

St Martin's Residential Homes Ltd

St Martins

Inspection report

189 Woodway Lane
Walsgrave
Coventry
West Midlands
CV2 2EH

Tel: 02476621298

Date of inspection visit:
24 July 2019

Date of publication:
07 August 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: St Martins provides accommodation and personal care for up to 16 adults and older people, some of whom may be living with dementia, mental health, physical or sensory disabilities. At the time of our visit 13 people lived at the home. Accommodation is provided in a single storey converted house.

People's experience of using this service:

People felt safe and were protected from avoidable harm. Care was provided by staff who understood people's needs and how to keep them safe. Medicines were managed in line with regulatory requirements. There were enough staff to respond to people's requests for assistance and meet their needs. Risk associated with people's care and environmental risks were assessed and regularly reviewed. Staff knew what they needed to do to manage and reduce risks.

People received the support they needed to meet their nutritional, physical and mental health needs. Staff were mostly recruited safely and received the support and on-going training they needed to be fulfil their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People and relatives spoke positively about the staff who provided their care and support. Staff were caring in their practice and understood the importance of providing individualised care. People's privacy and dignity was respected, and their independence promoted. Staff recognised the importance of supporting people to maintain relationships with family and friends. Visitors were made to feel welcome.

People's needs were assessed prior to moving to St Martins to ensure these could be met and information about the serve was available in a way they could understand. Personalised care plans enabled staff to deliver care in line with people's wishes and preferences. Complaints were managed in line with the provider's procedure. Plans were in place to improve the availability and range of meaningful activities available to people.

The provider had not maintained a good level of organisational oversight of the service. This meant some previously demonstrated standards had not been sustained. However, people and relatives were positive about the quality of service they received. The management team and staff worked in partnership with other professionals to improve outcomes for people. The management team were committed to addressing areas where improvement was needed.

Rating at last inspection: Good (report published March 2017).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

St Martins

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was conducted by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience who supported this inspection had experience of care of older people and those living with dementia.

Service and service type: St Martins is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed and was planning to apply to register.

Notice of inspection: This inspection was unannounced and took place on 24 July 2019.

What we did before the inspection: We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as alleged abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection: We spoke with 11 people who lived at the home and two relatives about their experience of the care provided. We observed how staff provided care and support to people. We also spoke with seven staff members including one of the Directors of the provider company, the compliance manager,

the new manager, deputy manager and three care staff.

We reviewed a range of records about people's care and how the service was managed. This included two people's care records and six people's medicine records to ensure they were reflective of people's needs. We looked at two staff personnel files to ensure staff had been recruited safely and looked at a variety of records relating to the management of the service, including policies, procedures, checks and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Individual and environmental risks were assessed and documented. Risk assessments were detailed, clearly written, regularly reviewed and informed staff how to manage and reduce risks.
- Where required, health care professionals were involved in assessing and recommending how to reduce risk. Staff followed recommendations.
- Staff understood the risks faced by the people they supported and how these were managed to keep people safe, including in the event of a fire or other emergency. However, we found information for use by staff and the fire service in an emergency was not easily accessible and up to date. The compliance manager took immediate action to address this.

Staffing and recruitment

- People and relatives told us staff were available to provide support when needed. One person said staff 'always' responded quickly when they pressed their call bell for assistance.
- Staff felt there were enough staff to care for the number of people who currently lived at the home.
- The provider had a recruitment policy to ensure staff's suitability to work at the home. However, recruitment records for one staff member did not include details of a current police check. The director gave assurance this would be investigated and following our inspection confirmed the required check had been completed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. They told us they felt safe. One person said, "The girls [staff] keep me safe."
- Staff continued to understand their responsibility to report any safeguarding concerns. One told us, "[Manager] would sort things. I'd contact you [CQC] if she didn't. The residents safety is our priority."
- Effective systems remained in place which ensured safeguarding concerns were referred to the local authority and CQC as required.

