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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 20 January 2016 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 not had a registered manager for a period of one day prior to our inspection, although they had left their position two months before. 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 June 2015 we asked the provider to take action to make improvements in respect of providing safe care and maintaining a safe environment. During this inspection we found that sufficient improvements had been made because a risk assessment of the water supply at St Martins had been carried out. The recommendations made by the contractor had been implemented. Steps had been taken to reduce the risk of people sustaining injuries should they fall. However, improvements were still required to further mitigate the risks of people falling.

Medicines were administered and stored appropriately however information about people's medicines was not always available. People were protected from abuse and staff understood their responsibilities to keep people safe. There were sufficient staff to meet people's needs in a timely manner during our inspection.

Staff had not received all relevant training or regular supervision. There were measures in place to rectify this and some progress had already been made. People's right to make their own decisions was respected, however where there were doubts about a person's capacity to make decisions a capacity assessment had not always been carried out.

People received 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 kind and caring manner and had developed positive relationships with people. Staff gave people choices about their care and respected the decisions they made. People were treated with dignity and respect by staff.

People were positive about the care they received, however staff did not always have access to comprehensive information about their care needs. People told us they would feel comfortable making a complaint. Any complaints received had been investigated however we couldn't be sure that they had been properly responded to.

At our inspection in June 2015 we asked the provider to take action to make improvements in respect of the

systems in place to assess and monitor the quality of the service and to reduce risks to people. During this inspection we found that sufficient improvements had not been made.

The quality assurance systems in place were not robust and had not been effectively used to identify when improvements were required. There had not been any meetings for people and their relatives to attend to provide their views since our previous inspection. This was a breach of Regulation 17 and you can see what action we told the provider to take at the back of the full version of the report. A survey had been distributed recently and responses were positive. 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people's health and safety were assessed and staff supported people to reduce these risks. However there had been no analysis to understand why people may have fallen.

People received their medicines as prescribed however information about their any medicines allergies was not always available.

People were protected from the risk of abuse and there were sufficient staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received consistent supervision and training although measures were in place to rectify this.

People's right to make their own decisions was respected, however assessments of people's capacity had not all been carried out.

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

Is the service caring?

Good

The service was caring.

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

People were able to make choices about their care and these were respected.

People's privacy and dignity was maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff knew about the care people required however there was limited information available in their care plans.

People felt able to complain and knew how to do so. Complaints had been investigated although we could not be sure they had been appropriately responded to.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The quality assurance systems were not effective and did not always identify issues of concern.

There was no registered manager in post and people were not sure who was responsible for managing the home.

There was an open and transparent culture.

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 20 January 2016 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 four people who were using the service, six relatives, four members of care staff, the cook, the regional manager and other representatives of the provider. 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 looked at the care plans for four people and any associated daily records. We also looked at a range of records relating to the running of the service such as medicines administration records and three staff files.

Requires Improvement

Is the service safe?

Our findings

At our inspection in June 2015 we found that not all actions had been taken to fully protect people from the risk of falling. This was because falls risk assessments contained conflicting information and staff had not always followed guidance to reduce the risks. In addition, people had been left exposed to the avoidable risk of contracting legionella from the water supply. The provider submitted an action plan detailing the improvements they planned to make. During this inspection we found that a legionella risk assessment had been carried out and measures had been implemented to reduce the risk of legionella developing. Other routine maintenance and safety checks were carried out, such as gas and fire safety checks.

Steps had been taken to reduce the risk of people sustaining injury should they experience a fall. For example, some people had crash mats on the floor next to their bed to reduce the likelihood of an injury. Other people had beds which were low to the floor which also reduced the risk of the person sustaining an injury. However, steps had not always been taken to understand why people experienced falls. We saw that there had been 16 falls during a period of seven months since our previous inspection. Although each fall had been logged alongside the action taken immediately afterwards, there had been no analysis of why people were continuing to experience falls. This meant that people had not been fully supported to reduce the risk of them falling.

