Broadoak Group of Care Homes

St Martins

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 4 and 5 November 2014 and was unannounced. St Martins provides accommodation and personal care for up to 21 people with and without dementia. On the day of our inspection 17 people were using the service.

The service did not have a registered manager. The last registered manager left in November 2013. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our inspection in July 2014 we asked the provider to take action to make improvements in respect of people's care planning, assessing and monitoring the quality of the service and supporting staff. During this inspection we found that sufficient improvements had been made in all of these areas.

Summary of findings

People were not always protected from the risk of acquiring infection because some areas of the home were not cleaned adequately.

People were protected from the risk of abuse. Staff had access to information about how to keep people safe and were applying this in practice.

People received their medicines when they needed them and medicines were stored and recorded appropriately. There were not always sufficient staff to meet people's needs. People were not always provided with timely support during lunch on the first day of our inspection because staff were busy elsewhere.

We have made a recommendation about staffing levels.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. There were systems in place to ensure people were not deprived of their liberty unlawfully.

Staff were provided with relevant training, supervision and appraisal. Arrangements were in place to obtain people's consent and act in the best interests of people who were not able to provide consent.

People had access to sufficient quantities of food and drink. The people we spoke with told us they enjoyed the food and were always able to ask for extra food if they wanted it. People had access to a range of healthcare professionals.

People were involved in planning their care and making decisions where possible. Staff found it difficult to get family involvement where a person could not be involved in their own care. Staff supported people in a kind and patient manner. People told us they were treated with dignity and respect by staff.

People's care plans were added to and updated when required, however information about people's interests and life history was not always available. People told us they found the acting manager approachable and would feel comfortable making a complaint.

Daily records about the care people received were not always accurate. There were regular meetings for people and their relatives to attend, however they were not well attended and there was no alternative way for people to provide their views. There were auditing systems in place to monitor the quality of the service and bring about improvements.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People were not always protected from the risk of infection because the home was not always clean and hygienic.

There were not always sufficient staff to meet people's needs.

People were protected from the risk of abuse.

People received their medicines as prescribed. They were administered, stored and recorded appropriately.

Requires Improvement

Is the service effective?
The service was effective.

People were cared for by staff who received appropriate training and supervision.

People's consent was recorded. If people did not have capacity to provide consent there was appropriate use of the Mental Capacity Act 2005.

People had access to sufficient food and drink in order to maintain their health.

People had access to healthcare professionals such as their GP and district nurses when required.

Good

Is the service caring?
The service was caring.

People were supported to be involved in their care planning and making decisions about their care wherever possible.

Staff cared for people in a kind and considerate manner.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was not always responsive.

There was limited information about people's life histories and hobbies and interests were not always provided for.

Care plans contained relevant information and were kept up to date.

Information was provided to people to enable them to make a complaint.

Requires Improvement

Is the service well-led?
The service was not always well led.

Requires Improvement

Summary of findings

Records were not always accurate and up to date.

There were regular meetings for people and relatives to give their view on the service, but they were not well attended. There was no alternative means for people to provide their opinions.

Systems were in place for the provider to audit the quality of service provision and make improvements.

St Martins

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 5 November 2014 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with three people who were using the service, three relatives, three members of care staff, the acting manager and the area manager. We also observed the way staff cared for people in the communal areas of the building using a recognised tool called the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We checked the standard of cleanliness in various parts of the building and looked at the care plans for four people and any associated daily records. We also looked at a range of records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

Although the people who used the service and the relatives we spoke with told us that they felt the home was clean and hygienic, people were not fully protected from the risk of infection. People were using equipment, linen and furniture that was not adequately cleaned. For example we observed staining on mattresses, bed side bumpers and bedding that people were using. Soiled linen could not be effectively cleaned because there was no sluicing facility in use. People and staff could not always maintain hand hygiene because hand soap and paper towels were not available in all areas of the home.

