

Sharon Jane Martin

# Martins Care - the Angels

## Inspection report

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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

This inspection took place on 19 November 2016 and was unannounced. The service was previously inspected in October 2015. During that inspection breaches of legal requirements were found because care and treatment was not always provided with the consent of the relevant person and the provider did not have robust systems in place to monitor the quality of the service. In addition the systems in place to assess and monitor risks relating to the health, safety and welfare of people was not effective. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. The provider took action and at this inspection we found improvements had been made.

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

People who used the service told us they felt safe and we saw people looked comfortable in the presence of staff. Staff we spoke with knew how to protect people from avoidable harm and abuse. Systems in place to ensure agency staff were suitable to work with adults was not robust to minimise the risk of unsuitable staff working at the home. There was enough staff to support people in a timely manner. There were systems in place to ensure the storage, disposal and administration of medicines was effective.

People were supported by staff who knew them well. Staff understood the principles of the Mental Capacity Act (2005) and people received care in line with their best interests. Staff supported people with their nutrition and dietary needs to promote their health and well-being. People had regular access to health professionals to ensure their health needs were met.

People were supported by staff who were kind and compassionate. People were involved and supported to make their own decisions about their care and support. Advocacy services were available to people, if required. Staff respected people's dignity and privacy and supported people to maintain their independence.

People and their relatives had been involved in the development of their care plans and were supported to express how they wanted their care delivered. People had the opportunity to participate in activities that they enjoyed. Systems were in place for people and their relatives to raise concerns or complaints.

People, relatives and staff were happy with how the service was managed. People and their relatives had the opportunity to express their opinions on the service that was provided although feedback was not always

recorded. Staff told us they felt well-supported by the registered manager. There were systems in place to monitor the quality of the care and support provided to people; however some systems had not identified the shortfalls we found during our inspection. Feedback received had not been analysed to identify trends and to prevent re-occurrence of negative experiences for people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe living at the home. Staff understood their responsibilities to safeguard people from potential harm.

People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills and knowledge to care and support people effectively.

People were supported by staff who respected their choices and understood the principles of protecting their legal and civil rights.

People were supported to eat and drink in ways that maintained their health.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us that the staff who provided them with care and support were kind and caring.

People contributed to decisions about how they wanted their care provided.

People were supported to maintain their dignity and independence.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them.

People took part in the activities that they wanted to do.

People were provided with the opportunity to voice any concerns about the care they received.	
<b>Is the service well-led?</b>	
The service was not consistently well-led	
There were some systems in place to monitor the quality and safety of the service. However systems to monitor recruitment were not robust.	
The registered manager had taken account of our findings of our last inspection and made improvements to the service.	
We saw people were involved in the running and development of the service.	

**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 19 November 2016 and was unannounced. The visit was undertaken by one inspector.

As part of the inspection the provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it. We asked the local authority and Health Watch if they had any information to share with us about the care provided by the service. We also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we spoke with three people who used the service. We observed how staff supported people and if this was in line with their wishes.

We also spoke to the registered manager, one member of staff and one agency member of staff. We looked at records including three people's care records and staff training and recruitment processes. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised. Following our visit we spoke with the relatives of two people and received information from three health care professionals who had supported a person who used the service.

# Is the service safe?

## Our findings

People were confident and relaxed with staff and we observed laughter and smiles during their exchanges. A person who lived at the home told us, "I feel safe living here." People's relatives told us that they had no concerns about their loved ones safety. One relative said, "[name of relative] is safe and happy." We observed people being supported in ways that were safe and not unduly restrictive.

People were kept safe from the risk of harm by staff who could recognise the signs of abuse. One staff member told us, "If I saw anything that was harmful, I would report to [name of registered manager]. If they did not do anything about the concern I could go to CQC [The Care Quality Commission] or the Local Authority." At the time of our inspection we were aware there had been a safeguarding issue that was still under investigation and saw that actions had been taken to protect people from potential harm. Discussions with the registered manager identified that when an incident had occurred they had informed the appropriate authorities and took prompt action to protect the person from the risk of further harm. Staff we spoke with were aware of the provider's whistleblowing policy and felt any concerns would be responded to and taken seriously. One staff member told us, "Whistle-blowing is when you see something wrong, you have to say it."

