Cornwall Care Limited

St Martin's

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?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of St Martins on 17 May 2016. The previous comprehensive inspection in February 2015 found there were breaches of regulations. This was because people's medicines were not being managed safely. The service was not acting on the actions identified in audits where people's nutrition and hydration was being monitored. At this inspection we found improvements had been made in these areas and the service was now meeting the relevant requirements'.

St Martins provides nursing care and support to predominately older people who have a diagnosis of dementia. The service can accommodate up to a maximum of 40 people. There were 36 people living at St Martins when we inspected the service.

The service is required to have a registered manager and at the time of our inspection a registered manager was in post. 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 atmosphere at the service was welcoming, calm and friendly. The service had a central hub of lounge and dining space, as well as three separate lounges. People were able to spend their time in various areas of the service as they chose. There were a range of mobility aids and equipment to support people. People's bedrooms were personalised as were the furnishings in lounge areas. There was an ongoing maintenance programme taking place with two rooms being decorated at the time of the inspection visit.

Most people had complex needs and were not able to tell us about their experiences. However, comments from relatives and friends visiting told us they felt people were safe because there were sufficient staff on duty to meet their needs. Comments included, "The home is very good and I wouldn't want (relative) in another home. I am in the home most days for about 3 hours and I've never seen or heard any abuse to the residents" and "I am totally confident in the staff. Yes I believe residents are very safe here."

People's care and support needs had been assessed before they moved into the service. They included risk assessments to ensure people's safety. Care records included details of people's choices, personal preferences and dislikes.

The service had reviewed the way it was staffed and had made changes to increase staffing levels at the busiest times of the day. This ensured there were enough staff on duty to respond to people's needs.

Staff had been suitably trained to recognise potential signs of abuse and to take action should they be concerned about a person's welfare.

Staff managed medicines competently. They were given as prescribed and stored and disposed of correctly.

Additional training had been delivered to senior care staff to support nurses when administering medicines. A nurse told us, "It's been really helpful to have care staff trained to HCA 3 level because it gives us (nurses) more time to deal with nursing tasks."

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. A member of staff told us, "The training has been good, really helpful." Staff received other suitable training to carry out their roles.

Recruitment processes were satisfactory; for example pre-employment checks had been completed to help ensure people's safety.

People were offered a choice of healthy and nutritious meals. Staff made sure people's dietary and fluid intake was sufficient for good nutrition. People had a choice of meals and relatives said they often saw snacks and drinks outside of meal times. The cook had information about people's dietary needs and special diets. Staff supported people to eat meals where they needed help. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Families told us staff were caring and helpful. They said their relative's health needs were met and they were always told of any changes which had occurred. A relative said, "There have been a few changes in (relatives name) and they (staff) always let me know when I come in to visit, or if more urgent by phone."

Activities were designed to meet the needs of people living with dementia. There was a designated staff member who had completed training in activities which were meaningful, varied and were delivered in groups or on a one to one basis.

People told us they knew how to complain and would be happy to speak with a manager if they had any concerns. Families and staff felt they could raise any concerns or issues they may have with the manager, who they said was approachable. People told us they felt their views and experiences were listened to.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits and meetings with all stakeholders of the service. Response from this monitoring showed that there was overall satisfaction with the service.

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 their relatives were safe living at the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had the right knowledge and skills.

Staffing levels were good with an appropriate skill mix to meet the needs of people who lived at St Martins.

Is the service effective?

Good

The service was effective. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). Staff had knowledge of the process to follow.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. There were systems in place to help ensure staff were kept up to date when people's needs changed.

People's care plans were detailed, personalised, and included sufficient information to enable staff to meet their individual needs.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good

The service was well led. Systems and procedures were in place to monitor and assess the quality of their service.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Staff were motivated to develop and provide quality care and told us they felt supported by managers.

St Martin's

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 unannounced inspection took place on 17 May 2016. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, two people who were able to express their views of living at the service and six visiting relatives. We spoke with eight staff members. We looked around the premises and observed care practices on the day of our inspection visit. Prior to and following the inspection visit, we asked seven professionals who were involved with the service for their views.

