

Assistwide Limited

St Martins Residential Home

Inspection report

63 St Martin's Lane
Wallasey
Merseyside
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Website: www.richmondresidentialhome.co.uk

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26 June 2018

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 26 June 2018 and was unannounced.

St Martins Residential Home 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 home is registered to provide support for up to 16 people. At the time of our inspection 15 people were living there.

St Martins is a three-storey property in a residential area of Wallasey close to the town centre. There are 14 bedrooms, in the home two of which offered shared accommodation. The registered manager explained that two people chose to share and they do not use shared rooms unless people actively request to do so. The building contains a shared lounge, conservatory used by people who smoke, a dining room and bathrooms and toilets throughout the building. Externally there is some parking to the front of the building and an enclosed back garden to the rear.

The home has a registered manager who has been in post for eleven years. 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.

The last inspection of the service was carried out in January 2017 and the service was rated 'requires improvement.' At that inspection we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the fire risk assessment, the testing of the water for presence of legionella and some concerns with medication administration. After that inspection the provider wrote to us to say what they would do to meet its legal requirements. At this inspection we identified that improvements had been made and the provider was no longer in breach of these regulations.

During this inspection we found breaches in relation to Regulations 15, and 17 of the Health and Social Care Act 2008 (Regulated Activities). Regulations 2014. This was because the home did not meet standards for infection control and prevention and parts of the building, decoration and furnishings were not of a suitable standard. Quality assurance systems, although in place were not robust enough to identify and improve areas of the service that required improving.

We also found a breach in relation to Regulation 18 of the Care Quality Commission (registration) Regulations 2009. This was because the provider had not notified the commission of a notifiable incident as required by law so that we can effectively monitor the service provided.

The registered provider met the requirements of the Mental Capacity Act 2005 and people had choices in their everyday lives. The home did not have an ethos of offering people support to improve or maintain their everyday living skills. Although people were able to make choices in their everyday lives there were few

opportunities for people to take responsibility for meals, food shopping or managing parts of their medication.

Posters and notices were prolific throughout the home and detracted from creating a homely environment. They were also instructive and not in keeping with an ethos of working in partnership with people.

Systems were in place for safeguarding people from the risk of abuse and reporting concerns that arose. People felt safe living there and staff knew what action to take if they felt people were at risk of abuse. A system was also in place for raising concerns or complaints and people living at the home told us they would feel confident to raise a concern.

People's medication was safely managed and they received it on time and as prescribed. Staff provided people with the support they needed to manage their physical and mental health care needs.

People's care and support needs were assessed. Where they required support, this was detailed in a care plan that staff followed

Internal and external checks had been carried out on the safety of the building to ensure it was safe.

St Martins had enough staff working on each shift to meet people's care and support needs. Systems were in place and followed to recruit staff and check they were suitable to work with people at risk of abuse or neglect.

Staff had received training to help them understand and meet the care needs of people living at the home. Staff told us that they felt supported and we saw that they had staff meetings and supervisions with senior staff.

People told us that if they wanted to take part in activities then these were arranged by the home and staff supported them to do so.

People enjoyed the meals provided and told us that they had a choice and this was regularly discussed with them at meetings. Access to drinks and snacks was available twenty-four hours a day.

People liked the staff team and told us that they were kind and helpful. Staff knew people well and communicated with people in a way that suited the person.

The views of people living at the home had regularly been obtained both formally and informally.

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 ●

Suitable infection control measures were not in place.

Systems were in place to monitor any risks to people's safety and reduce the risk of these occurring. People said they felt safe with the support they received at the home.

Enough staff were available to support people in a safe, unrushed manner. Systems were in place and followed to check new staff were suitable to work with people who may be vulnerable.

People's medication was safely managed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Décor and furnishings were of a poor standard.

People were supported to make everyday decisions and choices for themselves. Deprivation of Liberty Safeguards were applied for by the provider but senior staff were not always aware of the detail of the DoLS.

Staff received training and support to understand and meet people's needs.

People had a choice of meals and enjoyed the food provided.

Is the service caring?

Requires Improvement ●

Posters and notices displayed throughout the home detracted from a homely environment and did not promote partnership working with people living there.

People were not always encouraged and supported to increase their everyday living skills.

People liked and trusted the staff team. They found staff kind and caring and said staff listened to them.

Is the service responsive?

Good ●

People were offered the opportunity to take part in activities arranged by the home.

Care plans provided guidance to staff on how to meet people's needs and choices. These were followed by staff.

People felt confident to raise any concerns or complaints that they may have and a procedure was in place to deal with any complaints that arose

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems for quality assuring the service provided were not effective at identifying and therefore improving areas of concern.

The registered manager was experienced was liked and trusted by people living at the home. Staff felt supported.