People told us and we saw that people were encouraged and supported to have as full a life as possible. We saw that risk assessments had been undertaken to explore any risks and reduce them. The records we sampled contained relevant and detailed information in respect of the nature of the risk and what measures were needed to minimise the danger for people. For example some people were at risk of choking on food. We observed staff supported them in line with the guidelines within the risk assessment and individual care plans. Staff we spoke with were knowledgeable about the risks presented by people's specific conditions and described how they managed the risks. This meant staff had a good overview of risks and people were protected from harm.

The registered provider had emergency procedures in place to support people in the event of a fire. Staff described the actions they would take to ensure people were kept safe from potential harm. One member of staff said, "We have regular fire drills and the people living here are involved." Accidents and incidents were recorded and up to date. However, we found that accidents and incidents were not analysed by the registered manager to identify any trends or patterns to prevent further possible reoccurrences. The registered manager advised us of their intentions to rectify this following our inspection. Staff and records confirmed that they had received first aid training. Staff we spoke with gave us a clear account of what they would do in a certain emergency to ensure people received safe and appropriate care in such circumstances. The registered manager advised us that they use hospital transfer forms which contained relevant information about people should they have to go to hospital. This would ensure other health professionals were aware of how to meet people's individual needs and keep them safe.

A person told us that there were enough staff on duty and said, "I like [name of registered manager and [name of staff member] they always help me." Relatives and staff we spoke with did not identify any concerns about the staffing arrangements. One relative said, "Enough staff to support people out and

about." On the day of the inspection we saw there was enough staff to meet people's individual needs.

Recruitment systems were in place. A member of staff we spoke with told us that appropriate checks had been undertaken before they were allowed to start work. There had been no staff employed since our last inspection. However on the rare occasions the registered manager used agency staff systems in place to check that these staff were suitable to work at the home were not robust. We found that the registered manager had relied on information verbally received from the agency that appropriate checks had been undertaken. There was no supporting documentary evidence that the agency workers were suitable to support people in the health and social care sector. The registered manager advised us of their intentions to employ a permanent bank member of staff to ensure people were supported by consistent staff when a regular member of staff was unavailable. This meant people would be supported by staff who knew their individual needs in the absence of permanent staff.

People were supported to receive their medicines safely. One person told us, "I have my tablets every day." A relative we spoke with said, "[name of registered manager] looks after [name of relative] medicines very thoroughly." We saw people were given their medicines with food and this was detailed in their individual care plans. Staff stayed with some people whilst they took their medicines to ensure they had taken it safely. All medicines we checked showed that people received their medicines as prescribed by their doctor. We saw suitable storage of medicines and there were suitable disposal arrangements for medicines in place. Staff we spoke with told us that medicines were only administered by staff who were trained to do so. The registered manager advised us that they did not have a system in place to check that staff were competent to administer medicines. The registered manager advised us that they were in the process of arranging an external medicine audit to ensure they were administering medicines safely.



# Is the service effective?

## Our findings

At our last inspection in October 2015 we found that the provider did not ensure that care and treatment was provided with the consent of the relevant person and did not act in accordance with the provisions of the Mental Capacity 2005 Act. At this inspection we found that these issues had improved and regulations were being met.

We saw people were supported by staff who knew them well. One person told us, "[The registered manager] knows what I like to do after my tea." Staff demonstrated that they knew and understood people's specific mental and physical health conditions and how they needed care and support. Staff described people's preferred communication styles and how people express their feelings and needs through specific gestures and sounds.

