

St. Martins Nursing Home Limited

St Martin's Nursing Home

Inspection report

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Date of inspection visit:
02 April 2019

Date of publication:
02 May 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?

Good ●

Summary of findings

Overall summary

About the service: St Martin's Nursing Home is registered to provide nursing care and was supporting 23 people on the day of our inspection.

People's experience of using this service:

People were relaxed and comfortable at St Martin's Nursing Home and were complimentary of the care provided. There were enough attentive staff on duty to meet people's needs and they responded promptly to people's requests for support.

Staff understood their role in protecting people from all forms of abuse or discrimination. Risks were managed appropriately and care records included sufficient guidance for staff to enable them to ensure people's safety.

Staff were recruited safely and had the skills necessary to meet people needs. Training was regularly updated and care staff were provided with regular supervision. We have made a recommendation in relation to the supervision arrangements for nursing staff.

Care plans were informative and included information about people's backgrounds to help staff understand their individual needs. Although there was a detailed activities programme and the service employed three, part time, activities coordinators there was a lack of things for people to do during our inspection. We discussed this issue with the registered manager who told us that in future arrangements would be made to provide alternate activities when activity coordinators were on leave.

The service was well-led. The well-established staff team were motivated and told us the service managers were supportive and approachable. There were appropriate systems in place to monitor the service performance and people feedback was valued and acted upon.

At our previous inspection the service was rated Good. (Report published 2 November 2016)

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

St Martin's Nursing Home

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 team consisted of two adult social care inspectors and a nursing specialist advisor.

Service and service type: St Martin's Nursing Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed all information we had received about the service since the last inspection. This included, previous inspection reports, the provider information return and details of incidents that the provider had notified us about.

During the inspection we spoke with three people and four relatives to ask about their experience of the care provided. We observed how staff provided care throughout the inspection including during the mid-day meal. We also spoke with six staff and the registered manager. Following the inspection, we communicated with two health care professionals about the service's performance.

We reviewed a range of records. This included six people's care records and a selection of medicine records. We also looked at four staff files around staff recruitment. Various records in relation to training and

supervision of staff, records relating to the management of the service and the service's policies and procedures.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People were relaxed in the service and relatives told us, "People are comfortable here, definitely safe. It's a nice home."
- ☐ Staff understood their role in protecting people from all forms of abuse and avoidable harm. They told us they would report any issues to the registered manager who they were confident would take any action necessary to ensure people's safety.
- ☐ The service's safeguarding policy included contact details for the local authority and staff knew how to raise safety concerns outside the organisation.

Assessing risk, safety monitoring and management

- ☐ Risks had been appropriately assessed and care plans provided staff with sufficient detailed guidance to ensure people's safety.
- ☐ Pressure relieving equipment was set correctly and used effectively to reduce the risk of people developing pressure sores.
- ☐ Risk in relation to the environment and people's individual needs had been identified and assessed. Staff were provided with clear instructions on how identified risk should be managed.
- ☐ All lifting equipment had been regularly serviced and was used appropriately by staff to support people to get up and move around the service.
- ☐ The service had suitable emergency procedures in place. The Fire alarm system and other emergency equipment had been regularly serviced and tested.
- ☐ The service's policy was not to use any form of restraint and care plans included some information on how to support people to manage their anxiety. The staff team knew people well and were able to describe the techniques they used to support people when they became upset. However, some of the care plans did not include sufficient specific guidance for new staff on how distraction techniques should be used.
- ☐ Incidents in relation to behaviours that challenged staff had been appropriately investigated and staffing allocations changed to ensure there were sufficient staff available at all time to meet people's needs

Staffing and recruitment

- ☐ The service was well staffed. On the day of our inspection there were; four care staff, a nurse, a cleaner

and cook and the registered manager on duty to support the 23 people using the service.

- ☐ Rotas showed planned staffing levels were routinely achieved and comments from people and their relatives included, "There are plenty of staff" and "Oh yes, there is enough staff."
- ☐ The service was fully staffed at the time of our inspection and the registered manager told us agency staff were only ever used to cover annual leave for night staff.
- ☐ Staff responded promptly to people requests for support throughout the day and people told us, "If you press your bell they come very quickly even at night" and "I think there are enough staff, you don't have to wait for anything to be done."
- ☐ Recruitment processes were robust and all necessary pre-employment checks completed.