The views of people living at the home were regularly obtained and listened to.

St Martins Residential Home

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.

The inspection was carried out on 26 June 2018 and was unannounced. An Adult Social Care (ASC) inspector and an ASC inspection manager carried out the inspection.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home. This included the Provider Information Return (PIR). A PIR 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. We also spoke to the local authority to ask them to share any relevant information they held about the home.

During the inspection we looked around the premises and spoke with eleven of the people living at the home. We also spoke with four members of staff who held different roles within the home including the registered manager.

We spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for five of the people living there, recruitment records for two members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Is the service safe?

Our findings

One person told us "It's safe here, better than where I was before. Here is good. I like it a lot." We saw from a recent survey that had been completed by the home that all of the people who lived in the home had been asked if they felt safe and all had responded positively.

At our last inspection we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the fire risk assessment, the testing of the water for presence of legionella and some concerns with medication administration. At this inspection we found that these issues had been dealt with and improvements made so the service was no longer in Breach of Regulation 12.

In May 2018 Wirral Community NHS Foundation Trust carried out an 'Infection Prevention & Control Audit' at St Martins. The home scored 71 percent which meant 'urgent action required.' The registered manager explained that she had compiled an action plan to rectify the concerns the report raised. We looked at a sample of this and saw that parts of the plan depended on input from the registered provider to mend or decorate areas or to provide equipment. We looked at a sample of these areas and saw that the work had not been undertaken. For example, the laundry room still had a broken cupboard and holes in the wall and a commode had not been replaced. Other areas that had not been addressed included a lack of liquid soap, gloves and paper towels in the laundry and a dirty laundry sink. No fly screen was fitted to the kitchen window which was open at the time of our inspection.

These are breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies were in place for guiding staff on how to identify and report any safeguarding adult's concerns that arose and staff had a good awareness of their role in protecting people. They told us they would report any concerns that they had. One safeguarding concern had been reported by the home in the past year and this was dealt with appropriately.

We looked at risk assessments and saw that these were regularly reviewed and audited by the manager and the senior care worker. We saw risk assessments in relation to people's mobility, people's smoking habits and issues such as self-neglect. We saw that the risk assessments gave staff clear guidance as to what to do if the risk arose.

We looked at records relating to the safety of the building and we had no concerns. Safety certificates were all in date and the maintenance person carried out regular required checks to ensure the fire alarm, emergency lighting, water checks and appliance testing were all maintained. We saw that PEEPS (Personal emergency evacuation plans) were stored in the home's grab file but were also on each individual person's care file.

The drive had a bed base in the middle of it and one of the people living there pointed out to us that this was

a fire escape route and that once the double gates to the front street were opened the way was blocked with bins. We brought this to the attention of the registered manager who arranged for the bed base to be moved. We advised that this fire route should be checked regularly to ensure it is clear. A small toilet window was secured with a chain that could be unhooked, although higher up the wall we brought this to the attention of the manager as it did not meet regulations for window restrictors.

We looked at how people's medication was ordered, stored, recorded and administered and found that this was well managed. Medication was managed so that stocks were kept to a minimum and people had their medication available.

We looked at a sample of medication including medications prescribed for 'as required' use, medication taken regularly and medication prescribed for short term use. Records tallied with stock indicating people had received their medications as prescribed. Policies were in place to guide staff on the safe administration of medication and guidelines were in place to advise staff on when people should be offered their 'as required' medication. The temperature of the room was monitored to keep a check on whether medication was being stored at the optimum temperature.

Records relating to accidents and incidents showed that monthly audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could prevent or minimise future events.

People we talked with spoke highly of the staff and the care that they provided. None of the people we spoke with raised any concerns about staffing levels. We looked at the staff rotas and saw that staffing levels were generally maintained in the home. The shifts were covered with staff who worked in the home and staff worked flexibly so no agency staff were used.

We looked at two recruitment files for staff that had commenced work since the previous inspection. We saw that these staff had been recruited safely and adequate checks had been carried out prior to them starting work. There was an induction checklist for new staff to follow when they commenced working in the home. New staff worked "shadow shifts" where they worked alongside existing staff to enable them to get to know the people who lived in the home and how they liked to be cared for.

Is the service effective?

Our findings

During the inspection we looked around the home and had a number of concerns in relation to the environment. The furniture was old, shabby and in a poor state of repair. We noted a torn sofa and very uncomfortable, old dining chairs. The wall paper was very old and had been painted over numerous times and paint was peeling off the walls. Some areas of the home leading to bedrooms or the lounge were dark and we noticed that curtains in the lounge had come away from their hooks in part. The carpets were old and stained and needed replacing. Externally weeds were growing in the drive, paintwork was peeling and fencing was broken and badly repaired.