People were supported by staff who had the skills and knowledge to meet their needs. Relatives and health professionals we spoke with told us that they had confidence in the staff's abilities to support people. One relative told us, "Staff are very knowledgeable and have the right skills to do this job." A health professional told us that staff knew what they were doing and supported people well. Staff we spoke with told us that they were supported and well-trained. A member of staff said, "I have regular supervision and speak all the while to [name of registered manager]." We saw that the registered manager worked alongside staff. This meant that the registered manager could observe staff in practice to ensure staff carried out their roles to a high standard. The registered manager told us that it was their intention to undertake and record observational competency assessments to ensure that the knowledge and skills gained by the staff were being put into practice following this inspection.

The registered manager told us that due to consistent staffing levels they had not needed to recruit any additional staff since our last inspection. We were able to speak with an agency member of staff who described their experience of working for the first time at the home and told us, "On my first day [name of registered manager] showed me around the home and explained the fire procedure. I was introduced to the people who lived at the home and had the opportunity to read the care plans. This meant new staff were supported to ensure they effectively met people's needs and preferences.

Staff we spoke with told us that communication was effective within the team. We saw and records confirmed that handovers were an important part of the running of the home and sharing information about people's latest care needs. This enabled staff to provide the best possible outcomes for people. The provider had suitable management on-call rotas in place to support staff when they required advice 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. We found that people were being supported in a way that reflected the principles of the MCA. One relative told us, "[name of person] can make all their own decisions about their daily life." People were

supported by staff to give their consent and make decisions which affected their day-to-day lives. One person we spoke with told us, "Staff ask if they can come in my room." Where people had limited verbal communication staff used alternative methods to ensure people had clear choices and could make their own decisions. For example, we observed one person being shown a choice of desserts for lunch and staff gave the person time to make their decision. The registered manager worked closely with other professionals to ensure there was a co-ordinated approach to people's care and support. This included being able to support people to make decisions about their care needs and making decisions on a person's behalf which was in their best interest. A member of staff said, "Just because someone makes an unwise decision, it doesn't mean it's the wrong decision." This showed that staff respected people's legal and human rights.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that by speaking with staff that they had the knowledge and had received training in the MCA and DoLS. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. One person who was restricted from visiting the community unless they were supported by a member of staff told us, "I don't go out on my own. I'm okay with that. I don't feel safe so staff take me." Staff that we spoke with knew that they should not unlawfully restrict people's freedom of movement in any way and that it was important for them to offer choices. A health professional told us about a restriction that had been put in place in a person's best interest and spoke positively about how staff at the home had supported the person in line with this restriction.

We saw there was a relaxed atmosphere during the meal times and people were offered choices. One person told us, "I like the food; they [the staff] ask me what I want. I like stew and dumplings the best." People were assessed and monitored by staff as to whether they had any risks associated with their eating and drinking. Where risks had been identified advice was sought by other professionals. A relative said, "[name of registered manager] got the 'SALT' [speech and language therapist] team to come in to support [name of relative] with eating issues." Staff we spoke with had detailed understanding of each person's dietary needs and their individual preferences. We saw staff provided food and drink that were thickened to the consistency advised by the dietician. This meant people were supported to eat and drink sufficient amounts to meet their needs and promote their well-being.

The registered manager and staff told us how they helped people to maintain their health. We saw where people had particular health needs; staff had engaged with relevant health professionals to support the person to make decisions. A person we spoke with told us, "I have my ears tested and wear a hearing aid." One relative said, "[name of relative] has regular G.P visits. We saw there was regular input from a range of health and social care professionals and people were involved in all aspects of their health care. A health professional we spoke with told us about a specific person's health condition and said, "Due to the home's support [name of person] health improved." This showed people had experienced positive outcomes regarding their health.

# Is the service caring?

## Our findings

People told us and we saw that they liked the company of the staff supporting them. One person we spoke with said, "I like the staff. They are both kind." Relatives we spoke with told us that they were happy with the care provided to people living at the home. A relative said, "The staff are so caring and treat everyone as an individual. Nothing is too much trouble."

