

Sharon Jane Martin

Martins Care - the Angels

Inspection report

38 County Close
Woodgate
Birmingham
West Midlands
B32 3SZ

Tel: 07881731931

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Martins Care - the Angels is a residential care home providing personal care and accommodation to two people at the time of the inspection. The service can support up to four people.

Martins Care- the Angels accommodates two people in one adapted building. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received safe care and support by the registered manager who understood how to recognise signs of abuse or risk and understood what to do to safely support people. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people.

Care and support was planned with people to ensure positive outcomes and experiences. People were supported to eat healthily and access their local community healthcare services when required. People were supported to have maximum choice and control of their lives and the registered manager supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice, as records were out of date. The home environment was well maintained and adapted to support people to live a fulfilled life.

Everyone we spoke with was consistent in their views that the registered manager was kind, caring and supportive. People were relaxed, comfortable and happy in the company of the registered manager and engaged in a positive way. People were involved in making decisions about their care and support needs. People's privacy and dignity was respected, and their independence promoted.

The registered manager was committed to delivering care in a person-centred way based on people's preferences and wishes. The registered manager was knowledgeable about the people they supported and had built trusting and meaningful relationships with them. People were supported to maintain relationships with those that were important to them. Activities were tailor-made to people's preferences and interests. People were encouraged to go out and form relationships with members of the community. People knew

how to make a complaint if they were unhappy.

The registered manager continually checked that people and their relatives were satisfied and confident in the standard of care provided within the service. Whilst the registered manager continuously monitored, assessed and improved the service provided, there were no formal systems and records in place. The service was in transition to a shared lives provision. A shared lives scheme provides people with long-term placements within shared lives carers own homes.

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

Rating at last inspection

The last rating for this service was good (published January 2017). We rated Safe, Effective, Caring and Responsive as good and the key question Well-led requiring improvement.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Martins Care- the Angels on our website at www.cqc.org.uk.

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Martins Care - the Angels

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 carried out by one inspector.

Service and service type

Martins Care- the Angels is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with both people who used the service about their experiences of the care provided. We spoke with the registered manager as there were no staff employed at this service.

We reviewed a range of records. This included two people's care records and medication records. 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 spoke with two relatives about their experiences of the care provided and one professional.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager knew of their responsibility to protect people in their care from abuse and to report any concerns of abuse to the local authority and the Care Quality Commission (CQC). However, there had not been any allegations or concerns of abuse since our last inspection in November 2016.
- The registered manager could describe the signs of different types of abuse. The registered manager told us, "Any concerns I would alert the local authority and CQC."
- The registered manager told us that when an incident occurred it was appropriately investigated, and measures put in place to reduce the on-going risk to people. For example, one person was distressed about attending a healthcare appointment and experienced anxiety. The registered manager explained how they had addressed this and actions that had been taken to prevent re-occurrence. However, this was not formally recorded.

Assessing risk, safety monitoring and management

- One person we spoke with told us, "I'm very happy and safe here, I would tell [name of registered manager] if I wasn't."
- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe. The registered manager knew the risks relating to people's health conditions such as epilepsy and diabetes and knew the level of support people required to reduce the risk of avoidable harm. However, these were not formally recorded.
- The building was kept safe through some checks on the environment and equipment. This included fire safety, water temperatures and gas and electrical testing.
- People had their own personalised emergency evacuation plans (PEEPS) that guided the registered manager in how to support each person in the event of an emergency. This included how to communicate with them during this time.
- We were told fire drills were completed with the registered manager and people regularly. However, these were not formally recorded.
- The registered provider had not acted in accordance with the associated Health Safety Executive guidance for fire safety risk assessments in residential care premises. The fire safety risk assessment was last reviewed by a competent person in November 2016. However, the registered manager had reviewed it yearly and there had been no significant changes to the environment and to people's individual needs.

Staffing and recruitment

- There were no staff employed by the service. People and all relatives we spoke with told us they were happy with the support of the registered manager. One person said, "[name of registered manager] helps

when I need her."

- Our observations throughout the inspection supported this. We noted each person had individual support from the registered manager when and if they needed it.

Using medicines safely

- Medicines were safely managed. There were safe systems in place to acquire, administer, monitor, dispose of medicines.
- Each person had a medicines administration record (MAR) which the registered manager used to record medicines administered as prescribed by health professionals. We saw there were no gaps in the MARs.