Medication was stored in a very small room with blister packs located above door height. A cupboard containing medications could not be opened fully and staff had to either crouch in front of it or stand to the side to access items within the cupboard. Insufficient space was available within the room to provide enough workspace to use records and blister packs at the same time. This meant that the room and its layout was not suitable for the purpose in which it was being used.

These are breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the manager if there was a scheme of works to replace items, redecorate and make improvements and we were told that there was none in place. The manager did not have access to a budget to make improvements and all requests were made to the registered provider. We asked that action was taken as soon as possible to improve the living environment for the people living in the home.

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 be 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 or authorisations to deprive a person of their liberty were being met and found that they were.

Senior staff told us that they had one person living at the home with a DoLS in place. They could not locate the paperwork for this DoLS and therefore evidence that it had been granted, discussed and action taken on any conditions it may contain was not readily available. Nor had they known when it was due to expire until advised by the Local Authority.

We eventually located the persons DoLS paperwork and saw that had been granted and had expired, although action was being taken to reassess the person. It was a matter of concern to us that clear records of the dates of the DoLS, the relevant paperwork and care plans were not easy to locate or known by senior staff.

Prior to people moving into the home a member of staff met with them and with people relevant to them and carried out an assessment of their needs. This was then used to establish whether the home could meet the person's needs and commence a care plan to guide staff on how to support the person safely. Completed pre-admission assessments contained sufficient information to carry out this process.

We looked at arrangements in place at the home for staff training and support and saw that staff had lots of support. One to one supervision had been received by all staff on a by-monthly basis and records were kept demonstrating this. Training had regularly been updated and a training matrix was completed. At our last inspection we noted that staff had not received any mental health training. The manager told us that nearly all staff had been registered on a NCFE Cache Level 2 QCF qualification in Mental Health awareness. One staff member had achieved the qualification and others were working towards it.

All staff received training regardless of their job role. The catering and cleaning staff received the same access to training opportunities as the care workers.

We asked people about the food in the home and they responded positively. One person said "They are always asking us about food and what we like. We have cheese burgers and bacon sandwiches. It's very nice." Another person said "You can have something else if you don't like the dinner. I sometimes do that." People had access to drinks and snacks twenty-four hours a day. This included a small area in the dining room for making a drink.

The registered manager explained that following consultation with people living at the home the time of the main meal had changed to lunchtime, however about half of the people living there chose to leave their main meal until teatime. We saw some cooked meals saved for people, it was a hot day and these were sitting on a table in the kitchen. Although covered with a lid this did not cover the entirety of the meal. We discussed with the manager ensuring that meals were covered and refrigerated as soon as possible to minimise the risk of food poisoning.

People told us that staff supported them to maintain their health, one person explained "I get nervous with the doctor, staff go with me." A second person told us "The staff help me get to the doctors for my appointments so I can stay healthy." Another person told us "I sit out they put [sun] cream on me."

We saw that everyone who lived in the home had consistent access to health care and this was documented. Everyone had an annual health check-up. We saw that people were supported by psychiatrists and that staff supported people to attend these appointments and worked closely with health care professionals to ensure that people's mental health was managed safely. We also saw that everyone had access to eye, dental and hearing checks on a regular basis.

Is the service caring?

Our findings

A number of notices and posters were displayed throughout the home which detracted from creating a homely atmosphere. One notice in the lounge stated, 'To all resident's please do not come to the office between the hours of ... this is because of confidentially when handover taking place.' A second notice also displayed in the lounge stated, 'Could all residents please remember when communal areas are being cleaned you are to leave these areas until they have been done.' These were inappropriate in somebody's home. Less instructive and more innovative ways of explaining issues to people and arranging cleaning of the home should be considered.

People told us that to an extent they could choose the things they wished to do each day. One person explained, "I do my own thing." Another person said, "yes I can [do the things they wanted.]

We did not see many examples of people being encouraged and supported to take more control of their own lives and learn or practice everyday living skills. This approach may not suit everyone living at the home, for example one person told us they did not want to get involved in everyday household tasks because, "I have been through that years ago. I am [age] now."

Other people told us that they would like more involvement in everyday tasks. We asked one person if they were involved in preparing their meal and they told us, "I can cook. I don't. Not really – they wouldn't let me into the kitchen." The registered manager explained that all food was bought by the provider and people living at the home did not have the opportunity to shop for or help prepare meals. She explained that they had recently discussed this with people and three people had expressed an interest in becoming involved in cooking. She told us that she was in the process of carrying out a risk assessment to support people with this. We asked a second person if they were involved in looking after their own medication and they said, "I would do it myself but staff do it for you."

We discussed with the registered manager looking at ways to support and encourage people to become more independent and learn / use existing everyday life skills.