People enjoyed positive and trusting relationships with staff and interactions we observed demonstrated this. During our visit we saw displays of affection and laughter between people and staff. Staff communicated with people with a friendly and respectful approach. We saw staff speaking with people appropriately and addressed people by their preferred name. Staff spoke affectionately about people and enjoyed supporting them to engage in tasks they liked. For example, staff told us that the home's Christmas tree was being delivered and everyone looked forward to decorating it.

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. Care plans described what was important to the person which included their likes and dislikes and goals for the future. At the time of our inspection one person had access to advocacy support. Advocates are trained to support and enable people to make decisions. We saw there was information available around the home detailing how people could access advocacy services if necessary. This meant all people were supported to express their views and supported to make decisions.

We saw and the provider stated in the provider information return (PIR) that, 'Service users have personal rooms with the colours of their choice we have an open door policy allowing family, friends, professionals to visit anytime.' One person proudly showed us their room which was personalised and featuring items of importance and value to them. The person told us that they had chosen the furnishings and had decided the colour scheme. People could freely access their rooms when they wanted time to themselves. This meant that people felt at home and enjoyed a comfortable and relaxed environment.

People were treated with dignity and had their privacy respected by staff. We observed staff sitting with people and eating meals together so people did not feel segregated. People who needed some support with their food were supported by staff in a dignified manner. Staff told us that they respected people's dignity when supporting them with any personal care. One staff member said, "I knock on people's doors before entering and always ensure people are not exposed when supporting them with personal care." A relative we spoke with told us, "Staff are very respectful to [name of person]." We saw on one person's records that they enjoyed having a shower in private and instructed staff to wait outside the room. Staff we spoke with described the importance of ensuring that people's rights to confidentiality were maintained. One staff member told us, "I respect that I cannot pass on people's personal information to anyone." We saw that confidential information was kept secure.

Staff told us that they promoted people's independence. One person told us that they went out each day and said, "I make my own sandwiches to take to work." A relative of a person living at the home told us,

"Staff really promote independence and encourage [name of person] to do as much as possible for themselves." A member of staff said, "I don't just take over or do things for people. I encourage them to do things, however small." We observed that staff supported people's independence. We saw people who lived at the home engaged in household tasks which included washing up and laying the tables for meal times.

People were supported to retain and develop relationships with those they cared about. Everyone we spoke with told us that there were no restrictions to visiting. One relative told us, "I can visit anytime I want to and I'm always welcomed."

## Is the service responsive?

### Our findings

People received care that had been planned to meet their individual needs and preferences. One person told us their wishes for their night time routine and said, "It's what I like to do." Some people living at the home had difficulty expressing their needs and wishes verbally; however, staff had worked with people to support them to express themselves through non-verbal communication. A relative said, "Staff are very amazing with all the residents and understand them well." Another relative told us, "They are always off doing something nice."

We saw that people and family members were involved in the planning of their care. Relatives confirmed that they had contributed to their loved ones care review meetings however it was not always clear from the records what had been discussed. We looked at three people's care records. These gave detailed information about people's likes and preferences and contained a history of each person. Staff had a good knowledge of what was written in the documents. One member of staff told us about a person's favourite activity and said, "You just support the person to do this and you get big smiles." This meant staff were aware of things that were important and mattered to people.

People received care and support that was individual to them. Staff understood people's needs and adapted their care and support if people's needs changed. We saw staff worked closely with people to develop their goals. For example, we saw a member of staff sitting with a person supporting them to write a letter to a relative. A member of staff said, "[name of person] does this on a regular basis and then goes with a member of staff to post it, this is in their care plan."

Care provided was responsive and flexible to people's individual needs, values and beliefs and ensured people were enabled to live as full as life as possible. People were supported to attend religious services if they wanted to. One person we met had a strong faith and we saw this was respected. Staff supported the person to attend their place of worship on a regular basis.

People had access to activities based on their preferred choices and were supported to spend their time how they wanted to. On the day of the inspection we saw people involved in art, music and singing which they all appeared to enjoy. We saw that people had good links with their local communities. Some people attended day centres each day. One person we spoke with told us, "I've just made some Christmas cards". All people accessed the community on a regular basis to shop, eat out and participate in special events. For example one person told us about a forthcoming trip to a Christmas market. A relative told us, "[name of person] is always busy, off on trips to the theatre, pantomimes and walks in the park."