The staff we spoke with felt that the standard of cleaning in the home was acceptable. Housekeeping staff were employed who completed cleaning schedules to indicate that tasks had been carried out. However, the standard of cleaning was not always effective in reducing the risk of people acquiring an avoidable infection. We told the acting manager who acknowledged our findings and said they would work with the housekeeping team to improve standards of cleanliness.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

People told us that they felt there were enough staff to meet their needs. One person said, "If I need anything I just ask, the staff come very quickly." A relative we spoke with told us, "The staff are great; I would say there are enough." However, people could not be sure there would be enough staff to meet their needs at all times. The provider did not carry out an analysis of the numbers of staff required to meet everyone's needs. Therefore we could not be sure that staffing levels would be flexible to take into account people's changing needs.

There were sufficient staff to meet people's needs except for the lunch period on the first day of our inspection, when there were delays in people receiving the support they needed. One person pushed their meal away having not eaten anything. Staff did not assist this person for a period of 20 minutes because they were busy elsewhere. We pointed out this person had not eaten, the person then ate their meal when provided with support. Another person became unsettled at the table they were sitting at and moved to another table. Staff did not try to support this person because they were busy elsewhere. The staff we spoke with told us that overall there were sufficient staff to meet people's needs; however supporting people over lunch time could be difficult.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions. The staff we spoke with told us appropriate checks were carried out before they started work.

The people we spoke with told us they felt safe at the care home. One person said, "I feel safe. I love it." Another person said, "Yes I'm perfectly safe and can talk to any of the staff if not." The relatives we spoke with told us they felt their loved ones were safe living at the home. One relative said, "We feel [my relative] is safe." Another relative said, "[My relative] is quite safe, it is homely and not clinical."

The staff we spoke with could describe how they reduced the risk of abuse happening. Staff had access to information about potential challenges people may present that could put themselves and others at risk. We observed staff respond to situations in a way that was intended to keep people safe. Staff had sought professional guidance with regards to managing people's individual behaviours to help keep them safe.

There were systems in place which were used for reporting incidents and allegations of abuse. The staff we spoke with told us they would report any incidents to the acting manager. Information had been shared with the local authority about incidents which had occurred in the home. Staff and people who used the service had access to information about who to contact at the local authority and were aware of this.

There was information available in people's care plans to guide staff in how to keep them safe. Staff were aware of this information and told us they felt able to provide care in a way that kept people safe. Risk assessments were carried out which identified various risks to people and the support they required to reduce risks. The provider ensured checks of the safety of the building and equipment were carried out when required.

Requires Improvement

Is the service safe?

We asked people if they were happy with the way in which their medicines were being managed. One person said, “Yes it is fine, I get what I need.” We observed medicines administration being carried out and recorded in the correct manner and medicines were kept securely.

People could be assured that their medicines would be ordered in a timely manner. There was a system in place for the reordering of repeat medicines to ensure people received these when required. Staff told us they received the support they required to manage people’s medicines safely. This included regular training and competency assessments.

We recommend that the service consider the current guidance on planning staffing levels.

Good

Is the service effective?

Our findings

At our inspection in July 2014 there was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because staff were not provided with all the necessary training and did not receive regular supervision or an appraisal. During this visit we saw action had been taken to make the required improvements. People were supported by staff who received support appropriate to their role.

People told us they felt well cared for by staff and that they were competent. One person said, "I think the staff seem to have been well trained." Another person said, "There has been a lot of training for staff recently." Some training was provided to staff on the day of our inspection and staff were complimentary about the quality of the training. One staff member said, "The training is made relevant to our home, I have learned a lot today."

People were supported by staff who received the training and support they needed to carry out their duties effectively. Staff told us that they received appropriate training that was beneficial to their role. Staff felt supported through the supervision process and told us this had improved in recent months. All staff received supervision and the frequency of supervision had increased. We looked at training records which showed the provision of training had improved and staff received training relevant to their role. Staff had also received a performance appraisal since our previous inspection.

We saw that the provider followed the principles of the Mental Capacity Act 2005 (MCA). Assessments of people's capacity to make certain decisions had been carried out when there was a doubt about their capacity. For example, one person had been deemed not to have the capacity to manage their own medication. A best interest's decision had been made that staff should manage this person's medication. Where people had the capacity to provide consent to their care they were given the opportunity to do so, by reviewing and signing their care plan.