The risk of people falling had been assessed and the staff we spoke with told us they felt able to manage these risks. People had access to equipment such as walking frames to assist them in maintaining a level of independence. Regular safety checks were in place throughout the night where required and records confirmed these were being carried out. In addition, some people had sensor mats in their bedroom which alerted staff if the person had got out of bed so that support could be offered. During our inspection we observed staff supporting people to stand and walk safely.

The people we spoke with told us they felt safe living at St Martins. One person said, "Very safe." Another person told us, "Reasonably and I've had no problems." All of the relatives we spoke with confirmed they felt their loved one was safe living at the home. During our inspection we observed staff supporting people in an inclusive manner and the atmosphere was calm and relaxed.

The staff we spoke with were able to describe the different forms that abuse can take and knew of their responsibilities to keep people safe. There was information available to all staff and people living at St Martins about how to report any safeguarding 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 and staff had responded to any recommendations made.

We observed that staff were confident in managing any situations where people may have been affected by the behaviour of others and acted to keep people safe. Staff had sought professional guidance from the dementia outreach team with regards to managing people's individual behaviours. The staff we spoke with could describe different ways that they kept people safe, such as by diverting a person to a different area of

the home. However, the information staff gave us was not always available in care plans. For example, staff told us that one person could become distressed and that they had had to manage some difficult situations. However, there was no guidance for staff in how to manage this situation.

The people we spoke with told us that they felt there were enough staff to meet their needs. One person said, "Yes, it's pretty good." Another person told us that a member of staff had taken them out of the home to visit some local shops and said, "Yes I think there are plenty of staff." The relatives we spoke with thought that there were generally enough staff to meet people's needs in a timely manner. However, two relatives felt that there were occasions when staff were not immediately available, such as when a staff training was being carried out.

We observed there were sufficient staff to support people in a timely manner during our inspection. There was a member of staff in the communal areas at all times and staff responded quickly to any requests for support that people made. The provider had extended the hours for one member of staff each morning so that there was an extra member of staff available to assist people when they woke up.

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 felt that the staffing levels were generally enough to meet people's needs. The provider's representative told us that they had implemented a new night time senior carer role which they hoped would improve the way in which the night shift operated.

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.

The people we spoke with told us that they were happy with the way in which their medicines were managed. One person said, "Yes they make sure that I take it." The relatives we spoke with also confirmed they were satisfied with the way medicines were managed. A relative said, "Yes it is okay as far as I know." 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 and the trolley was also secured in a locked room when it was not in use. The regional manager told us they had recently found that some unused medicines had not been returned to the pharmacy, however this situation had been rectified. We saw that staff were recording when people had taken their medicines or the reasons if they had not taken their medicines. Records relating to people's preferences and allergies relating to medicines was not available for six people. This meant there was a risk that staff may not be aware of important information relating to the safe administration of 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.

Requires Improvement

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and carried out their duties effectively. One person said, "Yes they are really nice and very patient." Another person noted that staff were calm and communicated effectively with them. 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 felt well supported by the regional manager and provider and that they could speak with them at any time. However, staff had not been receiving consistent supervision since our previous inspection. We saw that some staff had not received a supervision meeting for 12 months and others for between six and nine months. Staff told us that, despite asking for supervision meetings, they had not been provided by previous managers. The regional manager had made some progress in meeting with staff and had further supervision meetings planned.

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 were provided with an induction prior to caring for people unsupervised.

People were asked for their consent before receiving any care. One person said, "They do ask me which shirt I want to wear." The relatives we spoke with also felt that staff sought people's consent before providing any care. One relative said, "We have heard them ask for consent." Our observations confirmed that staff asked people for their consent before attempting to provide any care or support.

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.