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 petting the dog and were happy and laughing when the dog was in their company. One person told us that they enjoyed taking the dog out for walks.

People were supported to maintain relationships with people who mattered to them most. One person told us, "I go to my brothers for tea." A relative said, "We are a really close knit family and [name of person] plays

a big part of this and we have contact all the time." Another relative said, "Staff encourage and support [name of person] to go to a social club to meet her friends."

The home had procedures in place for dealing with complaints. People who lived at the home told us who they would speak to if they were unhappy. One person said, "If I was unhappy I would tell [name of manager and name of staff member]." Relatives we spoke with were happy and confident that any complaints received would be dealt with by the registered manager in a timely manner and were confident that any necessary changes would be made.

Details of how to complain were available in a variety of formats to meet people's specific communication needs. We found that the registered manager did not have a process in place to identify any adverse trends and did not use any information received to reduce negative experiences for people reoccurring.

## Is the service well-led?

### Our findings

We last inspected this service in October 2015. At that time we found the provider was breaching the regulations in respect of governance and recording issues. Although the provider had taken some action since our last inspection to improve the monitoring of the service and records of decisions taken in relation to the care and treatment, further action was still required. Accidents and incidents were still not always analysed for trends to identify how they could be prevented from happening to other people. Checks to assess the suitability of agency staff to support people safely were not robust and systems did not ensure that actions from review meetings would be monitored or followed up.

During this inspection it was evident that the registered manager had worked hard to improve the quality of the governance of the service. The registered manager monitored the quality of the care provided by completing regular audits. Checks being completed included the health and safety of the environment, medicines audits, training and supervision. Systems were in place to report on any accidents and incidents in the home. Whilst the registered manager sought and actively responded to each person's feedback this had not been utilised to drive continual improvement to the home. Information had not been analysed to identify trends and to prevent re-occurrence of negative experiences for people. The registered manager advised of their intentions to undertake regular analysis of feedback received following this inspection.

We saw people who lived at the home were comfortable with the registered manager and the member of staff. One person told us that staff were nice and made them happy. Relatives we spoke with told us that they were confident with the management of the home. One relative said, "We all work together to make sure [name of person] has a happy life. [Name of registered manager] is supportive and approachable. We are like one big family and there is always a happy atmosphere." Another relative told us, "We are made very welcome when we visit and will sit and have a cup of coffee with the staff." A health professional who we spoke with told us that they felt the registered manager was supportive, approachable and engaged well with them.

The registered manager had systems in place to monitor people's experience of living at the home. People, relatives and staff were involved in the running of the home. We saw there were regular meetings with people which demonstrated staff spent time with them and offered support to express their views. We saw documentation had been developed using different communication styles to ensure they were accessible and tailored to people's needs; this meant the service was open and inclusive to collating people's feedback.

Staff described an open culture, where they communicated well with each other and had confidence in their manager. The staff we spoke with gave a good account of what they would do if they were worried by anything or witnessed bad practice. One member of staff said, "I can raise any concerns. [name of registered manager] always listens." We saw that a whistle blowing procedure was in place for staff to follow.

Our discussions with the registered manager during our inspection showed that they were aware of changes to regulations and were clear about what these meant for the service. Where a service has been awarded a

rating by the Care Quality Commission, the provider is required under the regulations to display the rating. We saw there was a rating poster clearly on display in the service. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

Staff we spoke with told us that they did not have formal staff meetings but explained that they worked alongside the registered manager on a daily basis. A member of staff said, "We work so close that we are able to discuss any concerns, share best practices and look at ways to develop the service." This ensured staff were given the opportunity to voice their opinions. All the staff we spoke with told us that they were happy working at the home and felt valued by the registered manager. We saw that the registered manager was visible in the home and we saw that they played an active part in supporting people and responded positively to their needs.