Using medicines safely

- People received their medicines as prescribed from staff trained to administer medicine safely.
- Medicines were managed, stored and disposed of in line with best practice guidance.
- Processes were in place for the timely ordering and supply of medicines.

Preventing and controlling infection

- Overall, good standards of cleanliness were maintained within the home. One person described St Martins as 'clean, tidy and smelling fresh'.

- Staff understood and followed the provider's infection control and prevention systems, including the use of disposable gloves and aprons which were readily available.

Learning lessons when things go wrong

- Incident and safeguarding reports were reviewed by the management team to identify points of learning to reduce and improve the management of risk.
- Learning, and any action needed, was shared with staff through handovers and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled and understood their needs. One person said, "They [staff] are well trained and know me well."
- Staff developed and refreshed their knowledge and skills through induction and a programme of on-going training. One staff member described the training they received as 'excellent'.
- Staff felt supported in their roles through individual and team meetings and observations of their practice. One said, "Supervision [individual meetings] gives you a chance to talk things through. They [management] watch you working and talk to you about how you're doing."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to St Martins to ensure these could be met.
- Information from initial assessments was used to develop care plans for each identified need to enable staff to provide care and support in line with people's wishes.
- The management team were aware of good practice guidelines and used this information to support the delivery of care.

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

- People had access to a range of health and social care professionals when needed. One person who had diabetes told us staff had organised regular chiropody visits for them. This was important as foot related complications are more common for people with diabetes.
- The management team and staff worked with health and social care professionals to support people's physical and mental health and wellbeing.
- Plans were in place to work with the local authority to introduce the 'Red Bag' initiative designed to ensure information was shared in a timely way, if a hospital admission was needed.

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

- People had enough to eat and drink. Staff monitored people's nutritional needs and provided the support people needed to maintain a balanced diet, where needed.
- Staff sought timely advice from relevant health care professionals if people were losing weight or were at risk of choking. Staff followed the recommendations made.
- Meal service at breakfast and lunch was relaxed and unhurried. People chose where they sat and what they ate and drank. One person said, "The food here is good, if I want something special, they will get it for me."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider worked within the requirements of the MCA. When needed DoLS applications had been made to keep people safe and to ensure people's freedoms were not unlawfully restricted.
- Staff demonstrated they understood the MCA and worked within the principles of the Act by gaining people's consent. One person told us, "They [staff] always ask me before they do anything."
- People's care plans identified if they had capacity to make specific decisions about different aspects of their care. Where people had been assessed as not having capacity, plans included details of relatives who had the legal authority to make decisions on their behalf.

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

- People were encouraged to personalise their bedrooms.
- A programme of refurbishment was taking place within the home. People had been involved in making decisions about the new décor and spoke positively about the changes being made.
- People had access to indoor and outdoor spaces where they could choose to be alone or sit with other people. However, one person told us they could not easily access the rear garden. The provider assured us this was a short-term issue whilst work on upgrading the garden area was taking place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported in a caring way. One person told us, "The staff are lovely, very polite and friendly." A relative described the staff team as 'brilliant'. We saw people and staff exchanging hugs and sharing smiles and laughter. The atmosphere was relaxed and homely.
- Staff knew people well and what was important to them. For example, one person's meals were prepared in line with their beliefs and values. A staff member told us, "We are a small extended family all caring for each other."
- The provider promoted equality and diversity. The compliance manager explained, "We have an inclusive culture which celebrates and respects differences within our resident and staff team." A staff member said, "Here, everyone can be themselves. Difference is good. We all learn from each other."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff demonstrated this by asking people discreetly if they needed assistance with personal care and by knocking on doors and waiting to be invited to enter.
- People's independence was promoted as much as possible. Care plans detailed people's abilities and strengths and staff practices reflected these. For example, one person was able to eat independently once staff had cut up their food.
- People's personal information was managed in line with data protection regulations.