Using medicines safely

- ☐ Medicines were managed, stored and administered safely and staff were appropriately trained to support people with their medicines.
- ☐ People told us "I get my tablets when I need them" and relatives said people received the support they required with their medicines.
- ☐ Medicines records were well maintained, detailed and informative. They had been regularly audited and any issues identified resolved.
- ☐ Where people were prescribed 'as required' medicines their care plans included information about when these medicines should be used. Records in relation to the use of these medicines were sufficiently detailed and informative.

Preventing and controlling infection

- ☐ Staff had received training in infection control and each person who needed equipment to support their mobility needs had named slings to reduce cross infection risks.
- ☐ Domestic staff duties were well defined and the service was clean. Relatives told us, "[My relative's] room is lovely, clean and warm." Spillages were dealt with promptly and the service was free from adverse odours. were dealt with and resolved promptly.
- ☐ Infection control audits had been completed appropriately and although there was not a dedicated infection control lead the registered manager was responsible for ensuring infection control risk were managed.
- ☐ We noted no hand was gels were available to visitors and raised this issue with the registered manager.

Learning lessons when things go wrong

- ☐ All incidents and accidents were recorded, reported to the registered manager and investigated.
- ☐ Where any trends, themes or opportunities for learning were identified these were shared with staff and procedures changed to minimise the risk of similar event reoccurring.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

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 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.

- ☐ Where appropriate people's capacity to make specific decisions had been assessed and any decision made on behalf of individuals who lacked capacity were made in the person best interest. Relative's and professionals had been involved in these decision-making processes.
- ☐ The registered manager had correctly identified that some people who lacked capacity had potentially restrictive care plans. Necessary and appropriate applications had been made to the local authority for the authorisation of these restrictions.
- ☐ Where DoLS authorisations had been granted the service had complied with any associated conditions.
- ☐ People were routinely able to make day to day choices in relation to how their care was delivered and these decisions were respected by staff.
- ☐ People's needs were assessed by the registered manager before they moved into the service. As part of this process the registered manager visited the person at home or in their previous care placements and reviewed all available information to ensure the service would be able to meet the person's needs.
- ☐ Care plans were developed by combining information gathered during the assessments process, with information provided by care commissioners and staff feedback on people's individual needs and preferences.

Staff support: induction, training, skills and experience

- Staff had the skills necessary to meet people's care needs and records showed their training had been regularly updated in accordance with the service's policies.
- Staff new to the care sector completed the care certificate training as part of the induction and five staff were being supported to complete diploma level qualifications at the time of our inspection
- There were systems in place to ensure all staff training was regular refreshed and updated. Records showed care staff received regular supervision and annual performance appraisals.
- Nursing staff had been supported and encouraged to complete technical training. The registered manager who was also a qualified nurse regularly worked alongside nursing staff, however at the time of our inspection there were no formal system to provide these staff with clinical supervision.

We recommend the provider seeks advice from suitably qualified experts and reviews current guidance to ensure there are suitable systems in place to provide staff with appropriate supervision.

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

- People enjoyed their meals and told us, "The food is really really good" and "You get tea galore." People were offered a choice of dishes at each meal and were able to request other meals if they did not want the options on offer.
- People's care plans included information about their dietary needs and preferences alongside details of the support they required at meal times. At lunch time there were two sittings and people who required support from staff were served first. Specialised cutlery and was available to support people to eat independently.
- Our lunch time observations found people had mixed experiences. We noted good examples of staff providing individualised support at a relaxed pace, offering people choices and respecting their decisions. However, we also noted that some people were not asked before clothing protectors were provided and one person was not supported at an appropriate pace. Staff comments in relation to people's meal time experiences included, "There are enough staff generally but meals can be a bit rushed, it is so important to people and could be more enjoyable for them." These issues were fed back to the registered manager at the end of the inspection.
- Hot and cold drinks were served throughout the day to prevent dehydration. Where people had been identified as being at risk of dehydration specific care plans had been developed and additional fluid intake monitoring completed. During our inspection people were supported in accordance with their hydration plans