There was a good awareness of the MCA amongst staff and people were supported to make their own decisions where possible. However, assessments of people's capacity to make certain decisions had not always been carried out. For example, one person had been deemed not to have the capacity to make decisions about managing their finances but a capacity assessment and best interest's decision had not been carried out. The regional manager was aware of these and planned to carry out capacity assessments. There was a good awareness of the Deprivation of Liberty Safeguards (DoLS) amongst the staff team. Where

there were restrictions on people's freedom, these had been appropriately assessed and the relevant applications made to the local authority. However, the conditions relating to any authorised DoLS were not always being adhered to.

The people we spoke with told us they liked the food they were given and that they were given enough to eat and drink. One person said, "We get plenty." Another person said, "My food is nice and they give me salt and pepper." The relatives we spoke with told us they felt their loved ones were offered enough to eat and drink. Although one relative felt that the choice at tea time could be somewhat limited. The main meal was served at lunchtime and a selection of sandwiches or smaller hot meals in the evening.

People were assisted to eat and drink enough and we saw that people enjoyed their meals. People were offered a choice of hot meals at lunch time and the portion sizes were generous. Where people required support to eat this was provided to them. People were provided with specialised diets such as soft diets and low sugar alternatives. The cook told us that she was aware of what type of food people required, however this information was not consistently recorded in the kitchen. 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 healthcare professionals such as their GP and nurse. One person told us, "I see the nurse every Monday and Thursday." We were also told that staff had called the emergency services for one person when they had concerns. The relatives we spoke with told us that their loved one had access to their own GP and that staff arranged appointments.

The staff we spoke with told us they arranged healthcare appointments for people, such as with their GP and district nurse. A visiting professional visited two people during our inspection. Staff recorded the information from appointments in people's care plans and this was also handed over to other staff. People were supported access specialist services such as the dementia outreach team and the Falls and Bones team. Staff followed any guidance that was provided such an ensuring that people had access to equipment such as walking frames.

Good

Is the service caring?

Our findings

The people we spoke told us they were well cared for by the staff and had positive relationships with them. One person said, "I couldn't ask for better care." Another person told us, "I have lived here for a while now, I can't believe how quickly the time has gone. I like it here." The relatives we spoke with also commented that their loved ones were well cared for and felt staff had developed good relationships with people. One relative said, "I have always thought the staff are very caring." Another relative said, "Staff are lovely."

During our visit we saw that staff treated people with kindness and compassion and, where appropriate, shared a joke with people. Staff also acted spontaneously and showed that they enjoyed interacting with people. For example, staff knew that some people enjoyed singing and started an impromptu sing-along. Staff also spent time sitting with people and chatting when they were able to and we saw that people were very comfortable in the presence of staff.

The staff we spoke with told us they enjoyed working at the home and valued the relationships they had with people. Staff spoke about people in a caring way and told us that they enjoyed spending time talking with them. We observed that staff enjoyed spending time with people and tried to carry out administrative tasks in communal areas, where appropriate, so that they could still spend time with people. The care plans we looked at described people's needs in a caring and individualised way. The staff we spoke with clearly described people's needs and personality and how this impacted on their care.

People were able to be involved in making decisions and choices because staff made efforts to involve them. One person told us that staff always asked them what they wanted to wear and what they would like to eat. Some of the relatives we spoke with told us they had been involved in the care of their loved one and also felt that people living at the home were offered day to day choices. Other relatives had chosen not to be involved in the care planning process, however staff told us they tried to involve relatives in a less formal way by speaking with them during their visits to the home.

We observed that staff involved people in making decisions about their care by ensuring they were offered choices. For example, we saw that staff regularly checked if people were okay and wanted anything to do, eat or drink. When people decided they would like to walk to a different area of the home staff supported this and offered any assistance that was needed. We saw that visitors to the home were welcomed and able to discuss the care of their loved one with staff. Staff understood the importance of giving people choices and respecting their decisions.