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

- People were encouraged to express their views about their care during individual and residents' meetings. Discussions included asking people their opinions about the range and quality of food and drink and about what activities they would like. Feedback was used positively to inform future planning.
- Staff supported people to make choices. We heard one staff member ask a person if they would like to eat lunch in the dining room or their bedroom. The person chose to remain in their bedroom which the staff member respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

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

- People's individual needs were met. One relative told us staff used different approaches when supporting their family member because they understood the person's behaviours.
- People's care plans were detailed, up to date and personalised. Staff told us they read care plans which enabled them to provide care and support in line with people's preferences.
- People and relatives, where appropriate, reviewed their care in partnership with the staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to information in different formats. The compliance manager said further work was taking place to broaden the range available.
- People's communication needs were assessed and documented in line with AIS.
- Staff understood the importance of reminding people to wear spectacles, hearing aids or dentures to support effective communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their families and friends. One person told us, "My daughter can visit any time." We saw relatives were made to feel welcome and engaged with staff in a friendly and familiar manner.
- People said they enjoyed the activities provided but felt these were limited. Comments included: "I like the exercise class. I'd like them more often" and, "To make it 10/10 [living at St Martins] I would like more activities."
- The new manager acknowledged the frequency, type and range of activities needed further development. Action was being taken to address this.

Improving care quality in response to complaints or concerns

- People and relatives felt able to speak with a member of the management team about concerns and were confident these would be addressed.
- Complaints had been managed in line with the provider's procedure. The director told us complaints were taken seriously, learned from and where needed, improvements made.

- The provider's complaint procedure was displayed within the home.

End of life care and support

- At the time of our inspection no-one at the home was in receipt of end of life care. However, staff had previously cared for people at the end stage of life and were trained to do so.
- People's end of life wishes were recorded where they had chosen to share this information.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Require Improvement because the service had not been consistently managed and well-led. Despite this, the culture within the home continued to promote high-quality, person-centred care.

Continuous learning and improving care

- The provider had not maintained a good level of organisational oversight of the service. For example, we found important information to keep people safe in the event of an emergency was not up to date and the provider's recruitment and quality monitoring procedures had not always been followed. The director acknowledged whilst some issues had been identified, others we found had not. They described actions planned, and those already taken to make improvements within the home. These included the appointment of a compliance manager and the implementation of weekly monitoring visits.

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

- The home did not have a registered manager. A new manager had been appointed in June 2019. They told us, "There is a lot to do but we have made good steps in six weeks. I really have been supported by [provider] and [compliance manager]." The manager was planning to submit an application to register with us.
- Staff felt supported. One said, "[Deputy manager] works alongside us. She really knows the residents. She helps us." Another commented, "We're having meetings again. It's good. You can speak out and share your ideas. Improvements are happening."
- The provider was meeting their regulatory responsibilities. They had submitted notifications to CQC about incidents and changes to the service and the home's latest CQC rating was displayed on their website and within the home, so it was accessible to the public.

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

- People and relatives spoke positively about the care provided. Comments included, "I feel well looked after, they [staff] are looking out for me." and, "[Person] is being well looked after, I don't have to worry about her while she's here."
- People's outcomes were good. One person described how they were being supported to effectively manage their diabetes because staff were working with a health professional.

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

- People and relatives were encouraged to share their views about the service through meetings and questionnaires. Feedback was used to drive improvement. For example, a new laundry system had been introduced in response to comments about clothing being mislaid.

- The diversity of people using the service and the staff team was celebrated and protected.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management and staff team worked in partnership with health and social care professionals who were involved in people's care and had developed good relationships with them. People were supported to attend appointments or received regular home visits from dentists, opticians, chiropodists, dieticians and district nurses.
- The management team understood their legal responsibilities to apologise when things have gone wrong.
- Throughout our inspection the management team were open and honest. They welcomed our feedback which they said would be used to continue to drive improvement. The compliance manager said, "There is no point not being open. We are where we are, but we are feeling positive. We are on the right track."