We looked at seven records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People using the service had limited verbal communication and therefore the comments were made by friends and relatives. People told they felt their relatives were safe when supported with their care. Observations made during the inspection visit showed people were comfortable in the company of staff supporting them. Comments included, "The staff are very good. I walk away feeling confident (persons name) is safe here." Another person said, "I have never seen anything that has caused me concern during my visits. I never leave the home worried."

When we inspected the service in February 2015 we found medicine records were not always accurate. For example some medicines which had been administered had not been recorded. Also one person could not have their prescribed medicine because the dose was too close to the previous one. Improvements had been made to ensure medicines were administered at the times prescribed. All medicine records were complete and accurate. The service had reviewed how it delivered medicines and had provided senior care staff with additional training in medicine administration. This had ensured better adherence to medicine administration times. Registered nurses maintained responsibility for medicines which required tighter controls and collating and receiving medicines into the home as well as managing all returns.

Staffing levels had been reviewed since the previous inspection. Additional staff were available at the busiest times of the day. Throughout the day staff were available in numbers to meet people's needs. Where people required two staff to support them this was met. Staff members had the time to sit with people and talk with them. Examples of good practice were seen throughout the inspection visit. This included, staff supporting people to mobilise with the use of mobility aids. Staff were available to people who became distressed and needed time to communicate their thoughts. Where people were at risk of falling, staff were able to respond in a sensitive and caring way to support them. Where people needed support to eat their meal staff had the time to sit with them so they were not rushed.

Staff told us they felt there were enough of them to meet people's needs and have the time to provide one to one support where required. Some people living at St Martins required one to one support for part of the day or for the full twenty four hours. Most of this care was delivered by agency staff but the services own staff also provided some one to one support. The same agency staff were used to ensure continuity of care. It was clear staff supporting people knew them well. Staff told us, "Staffing has got better and we have more time to sit with people when they need us" and "I work as part of the care team but do one to one support as well. It's good because we get to know just what support residents need."

Staffing levels were based upon the level of needs for people living at St Martins. Rotas showed there was a skills mix of staff on each shift. Care staff were supported by a registered nurse throughout the 24 hour period. Ancillary staff including kitchen and housekeepers were also employed as well as a caretaker for general maintenance.

The service had safeguarding procedures in place to minimise the potential risk of abuse. Staff had received training in safeguarding adults. Staff were knowledgeable in recognising signs of potential abuse and how to

use the organisation's reporting procedures Two staff members told us they were confident any allegations would be fully investigated and suitable action taken to ensure people were safe. One staff member told us, "They (the organisation) takes safeguarding seriously and makes sure we get the training and updates." The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner.

Staff told us they had received moving and handling training and they felt competent when using moving and handling equipment. We observed several occasions when staff assisted people with mobility problems. People were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported. People looked comfortable when being transferred. It was stress free and dignified.

Care files included risk assessments and measures to minimise risk. For example, the use of bed rails and reducing the risk of pressure ulcers. Where people had been identified as at risk from falls. Records directed staff on the actions to take to reduce this risk. This helped ensure staff provided care and assistance for people in a consistent safe way. Staff told us the risk assessments were clear and informative.

Where people displayed behaviour which might be challenging, we saw evidence in care records that assessments and risk management plans were in place. These were detailed and staff told us the information supported them to provide suitable care and support. One staff member told us, "Every day is different but we get to know what the triggers might be." For example we observed a staff member sitting with a person who was becoming anxious about another person wanting to sit close by them. By talking with the person and encouraging them to focus on a reading book, it diffused a potential confrontation.

Staff were familiar with the individual needs and behaviours of people and were aware of how to support them. For example, we observed one person shouting out and banging on the table. It was clear they were unsettled and in a distressed state. We observed two staff providing support that was kind and caring. Distraction was used to encourage the person to move from the area to a quiet lounge. It took around fifteen minutes to achieve this. However once settled into another quieter lounge the person was offered a drink and a staff member sat chatting with them. This approach showed staff were able to respond to crisis and ensure the person was safe from harming themselves or others.

