the home. The home encouraged and supported relatives to contribute towards helping to determine care plans and reviewing them. A relative we spoke with told us, “Yes, [name of registered manager] always invites me to review meetings.”

People were supported to participate in their expressed interests and hobbies. A person living at the home told us, “I like to go to the safari park.” Another person living at the home showed us the sensory garden and described how nice it looked at night when all the lights came on. A

relative supported this and told us, “There are plenty of activities, staff support [name of relative] to access lots of places in the community and [name of relative] goes for lots of walks in the park, which is really good exercise as well.”

People were supported to maintain relationships with people that mattered to them. One person told us, “I go out with my brother for lunch.” A relative we spoke with told us, “I visit as often as I can and I am always welcomed by the staff, [name of relative] is so happy here, they are always laughing.”

The service had a pet dog living at the home; the dog had been specifically trained to support people with learning disabilities. We saw people communicating and touching the dog and they were happy and laughing when the dog was in their company. We saw a person going out for a walk with the dog and a member of staff. One person told us, “We take Tilly [name of dog] for walks in the park, I love her.”

People told us that if they were not happy they would tell staff. Relatives knew how to complain and were confident their concerns would be addressed. A relative we spoke with told us, “I know who to complain to and all the staff are approachable and helpful.”

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was available in different formats to meet the communication needs of people receiving support. Records identified one complaint had been received during the past twelve months. The registered manager told us there were plans in place to start recording and reviewing all minor concerns so they could identify and monitor and improvements to the service.

Is the service well-led?

Our findings

There were no quality assurance audits in place to assess the quality of the service provided in the home, and records relating to the care and support needs of people were not consistently maintained.

The registered manager was not fully aware of their role and responsibilities and the importance of being accountable for systems and procedures to ensure the service was run effectively. Our discussions with the registered manager identified that they had not kept themselves up to date with new developments and requirements in the care sector. For example, the new regulation regarding the duty of candour and the changes introduced by the changed legislation.

Assessments of people's capacity to make decisions and determination of their best interests had not been undertaken. The necessary applications to the local supervisory body for Deprivations of Liberty Safeguards had not been made for two people.

These issues regarding governance of the service were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

People told us, or indicated by gestures, that they were happy at this home. One person told us "I like it here and I am happy."

People who lived at the home and their relatives spoke positively about the registered manager. People knew the manager by name and told us they could approach them at all times. One person said, "[Name of manager] is kind to me, I like her."

The registered manager told us that people were supported and encouraged to give feedback about the

service. A member of staff told us that family meetings take place on a regular basis. Some people had completed questionnaires. The questionnaires were available in different formats which met individual communication needs. A relative we spoke with told us, "I have completed a survey since my relative has been here."

The registered provider did not collate feedback gathered from meetings or surveys to develop the service, or to drive continuous improvement

The culture of the service supported people and staff to speak up if they wanted. Information about raising concerns were clearly displayed around the home which was accessible in different formats to meet people's individual communication needs. Staff we spoke with were knowledgeable about how to raise concerns and told us that the registered manager encouraged them to tell the truth and own up to any mistakes. Staff told us they felt well supported. The member of staff we spoke with were able to describe their roles and responsibilities and what was expected from them.

The one member of staff told us that informal staff meetings were held every three months between them and the manager, no records of the meetings were maintained and the staff member advised that they discussed general things about the home.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered provider had not informed us of significant events that they were required to and there were no systems in place to ensure notifications were submitted as required. On one occasion the registered provider had failed to follow correct safeguarding procedure, this did not demonstrate an open culture by the provider.

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	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The provider did not ensure that care and treatment was provided with the consent of the relevant person. Regulation 11 (1)</p> <p>The provider did not act in accordance with the provisions of the 2005 Act. Regulation 11 (3)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to monitor the quality of the service. Regulation 17 (1) 17(2)(a)</p> <p>The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2)(b)</p> <p>The provider did not maintain a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17(2)(c)</p>

This section is primarily information for the provider

Enforcement actions

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