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

- All areas of the service were very well maintained and decorated to a high standard and free from signs of wear.
- People's bedrooms were personalised and well decorated. People told us, "I have a nice room and lovely people looking after me."
- All bedrooms had ensuite facilities and the spacious rooms meant any lifting equipment could be used easily to meet people's support needs.
- At the time of our inspection most people required support from staff to move around the service however there was a noticeable lack of signage to help people orientate themselves within the service

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

- ☐ People told us, "They fetch the doctor in when you need them" and records showed that service made appropriate and timely referrals to health professionals to ensure people's care needs were met.
- ☐ Health professionals told us the service worked collaboratively with them to ensure people's needs were met. Care records showed that where professionals had provided advice or guidance this was incorporated into the person's care plan.

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

All residents I spoke with told me that they were spoken to in a kindly manner and were treated with respect and dignity.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ There was a relaxed and contented atmosphere in the service and staff were observed laughing and joking with people while providing support. The registered manager and well-established staff team knew people well and had a detailed understanding of their individual support needs.
- ☐ People told us, "The staff are brilliant, absolutely brilliant", "I get on with all the staff" and "They are looking after me."
- ☐ Relatives were also complimentary of the staff team's caring approach and said, "The staff are very good, lovely", "[My relative] is well looked after" and "The staff seem efficient and friendly."
- ☐ People's care plans included life history maps designed to help staff recognise what was important to each person and understand how people's background could affect their current support needs.
- ☐ Where people were cared for in bed there were systems in place to ensure checks were completed on their well-being and relatives confirmed these checks were completed regularly.
- ☐ Staff had received equality and diversity training. People were respected as individuals and relatives regularly expressed their gratitude to staff for the support they provided. One recently received compliment said, "I know that [my relative] felt valued and respected and I saw first hand the effect that had on her; a lot of stress and tension fell away from her and she seemed happier and more at peace here than I've seen her in a long time"

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

- ☐ People were able to decline aspects of planned care and staff respected people's decision and choices in relation to how their support was provided.
- ☐ Staff explained their intentions and sought people's consent before support. Where equipment was needed to support people to move staff provided explanations and reassurance during transfers.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff respected people's privacy and took action to ensure people's dignity was protected. Staff knocked on doors before entering people's rooms and doors and curtains were always closed before personal care

was provided.

- ☐ People were supported to remain as independent as possible and staff responded promptly when people requested support.
- ☐ Relatives were able to visit at 'any time' and told us, "There are no restrictions on visitors" and "They are very welcoming you can just turn up."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ The service provided personalised and individualised care and support.
- ☐ People's care plans were accurate, informative and provided staff with enough guidance to ensure their needs were met. During our inspection we saw that staff provided support in accordance with people care's plans.
- ☐ Care plans had been regularly reviewed and were updated whenever a significant change in the person's needs was identified.
- ☐ People and their relatives had been appropriately involved in the process of developing and reviewing care plans.
- ☐ Where people needed support to manage anxiety care plans did always include detailed guidance for staff on how to meet people's individual needs. However, the experienced staff team knew people well and were able to describe techniques they had previously used successfully to support people.
- ☐ Details of people's communication needs were recorded in line with national guidance and the service policy documents were available in a variety of formats to support people's communication needs.
- ☐ The service employed three part-time activities coordinators and there was a programme of activities planned within the service on most days.
- ☐ People told us, "I look forward to the events, we had a banjo band last week", "A lady comes and plays drafts with me" and "They take us out for lunch and ice-cream when the weather is good."
- ☐ Notices in the service's communal area included details of planned activities within the home. Recent externally arranged events included, visits by pet therapy dogs, exercise classes, a variety of musical entertainers. In addition, the activities coordinators routinely arranged a variety of craft activities, quizzes, games and events for people to enjoy in communal areas. Where people choose not to engage with group activities individualised activities were offered in people's rooms.
- ☐ We received mixed feedback from staff in relation to the activities available at the service. Staff comments included, "People have enough to do" and "People could have more to do. The activities coordinators are good but could do with a little bit more."
- ☐ On the day of our inspection there were no activities coordinators on duty because annual leave and no externally sourced entertainers. There was a noticeable absence of things for people to do during the day. This issue was discussed with the registered manager who told us that in future she would ensure arrangement were made to provide other options when activity coordinators were on leave.