Staff had completed a recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean and generally odour free. Procedures to ensure the maintenance of cleanliness and hygiene standards were in place and staff responsible for cleaning the service received training in hygiene procedures. Protective equipment was available to staff throughout the service.

There was a system in place to manage health and safety in the service. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills. Where issues had been identified, for example an alarm mat had not activated when a person fell out of bed, action had been taken to check all mats in place. Staff had been told to make regular checks at night to ensure mats were working each evening.

Service certificates were in place to make sure equipment and supply services including electricity and gas were kept safe.

Good

Is the service effective?

Our findings

Family members told us, "The food is excellent. (Persons name) needs support with their meals which the staff do well and I do it when I'm here" and "I do feel involved in (relative's name) care. If I have an issue, staff are approachable and get it sorted out".

During the inspection of February 2015 we found some people who required specific monitoring of their nutrition and hydration had not been effectively monitored and identified actions had not been addressed. During this inspection care records showed information reporting on people's nutrition and hydration had been completed and were being maintained as assessed. Regular reviews were taking place to monitor those needs. Other professionals had been involved in the assessment and management of people's dietary needs. For example, where a person had experienced a significant weight loss a GP appointment had been made and resulted in a nutritional assessment by a specialist health professional.

The service used a nutritional risk assessment as part of their screening to identify those people who were at risk of obesity or malnutrition. People`s weights were monitored regularly depending on the level of risk. There was a range of weighing equipment to assist with their monitoring to help people maintain a healthy weight.

There was a choice of meals as well as snacks. A choice of juice and water jugs were placed around the main lounges and dining areas. Staff prompted people to take drinks throughout the day. There were photos of the choice of meals being served each day in the lounge. Meal times were set, however, staff were supporting people with their breakfast throughout the morning period. People who were very unwell had care plans in place so they received suitable nutrition and hydration or prescribed supplements. A relative told us, "Food is excellent. Cakes are homemade and are good."

Most people took lunch in the main dining area. A number of people needed support with their meal and there were enough staff to support them individually. Staff spoke with people they supported throughout their meal. They told them what was on the plate and asked if they liked what they were eating. One person threw their meal on the floor. Staff dealt with the incident in a quiet and caring and respectful way. The person was asked if they wanted anything else to eat and were encouraged carry on with their meal when the meal was replaced.

Where people's health needs had changed, staff worked closely with other health professionals to ensure they received support to meet their ongoing needs. This was evident in care records. Records were updated to reflect the outcomes of professional visits and appointments. Relatives said staff quickly responded to any changing needs and informed them of any concerns at the earliest opportunity. One relative said, "They (staff) always keep me up to date with what's going on and discuss any issues with me in relation to [relative's name]." Another relative told us, "Nothing is too much trouble. If there are any health concerns they (staff) act on it keep me up to date."

There was a comprehensive staff training programme to support staff to achieve formal care qualifications,

as well as engage in training which supported staff to deliver care and support to meet peoples specific needs. For example, dementia care, specialist nutritional support and medicine administration. Staff told us they thought the level of training was good. Comments included, "Training is very good and we are expected to attend" and "Training had given me a lot more confidence." A number of care staff had achieved a HCA level 3. This meant they were competent to take more responsibility for example medicine administration and carry out hand over between shifts.

Staff told us they felt supported by management and they received regular individual supervision. Staff also had annual appraisals. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role, responsibilities and talk about training opportunities.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Referrals had been made where people's liberty was being restricted due to their level of mental capacity.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible. Two records where MCA and DoLS had either expired or been assessed for there was a check list to record the information. However, information regarding the reasons for the MCA and DoLS was not included in the care plan. We discussed the benefits for this with the registered manager who agreed to action this.

There were a range of aids and adaptations for people who had limited mobility, including hand rails and a range of hoists. There were a range of specialist bath and shower facilities designed for people requiring support with personal care. A number of alterations were taking place to improve toilet and bathing facilities for people. Some areas of the service required decoration for example paintwork was badly chipped in some rooms and doorways due to the constant use of equipment. Two vacant rooms were being decorated. The registered manager told us rooms were assessed for decoration when they became vacant.