The importance of people retaining their independence was understood by staff and they described how people were supported to remain as independent as possible. We saw staff encouraged people to do things for themselves where possible. People were provided with equipment, such as walking aids, so that they could still walk independently. Information about advocacy services was available in the home although no-one was using this at the time of our inspection. 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 that staff treated them with dignity and respect and ensured their privacy was maintained. One person told us about how staff respected their dignity commenting, "Definitely, they always put a blanket over me." The relatives we spoke with also told us that staff provided care in a dignified and respectful manner.

The staff we spoke with were passionate about respecting people's dignity and maintaining their privacy. One staff member said, "I treat people how I would expect to be treated myself." Staff were able to describe the different ways they would do so, for example by ensuring that people were appropriately covered during any personal care. We observed that staff respected people's confidentiality and held discreet conversations about people's care needs. People had access to a smaller, quiet lounge or their own bedroom should they require some private time or to receive visitors. We saw all areas of the home being used by people during our inspection.

Requires Improvement

Is the service responsive?

Our findings

All of the people we spoke with confirmed that they were well cared for and staff provided care in a way which was responsive to their needs. One person said, "It could not be better." Another person told us, "I like it here, I have got what I need." The majority of the relatives we spoke with were satisfied with the care that was provided to their loved one. One relative said, "[My relative] has not been well but staff are on to it."

One of the relatives we spoke with told us they were not satisfied with the care their loved one had received because they had developed a pressure ulcer. We asked staff about the care provided to this person and staff confirmed they had developed the pressure ulcer during their stay at St Martins. Staff told us, and records confirmed, that the person's pressure ulcer was beginning to heal and they received regular visits from the district nurse. Staff had implemented and followed the guidance that was provided to them, for example the person was regularly repositioned to relieve their pressure areas.

We observed staff responding in a timely manner when people needed support, for example to use the toilet. Staff also acted inclusively so that any people who had limited verbal communication also received responsive care. Staff had noted that one person was not feeling well and made arrangements for a healthcare professional to visit them. The staff we spoke with told us they did not always have access to comprehensive information about people's care needs. This was because people who had recently arrived at St Martins had not immediately had a care plan put into place. Basic care plans were in place for these people at the time of our inspection and the regional manager acknowledged that further work was needed to improve the care plans. The staff we spoke with had a good knowledge of the care people needed and daily records confirmed that the care was being provided.

There were limited opportunities for people to take part in activities within the home. The people we spoke with told us there was not enough for them to do. Although staff did spend time with people talking and carrying out impromptu activities such as sing-alongs this was limited. Staff did not have the time to plan activities appropriate to people's hobbies and interests and there wasn't a staff member who lead on activity provision. The regional manager acknowledged that this was required and told us that efforts would be made to recruit into such a role. The provider had responded to requests from relatives and people living at the home for a path and patio area to be laid in the rear garden. Although the weather was cold on the day of our inspection, people had access to the garden area and we saw it being used.

The people we spoke with felt they could raise concerns or make a complaint, although they had not had cause to do so. One person said, "I have not had to complain but I would speak to [named member of staff]." Another person said, "I would see her [pointing out the regional manager]." The relatives we spoke with told us they felt able to make a complaint and two told us that they had done so. One relative commented that they had lodged a complaint and that it was being dealt with at that time.

The regional manager and provider's representative told us they welcomed any complaints and other comments people and relatives may have about the service. The provider's complaints procedure was displayed prominently in the home in a place that people and relatives had access to. Two complaints had

been received since our previous inspection and we saw that these had been investigated in a timely manner. However, there was no evidence of a response being sent to the complainant. Therefore we could not be sure that the provider had responded appropriately to the concerns that had been raised.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in June 2015 we found that effective systems were not in place to effectively monitor the quality of the service and mitigate risks to people. The provider submitted an action plan detailing the improvements they planned to make. During this inspection we found that sufficient improvements had not been made and these systems were still not being operated effectively.

The people we spoke with told us they felt able to give their opinion of the quality of the service, however there were limited opportunities for them to do so. Surveys had recently been distributed to people, their relatives and healthcare professionals and the responses received were generally positive. There had not been a meeting for people and relatives since our previous inspection which meant people did not have this opportunity to discuss their views about the quality of the service and suggest any changes and improvements they may want.