Preventing and controlling infection

- The registered manager completed daily cleaning checks. Where possible, each person was supported to keep their home clean and tidy. One person said, "I enjoy keeping my own room tidy." A relative told us, "[name of registered manager] works so hard to keep everyone safe and their home clean."
- The service had not received a food and hygiene environmental inspection. On the day of the inspection we did not identify any food and safety issues.

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 and relatives told us people's care and support needs were assessed prior to joining the service to ensure their needs could be met. No-one had moved into the home since our last inspection.
- People's needs, and choices were continually reviewed to ensure they were receiving the right care and support. Peoples' relatives told us they were involved and consulted in all aspects of their loved one's lives.

Staff support: induction, training, skills and experience

- People and their relatives told us during the inspection that the registered manager was skilled to meet people's needs. One relative said, "[name of registered manager] know both people very well, know exactly what's going on and how to manage their support needs."
- The registered manager told us they had undertaken some training. For example, medicines, safeguarding and first aid. Training certificates confirmed this.
- We did not look at recruitment practices during the inspection, as the service had no staff.

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

- People were supported to eat and drink sufficient amounts for their health and wellbeing. The registered manager knew how to safely meet people's nutritional needs.
- People chose what they wanted to eat at each meal, they chose when they wanted to eat it and on occasions helped to prepare meals. One person told us, "I like all the food, I enjoy going shopping with [name of registered manger] to fetch the shopping."
- People and the registered manager had their meals together; the dining experience was positive outcome for people. We observed excellent interaction and lots of laughter.

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

- People were supported to access healthcare services in their local community and had been registered and treated by a team of healthcare professions. This included GPs, dentists, chiropodists and nurses.
- During the inspection we saw how well joint working worked and ensured people were at the centre of all decisions. The registered manager told us how they had worked with a health professional from the hospital due to one person's anxieties about hospitals. The health professional visited the person in their own home to avoid further distress.

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

- People's home was well-maintained and fully equipped with modern furnishings and technology to

provide people with a comfortable setting to live. Bathrooms, kitchens and communal areas were fully accessible.

- There was a garden which was accessible and used by people. People could grow their own plants and had been involved in choosing water features and garden furniture.

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.

- People's choice and consent was valued, and we observed people were continually consulted about their care. The registered manager used various communication tools such as pictures to support people in making choices. The registered manager said, "Both people are able to make the small everyday decisions about their lives." MCA assessments had been completed, when necessary, but had not been reviewed since 2017.

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 the registered manager was kind and caring. One person told us, "I like [name of registered manager]" Positive relationships had been built between the registered manager and people. The registered manager told us that they were committed to enabling people to achieve a good quality of life.
- All the relatives we spoke with told us that the registered manager was attentive and understood their relations individual care needs. One relative described the registered manager as, "Fabulous, amazing and a great person."
- The registered manager had a good understanding of equality and diversity. They treated each person on an individual basis. The registered manager said, "Equality is all about the individual, accepting and respecting people's choices, such as supporting people within the LGBT community."
- People invited us into their rooms. One person told us their room had been painted in their favourite colour. A relative told us, "[name of relative loves their room, it's their domain and it's respected." We saw all rooms within the home reflected peoples interests and families.

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

- People were involved with making all decisions about their care and support needs. One person said, "I go out to work [day centre] every day and I take a lunch box and a flask with me."
- Relatives confirmed choice was promoted at the service. A relative told us, "I appreciate how [name of registered manager] supports [name of relative] to make as many decisions as they can, regardless how small they are."
- During our inspection, we observed people making choices and being supported to make their own decisions. For example, what to watch on the television, what to have to eat and drink and people moved freely and independently to their rooms and around their home.
- We asked one person what time they go to bed, and they told us, "When I'm tired." People enjoyed their lives and making their own decisions independently.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- We saw lots of examples of people's independence being promoted throughout the inspection. We saw people clearing their own plates away, opening their own yoghurts, washing up, making their beds and helping to clean the kitchen. One person told us, "I make my own bed and keep it tidy, it's what I like to do."
- People were supported to maintain and develop relationships with those important to them. A relative said, "I'm very involved with my relative's life and their home, I spend a lot of time at the home and they