Good

Is the service caring?

Our findings

People told us staff were supportive and helpful. They told us they were happy and satisfied with the level of care their relative living at St Martins received. Families told us, "Staff are caring and treat (relatives name) with respect", "The staff are definitely kind, caring and respectful and they listen to me." and "Some of the people have been very difficult but the staff have always shown patience and kindness." A person using the service said, "It's a good little home, they (staff) are very good to me."

We observed staff to be caring and attentive in the ways they supported people. For example staff members regularly engaged with people on a one to one basis where they became distressed or had been sat on their own for a period of time. We observed staff giving people reassuring hugs when they were anxious and gentle hand squeezes. Staff could be seen kneeling or bending down to make sure people they spoke with was at eye level. Questions or requests from people were handled appropriately and in a kindly way by staff. People did not have to wait for staff to respond to any requests for assistance. Staff explained what they were going to do before attempting any tasks or supporting people with eating and drinking.

We met the family of one person who had recently died in the home. They told us the end of life care their relative received was excellent. They said, "We couldn't have asked for better care for (relative's name). The care and compassion shown was excellent. Nothing was too much trouble to make sure (relative's name) was comfortable." They said they would always be grateful that the 'end' was peaceful and that they had felt involved throughout.

Where possible people's life histories were documented in their care plans. Staff told us it helped them gain an understanding of what has made the person who they are today. Staff told us about some people's backgrounds and past life events and how they try and keep the topics 'alive' so people can revisit them. This supported equality and diversity and helped ensure individualised care was provided.

Staff were motivated and told us they got a lot of job satisfaction. They said, "Every day is different and that's what's good about working here. I like all the different characters. Relatives are good at telling us about what hobbies people enjoyed when they were younger. It really helps us to focus" and "The job is full on but we do it because we care." Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing.

Staff were respectful and protected people's privacy and dignity. For example when people were being supported to move around the service staff spoke sensitively and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. People's bedroom doors were closed when care was being delivered. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for.

Families told us they were involved in supporting decisions about their relatives care and treatment. Care

records showed where people had been involved. Three relatives told us they were encouraged to express their views about how their relatives care and support was delivered. One person said, "I feel very involved in (persons name) care. I make sure staff know how (persons name) likes their hair and things they don't like." Care records contained information about people's current needs as well as their wishes and preferences.

Daily records described the support people received and activities they had been involved with. The records were informative and helped us to identify how the registered manager and staff supported people with their daily routines. There was evidence regular reviews were taking place and where possible relatives were involved.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable. Visitors told us, "We are always made to feel welcome and feel comfortable to visit at any time, there are no restrictions" and "I visit most days and I know I can come at any time."

Good

Is the service responsive?

Our findings

The registered manager and staff were knowledgeable about people's needs and how to respond to them. Families told us the staff responded to their needs and they said they were looked after their relatives well. Comments included, "They (staff) encourage (relative's name) to do what they can. (relative's name) likes to get involved" and "They (staff) leave (relative) to her own sleeping pattern, she gets up and goes to bed when she wants."

Staff offered choices and encouraged people to retain their independence wherever possible. People were treated as individuals and assisted to follow the routines they chose. For example one person repeatedly got up from the dining table to walk around the area. Staff were familiar with the person's choice to do this at mealtimes and responded by chatting with the person and walking with them back to the table. This was observed on three occasions during the meal. The person responded well to the action taken by staff. Observations throughout the day of inspection demonstrated staff understood people's individual and collective needs and responded to them in a timely manner.

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their wishes and expectations. Care plans were developed showing how people should be supported in areas of daily living. There were a range of risk assessments undertaken to identify and manage risks posed to people. In some instances staff had not signed or dated where changes had been made. This meant it was not clear who had recorded the changes and when the changes had been made. We discussed this with the registered manager who agreed to address the issue by telling staff responsible for making changes to records to ensure they signed and dated the record.