The systems in place to assess and monitor the quality of the service were not being used effectively and in some cases had not been used at all. Previous managers had carried out a 'manager's daily walk around' check which included checking the cleanliness of the home and observing staff. These noted where improvements could be made and that action was taken. However, other important audits and checks had not been carried out which meant the risks to people had not been assessed and appropriately managed. For example, a falls audit folder was in place but had not been used since before our previous inspection. We saw that there had been 16 falls logged in the accident book in that time period. Although action was taken in response to each individual fall, there had been no analysis of the overall patterns and trends in order to identify potential risks to people.

The provider and their representative had carried out some audits shortly before our inspection and these had identified areas where improvements were required. For example, a medicines audit was carried out which identified concerns about the procedures for returning unused medicines to the pharmacy. Immediate action had been taken to resolve this issue. However, these audits had not been taking place on a systematic basis. There had been a lack of oversight of the quality monitoring procedures until shortly before our inspection which had led to the issues we have described throughout this report developing.

Records relating to people's care were not always available or up to date. For example, the care plans for six people who had moved into the home two to three months prior to our inspection contained only limited information. Two of the care plans we checked had not been written until about one month after the person had moved to the home. The lack of guidance and support for staff in relation to record keeping meant there was a risk that people may not receive appropriate care because of the lack of complete and contemporaneous records about their care. Other on-going records were not always fully maintained. For example, records relating to the medicines people received were not always fully completed. There was not always information about people's preferences when taking medicines which meant there was a risk people may not receive medicines in their preferred way.

The lack of robust quality assurance processes, risk management measures and records that were not

always accurate and up to date meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had not had a registered manager for a period of one day prior to our inspection. However the previous registered manager had left their position several months before and another manager also departed prior to this inspection. The regional manager told us they had been asked to oversee the home until a replacement was recruited, this process was on-going at the time of our visit. 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 were not all sure who the manager was and told us that there had been changes of manager in recent months. One person said, "I wouldn't know who the manager is." The relatives we spoke with provided mixed feedback about the management and leadership of the home. Half of the relatives did not know if there was a manager or who was in charge. The other relatives told us that they knew the regional manager and provider's representative were overseeing the management of the home and felt that the service had improved in recent weeks.

We observed that the regional manager and provider's representative spent long periods of time in the communal areas of the home speaking with people, relatives and staff. It was apparent that people and relatives felt able to speak with them. The provider had also put some administrative support into place to enable the regional manager to focus on making improvements to the quality of the service. The staff we spoke with felt that the leadership and direction of the service had improved in recent weeks and told us they could approach the regional manager and provider at any time. Certain key tasks were delegated to staff, such as ordering medicines and arranging healthcare appointments for people. A new role of senior night time carer had been created to provide better oversight of the night shift. Staff told us that resources were made available to support them and to ensure a good quality service could be provided.

People benefitted from an open and relaxed culture in the home because staff and management were approachable. The relatives we spoke with commented positively on the openness and transparency at the service and felt that it was improving. One relative said, "It is friendly." Two other relatives felt that the culture of the service was, "Great" and another commented, "It is good and improving."

The staff we spoke with felt that there was a relaxed and open culture in the home and told us they were encouraged to raise queries and suggestions with the regional manager. One staff member told us immediate action was taken in response to a suggestion they had made about replacing some curtains. Staff also told us that they would feel comfortable reporting a mistake or any other concerns they may have. One staff member said, "It is a happy place." There had been a lapse in staff meetings which had not taken place for a period of about six months. A staff meeting had taken place shortly before our inspection and staff told us they would like staff meetings to happen more frequently.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not operated effectively in respect of assessing, monitoring and improving the quality and safety of the services provided or 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. There wasn't an accurate, complete and contemporaneous record in respect of each service user.

The enforcement action we took:

We issued a warning notice