spend a lot of time with us as a family."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was tailored around their wishes, preferences and routines.
- The registered manager knew people well and the level of support each person required.
- We saw that people's cultural and religious background had been considered and planned for. People had expressed a wish to take part in celebrating Christian religious festivals such as Christmas and Easter, but none had any current wishes to practice their chosen religion.
- People's sexuality had been explored and reflected within their care plan. However, the records had not formally been reviewed since 2017.
- People actively contributed and were involved in the regular reviewing of their care needs. One person said, "I talk to [name of registered manager] all the time." A relative told us, "We have daily and weekly conversations with [name of registered manager] to discuss if everything is ok."

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.

- The registered manager understood people's communication needs and ensured they were met. For example, the need to turn off any background noise to improve communication to one person.
- Elements of people's care documentation and complaints were available in an easy read format to support people in their understanding. Whilst communication needs had been recorded these had not been formally regularly reviewed.

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 could access a wide variety of external activities including attendance at locally run events for people with a learning disability. People led active and meaningful lives and were supported to follow their interests and participated in activities which were socially relevant and suitable to them. One person told us about their recent special birthday and the activity they had chosen to do.
- People had access to the local community and its facilities. One person made regular visits to their neighbours for a coffee. The service had its own transport, and this enabled people to access places of interest including parks, shops, libraries and trips to the seaside.

Improving care quality in response to complaints or concerns

- People had been provided with a complaints process in an accessible format which enabled them to raise concerns if they wished to. All the people and relatives we spoke with were confident the registered manager would address any concerns they were to raise.
- The registered manager was aware of their responsibilities to ensure that when a formal complaint was made, it was investigated and acted on in good time, with a response sent to the complainant. No records of complaints had been made since the last inspection.

End of life care and support

- Nobody was receiving end of life care at the time of the inspection.
- The service had explored people's preferences, choices, cultural or spiritual needs in relation to their end of life care.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of formal processes due to the size of the home and restructuring

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

- The service was in the transition period of becoming a shared lives provision.
- The registered manager was open and transparent with us and advised that although risks and regulatory requirements had been undertaken, formal record keeping had not been undertaken due to work being undertaken to transfer the service to a shared lives provision.
- Health and safety checks for food temperature checks, legionella and window restrictors were not undertaken. We saw window restrictors were in place throughout the home.
- Whilst the registered manager knew people's individual needs, care plans and risk assessments had not been formally reviewed and / or recorded. This had not impacted on people as there were no staff employed who needed formal written guidance.
- The registered manager completed daily and monthly audits to monitor the service and experiences of people. However, this was not formally recorded. For example, the registered manager told us she looked at infection control and spoke with people on a daily basis.
- There were no external medicine audits or checks undertaken on the registered manager's competence to safely administer medicines. There had been no medicine errors within the service. There were no records to evidence monitoring and storage temperatures.

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

- People told us how much they liked the registered manager. We observed that people were comfortable around the registered manager and it was obvious they knew and felt comfortable with them.
- The registered manager demonstrated a commitment to provide meaningful, person centred, high quality care by engaging with people, their relatives and professionals. One relative said, "I only wish my relative had lived here much earlier, they live the dream now."
- The service had a positive culture which was inclusive and empowering. One person told us that they spoke to their family daily and enjoyed all contact with them. People were consulted with every aspect of their daily lives which resulted in positive outcomes and experiences for people. Whilst this happened in practice, records did not always reflect this.

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

- We found the registered manager had been open in their approach with us during the inspection in line with the Duty of Candour.
- Relatives consistently told us the registered manager was more than approachable and was open and honest with them.

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

- The registered manager was aware of the importance of obtaining feedback from people, relatives and professionals to improve the service. There were easy read feedback forms for people to complete. However, feedback was obtained on a daily basis. The registered manager told us, "We have our meals together and chat about how each of us are feeling. We don't record all this, it's just a natural chat. Works much better for people."

Continuous learning and improving care

- The registered manager had an excellent oversight of the service and the people who lived at the home. The views of people who used the service were at the core of quality monitoring.
- The registered manager was aware that formal record keeping needed improvement.

Working in partnership with others

- The service has established good working relationships with agencies involved in people's care and sharing good practice is continuously being developed.