The registered manager explained that they had supported people to use advocacy services in the past to help the person express their views independently.

We spoke with people and they told us that they thought highly of the staff team. One person said "I've been here that long that I'm part of the furniture but I like it. It's my home and the staff are my family." Another person said "Brilliant, they are [the staff]. They help me when I need it."

People told us that they had close relationships with the other people who lived in the home. One person said, "We are all friends and get on very well with each other." Another person said "We play cards together. We are good mates really... most of the time."

We saw that staff knew the people who lived in the home well and how they wished to be cared for. A lot of

the staff had worked at the home for a long time and had long established relationships with people that enabled them to recognise the early signs of someone becoming unwell with their mental health. One person told us, "Staff are very good, very understanding, very helpful." This was supported by a second person who explained, "Staff are all right. We have keyworkers. They sort out your problems."

Staff treated people with dignity and respect when talking with them or supporting them. We saw that staff asked permission before entering someone's bedroom. We also saw that they listened to people and gave them time to express their views or thoughts.

Is the service responsive?

Our findings

We looked at six care plans for people living in the home. We saw that care plans were written in person centred language describing how the person wished to be cared for. We saw that care was monitored closely and regularly reviewed. The home had recently introduced a new audit process for the care plans and all of the care plans had been reviewed. Everyone in the home had a "Life aspirations" care plan that explored long term goals and wishes. We could see that some people had chosen not to include much detail and others had chosen to set goals for the future.

We asked about activities and one person told us "We drink a lot of tea and coffee here but we like that. It's our activity [laughing]." Another person told us that the home had access to a mini bus on two days each week and they went on outings to local beaches at Moreton shore and West Kirby. We saw that people spent their time socialising within the home, going out unaccompanied if able to, or following their interests and hobbies. One person had received regular support to go out and about in their local community. Senior staff explained that they regularly offered people opportunities to go to places or events that they thought would interest the person. They said that people often did not wish to take part in the suggested event.

People told us that they had choices in their everyday lives. They said that if they were able to go out unaccompanied then they did so. They also told us that they had a choice of meals, chose how to spend their time and took part in regular meetings to discuss how the home was operating.

The complaints procedure was displayed in the dining room in the home. We asked to see the complaints log and were told that no complaints had been made since the last inspection. We spoke with one person who lived in the home and they told us "You don't need to complain. They are always asking us anyway about what needs changing so you can just say then if you are not happy with something." Another person explained, "I go to [registered manager] and say I am not happy", they said the manager would then help them resolve their concern.

Is the service well-led?

Our findings

The home had a registered manager who had been in post for 11 years. The manager was supported by a senior care worker and the two of them provided on call support for the home 24 hours a day/seven days a week between them.

We looked at quality assurance processes in the home and saw that these identified issues but were not always effective at improving the service. We were concerned that some of the issues we identified had not been picked up by an audit so additional quality checks were required. These included issues in relation to DoLS, quality of the furnishings and décor, and fire safety escape route access.

The registered manager did not hold a budget for the home or have any involvement in planning future improvements that required financing. This ranged from her visiting a sister home nearby to collect a ream of paper as supplies were delivered there, to informing the provider of any issues of concern such as those raised by the recent infection control audit. She was not aware of what, if any action, was being planned to redress these issues and plan future improvements to décor and furnishings. This meant that issues the manager was aware of through quality auditing processes did not have a plan in place to redress them.

The provider had listed the website www.richmondresidentialhome.co.uk with us and this is published on our reports. We tried to access this website to check whether the provider had displayed the rating from the last report as required. We found that the website did not appear to exist in relation to this home or provider and led to a different service in a different part of the country. We asked the registered manager about this and she was unaware of whether the website was still in use.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not notified the Care Quality Commission (CQC) in accordance with our statutory requirements that a person living at the home had had both an urgent and a standard Deprivation of Liberty Safeguard agreed. This meant that CQC were not able to fully monitor information and risks regarding St Martins.

This is a breach of Regulation 18 of the Care Quality Commission (registration) Regulations 2009.

We saw that regular 'residents' meetings' took place usually on a monthly basis and that people had the opportunity to share their views about the home and what they would like to change. We also saw that on a three to six monthly basis everyone in the home completed a survey to give feedback. This information was collated and actions taken in response to the points raised and feedback given in the 'residents' meetings'. We saw that food and menus was a common topic and the manager told us that the menus were regularly changed in response to the feedback.

People living at the home knew the registered manager well. One person described her as "Reasonable." Another person told us, "She is very good, on the ball. She listens." The manager knew people living at the

home very well and was able to discuss, in depth, the support they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not always notify the Commission of 'notifiable incidents' as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems and processes were not always effective at identifying required improvements or improving the quality of the service.