The acting manager knew about the recent changes which could mean people who were not previously subject to a DoLS may now be required to have one. Nobody required a DoLS at the time of our inspection; however appropriate systems were in place should this ever be required so that people's freedom was not restricted unlawfully. The staff we spoke with were able to describe the principles of the MCA and how it was applied in the service.

People we spoke with told us they enjoyed the food and were given plenty to eat and drink. One person said, "I enjoy the food. I can ask for something different if I don't like what is on the menu." Another person said, "We get a lot of food, I like it." We were also told, "I usually ask for something different at tea time and it is always provided."

We saw that people had a choice of food and drinks offered to them and in sufficient quantities. People asked for specific drinks and staff provided these. We saw that people enjoyed their lunch and most people ate a good amount of food. People were provided with alternative choices where required and specialised diets were catered for, such as soft diets and low sugar alternatives. The staff we spoke with told us people had access to sufficient food and drink as well as snacks in between meals.

People told us that they had access to the relevant healthcare professionals when required. One person said, "I get to see my doctor if I need to, staff arrange for that to happen."

People were supported by staff to access healthcare services such as their doctor and district nursing team. The staff we spoke with told us they arranged these appointments for people and also made referrals to more specialist services such as a dietician or the dementia outreach team. Staff were aware of the guidance provided by healthcare professionals and it was implemented into people's care plans. During our inspection, staff responded to an emergency situation by contacting the appropriate healthcare service to ensure that the person received the necessary medical care. Records also confirmed that people had regular access to different healthcare services as required.

Good

Is the service caring?

Our findings

We asked the people we spoke with if they felt well cared for by staff. They told us that they were well treated and the staff were caring and compassionate. One person said, "The staff are good." Another person told us, "I am alright." The relatives we spoke with told us that their loved ones were well cared for. One relative said, "[My relative's] care is good."

Staff treated people kindly and provided care in a patient way that met people's needs. For example, one person needed a member of staff to sit with them whilst they ate their meal. A member of staff supported the person at their own pace and assisted when required, in a kind and patient manner.

The staff we spoke with were able to describe the different needs of people who used the service. Staff spoke about people in a kind and considerate manner. We looked at the care plans of three people who were using the service. These contained information about the way in which people preferred to be supported which matched what staff told us. There was also some information about how people's religious and cultural backgrounds influenced the provision of care and support.

The people we spoke with told us they had been involved in planning their care and had the chance to review their care plan. The relatives we spoke with told us that while they had not seen their relative's care plan they were in regular contact with staff.

Where people were able, they were involved in planning their care and making decisions. Staff told us that people were involved in planning their care as far as they were able. However, where people lacked capacity to be involved, their relatives were not fully supported to be involved in making decisions. Staff told us they had difficulty in getting the involvement of people's next of kin. The care plans we looked at confirmed that relatives had not always been involved in care planning and making decisions, however we did not see any impact from this on people's care.

People told us they were involved in making day to day choices such as where they wished to sit and what they wanted to eat. One person told us, "Night staff are lovely and I am given choices to dress in the morning." Staff involved people in making day to day choices such as where they wished to eat their meal. For example, several people chose to eat their meals in the lounge area. Any decisions people made were respected by staff who then provided the support people required.

Adjustments were made for people to allow them to retain independence. For example, one person had been provided with adapted equipment to enable them to eat their meal independently. The staff we spoke with described how they supported people to remain independent and we observed this happen. The provider made arrangements to give people information about advocacy services following our inspection. An advocate is an independent person who can support people to speak up about the care service they receive.

The people we spoke with told us they were treated with dignity and respect by staff. One person said, "The staff are all very nice to me." Another person said, "All the staff are kind." The relatives we spoke with also confirmed their loved ones were treated with dignity and respect by staff.

People were supported to return to their bedroom if they wanted some time in private. Also there was a smaller, quiet lounge should people not wish to sit in the main lounge area. We saw both areas being used by people during our inspection. Staff felt people were treated with dignity and respect.

Requires Improvement

Is the service responsive?

Our findings

At our inspection in July 2014 there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because care was not always delivered in line with people's care plans and care plans did not always contain up to date information. We saw there had been sufficient improvements at this inspection and people received the care as stated in their care plans.