Improving care quality in response to complaints or concerns

- People and relatives know how to raise complaints but told us this had not been necessary. There comments included, "There is no need to complain" and "I have no complaints."
- The service had appropriate systems in place for the investigation of any formal complaints received. This included time lines detailing when responses would be provided and contact information for external organisations including the Care Quality Commission where people could report issues if they were unhappy with the services response.
- People told us the service was good at addressing and resolving minor issues and niggles but there were no systems in place to document the actions taken in response to minor concerns raised.
- The service regularly received compliments and thank you cards from people and their relatives. One recently received card said, 'Just to say how much I appreciate the kindness and care you gave [person's name] whilst he was in your care.'

End of life care and support

- The service was able to meet people's needs at the end of their lives.
- Where people had made decisions and choices in relation to how support should be provided at the end of their lives these decisions were recorded and were respected.
- Where cultural or religious practices were important to people they had been supported in accordance with these values.
- The service worked collaboratively with professionals to enable people to remain comfortable and pain free in the service and to avoid unnecessary hospital admission for people at the end of their lives.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were comfortable at St Martins Care home and relatives were complimentary of the service and the support it provides. Their comments included, "It's a very very good nursing home", "It's a little rustic, homely and well run" and "I'm so impressed with the place, I'd book myself in here."
- Relatives were appropriately involved in planning people's care and reported they were always informed quickly if anything happened to their loved ones.
- Where significant incidents and accidents occurred, the service had submitted the majority of required notifications.
- The service policies had been regularly updated to ensure they reflected best practice and the service's current systems and procedures.
- The registered manager and staff team took an open approach to the inspection process and acted promptly to address minor issues identified.

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

- People told us, "The managers do anything you ask them to do" and "Whatever you want they will get for you." Relatives were also complimentary of the service's leadership and commented "The managers are very nice people" and "The managers are really good to us."
- The registered manager knew people well and had a good understanding of people's individual needs and preferences. She regularly completed nursing shifts as part of the service's quality assurance processes.
- Hand over meetings were held at the end of each shift to ensure all staff were aware of any small changes in people's care and support needs.
- The registered manager was service's clinical lead and was supported by the service manager. Each manager's role was clearly defined and well understood by staff.
- The established staff team was well motivated and told us their managers were supportive and compassionate. The registered manager commented, "A lot of my staff have been here for years" while staff told us, "It's a nice place to work" and "The management are really good, really approachable."
- The service had appropriate quality assurance and auditing systems in place designed to drive

improvements in it's performance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, and Continuous learning and improving care

- ☐ People and their relative were regularly asked for feedback on the service's performance and formal surveys were completed annually. People feedback was consistently positive with comments received including, "All the staff are amazing, Thank you." Where minor issues had been raised via surveys or directly with managers, action had been taken to address and resolve any issues. For example, one person's relative had asked if a larger television could be fitted in the lounge to enable their relative to easily see subtitles while watching films. We noted a very large television had been installed in the lounge in response to this comment.
- ☐ Staff had received equality and diversity training and recognised, valued and respected people's diversity. Staff records showed appropriate adjustments to employment conditions had been made when requested.
- ☐ Team meetings were held twice yearly and provided additional opportunities for staff and managers to discuss any proposed changes within the service. Staff said they felt confident raising questions during these meetings and commented, "You can bring anything up."
- ☐ The service aimed wherever possible to learn from any incidents or accidents that occurred. Staff told us any learning identified was shared promptly and commented, "If there are any concerns the registered manager will get us together for a quick chat."

Working in partnership with others

- ☐ The service worked collaboratively with others to meet people's needs.
- ☐ Prompt referrals were made for support from professionals when people's needs changed and advice provided was acted upon.