There were examples where the registered manager and nursing staff had responded to changes in people's needs. Care plans had been updated to provide information of the changes in care plans. Where people required additional support from specialists including dieticians or physiotherapists, referrals had been made and responded to.

Risks associated with people's individual needs were being recorded and regularly reviewed in order to respond to changes. Risk planning covered areas such as falls, communication, capacity and responding to hydration and nutritional risk. Where people's weight had fluctuated there was evidence the service had acted upon it.

Where people required support with managing continence issues, the service had a system to assess individual needs. By completing diaries for a three day period, it enabled staff to produce an accurate assessment for products which suited the person's individual continence needs.

The majority of people living at St Martin's nursing home were living with dementia or limited memory and their ability to make daily decisions could vary. Staff had a good understanding of people's needs and used this knowledge to help people to make their own decisions about their daily lives wherever possible. For example, some people liked to move around the service and had difficulty focusing on a topic for any length

of time. Staff responded to this by discreetly observing them and supporting them when necessary or if there was risk.

An activity coordinator was employed to specifically support people in small groups or on a one to one basis to help stimulate them. The activity coordinator had attended training designed to engage with people who were living with dementia positively. There were photos of recent activities taking place including celebrating the queen's birthday. The activity coordinator was currently unavailable so staff members were providing daily activities. This mainly consisted of one to one games or pampering sessions. Two staff were seen to respond to a person who liked singing. They sat with the person and used hats as props. This encouraged the person to engage in a range of songs. It encouraged others sat around to join in. The service recently gained access to a mini bus. We were told it was intended for drives in the local vicinity.

People and their families were given information about how to make a complaint. Details of the complaints procedure were displayed at the entrance to the service and comment cards were available if people wanted to complete one. One family member told us, "I have always told the manager if I was not happy about (relatives name) care. Yes, I am confident they listen and act on what I have to say." The service had a record of three complaints raised since the previous inspection. The complaints had been investigated and responded to in all instances.

Good

Is the service well-led?

Our findings

People told us the registered manager and staff team were friendly, approachable and willing to listen to people. They said staff encouraged people to ask questions or raise any concerns. Comments included, "I have attended a meeting with management to discuss the running of the home and future events. I have been asked for my input", "There is always someone around to talk to especially if I need to speak with a nurse." Staff told us, "I am very happy working here, management are very approachable" and "We are all encouraged to give suggestions on any changes that we feel would improve the home."

The registered manager sought people's views in a variety of ways. Staff had frequent informal chats with people about their views of the service. Families told us they felt their relatives needs and wishes were listened to and acted on and they were well supported. The registered manager told us they had an 'open door' policy and relative's they were available to speak with whenever people wanted or needed to. A relative told us, "The manager does approach me to ask if everything is OK. I feel the manager is a good leader and the home is well run and organised."

There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service. There were other senior staff including a senior nurse overseeing all clinical and nursing support in the service. The registered manager was supported by clinical leads and care staff. The service was regularly monitored by members of senior management within the organisation Cornwall Care Limited.

The auditing process had been reviewed and changes made. The organisation had devolved responsibility for service managers to carry out their own monthly audits and submit them. This information was reviewed by senior staff and each service had monthly tasks to meet audits for specific areas such as the number of care plan reviews completed, notifiable incidents and medicines. The changes had given registered managers more responsibility for their own service's performance.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led. Two staff members spoke about team spirit and supporting each other. They told us they worked well and staff morale was good. For example, there was less use of agency staff and this had led to a more static staff team. Sickness and absence cover was usually provided by the service's staff team. A staff member told us, "It's good that we cover shifts because we know each other and the residents don't get people they don't know to care for them." Another staff member said, "There is not a quick turnover of staff here."

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. Staff worked in partnership with other organisations such as the local authority, which also carried out quality assurance inspections of the service. The service also shared information and good practice between the homes within the organisation.

Policies and procedures were in place for all aspects of service delivery and were reviewed annually or when guidance changed. They reflected current legislation and best practice.