People told us they received personalised care that reflected their preferences. One person said, "Anything I want they give me." Another person told us they had contributed to the information contained within their care plan and staff cared for them in their preferred way. One relative told us they felt staff provided care that was responsive to the needs of their loved one.

Staff responded to requests people made and acted spontaneously. For example, one person was enjoying a piece of music that was playing the main lounge. A member of staff asked the person if they would like to dance to the music with them which they agreed to. Staff also responded to non-verbal communication and offered support to people when required. One person communicated how they were feeling through facial expressions and staff responded to this. The acting manager told us the home had recently procured the use of a mini bus and planned to use it to take people out into the local community.

However, people were not always supported to carry on any hobbies and interests they had. This was because there was limited information about people's life history and the type of interests and hobbies they had in the care plans we looked at. One person had said they would like to take part in quizzes but staff had not asked them what they would like to do. Another person said they would like to go out into the local community more but staff had not supported them to do so. The staff we spoke with were not always aware of people's life history and their hobbies and interests.

People's care plans were in the process of being rewritten and information in care plans was specific to individual people's needs. Care plans were added to and updated when required. The staff we spoke with told us they had access to the information they needed about people's care needs. The information staff gave us about different people's needs matched what was in their care plan.

Religious services were provided at the home which some people enjoyed attending. Special occasions were also marked by the staff. One relative told us, "When [my relative] has a birthday the staff make a cake and lay out tea to celebrate." There was information about people's religious and cultural needs in care plans.

We asked people who used the service whether they felt they could raise concerns or make a complaint. One person said, "Yes I could." Another person said, "I would speak to the manager."

We observed people speaking with the acting manager during our inspection. It was apparent that people felt comfortable speaking with them. There was a new version of the provider's complaints procedure displayed prominently in the home which people could access if required. No complaints had been received. We reviewed minutes of meetings held for people using the service and their relatives. These showed that people had raised concerns and made suggestions which the acting manager had responded to.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in July 2014 there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because quality monitoring systems were not effective in bringing about improvements. We saw there had been sufficient improvements in the quality monitoring systems at this inspection which had resulted in improvements in the quality of service people received.

The service did not have a registered manager. The last registered manager left in November 2013. There was an acting manager who had been in place for three months. We will continue to monitor the management of this service. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with told us the acting manager spent time in the communal areas of the home and was available to talk to if required. One person said, "I think the home has got better since the new manager started."

The acting manager was visible in the communal areas of the home and provided support and guidance to staff. The acting manager was being supported by a manager from another of the provider's locations and this had helped bring about improvements. The acting manager had a clear understanding of the areas where improvements were still required. The staff we spoke with told us they were provided with the resources required to meet people's needs. We saw that expectations of staff were made clear during staff meetings and individual supervision meetings.

The people we spoke with told us they had not received a survey or otherwise been asked for their opinion of the quality of the service. People were provided with the opportunity to attend residents meetings; however the meetings were not always well attended. The acting manager confirmed that those people who did not attend meetings did not have alternative ways of providing their views about the service.

We saw that audits had been completed in areas such as infection control and medication practice. The provider also visited the home regularly and completed a report of their findings. The audits had identified some areas for improvement and action had been taken to make improvements. However the infection control audit had not detected all areas where improvements were required. The acting manager analysed incident records in order to detect patterns in the incidents that had happened. Referrals were made to specialist services when appropriate following checking of incident forms. For example, one person had been referred to the falls prevention team.

Records were not always fully completed and did not always reflect the care and support that had been provided. For example, staff were required to complete daily food and drink diaries where people were at risk of malnutrition or dehydration. However the diaries we looked at had not always been fully completed and were missing information.

People we spoke with told us the acting manager was approachable and willing to listen to them. One person said, "The manager told me if I am not happy about anything to go and see her." Another person told us, "Yes I do feel I can speak to the manager."

The staff we spoke with told us they found the acting manager and provider to be approachable. Staff felt there was an open culture in the home and they felt comfortable raising concerns. The acting manager told us they had plans to develop the quality of the service to better meet the needs of people living with dementia. There were regular staff meetings and we saw that staff were able to contribute their views during these meetings.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The registered person did not ensure that people who may be at risk are protected against identifiable risks of acquiring a health care associated infection.**