

H U Investments Limited St Martins

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●

Summary of findings

Overall summary

The inspection took place on 28 March 2017 and was unannounced.

St Martins is a residential service which provides care to older people, most of whom were living with dementia. St Martins is registered to provide care for up to 30 people. At the time of our inspection there were 29 people living there.

This service was last inspected on 18 October 2016, one regulation was not met and improvement was required.

The home is required to have a registered manager. 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 and associated Regulations about how the service is run. At the time of this inspection the home had a registered manager.

People's legal rights were protected as staff provided care in line with the Mental Capacity Act (2005). Mental capacity assessments were completed and correct procedures were followed under Deprivation of Liberty Safeguards.

Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve the best outcomes for people. The care and support needs of each person were different, and each person's care plan was individual to them. Care plans, risk assessments and guidance were in place to help staff to support people in an individual way.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff continued to receive training, competence checks and support to meet the needs of people. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff knew people and their support needs very well. Feedback we received from people and their relatives was positive. We were told about high standards of care; which improved the quality of people's lives and gave their families peace of mind. We observed warm, caring attitudes from staff and commitment to provide the best service for people.

People were complimentary about the food and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy and nutritious diet.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

Staff understood how to protect people's rights in line with the Mental Capacity Act (MCA) 2005.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were well supported and had one to one meetings and appraisals to support them in their learning and development.

People's health was monitored to help maintain their well-being.

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.

We undertook a focused inspection of St Martins on 28 March 2017, this was unannounced and carried out by one inspector. This inspection was completed to check if improvements to meet legal requirements planned by the provider had been made after our last comprehensive inspection of 18 October 2016. We inspected the service against one of the five questions we ask about services: is the service effective. This is because it was the only area in which improvement was required.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We contacted the local authority, who did not provide us with any information that we were not already aware of. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

To help us understand people's experiences of the service, we spent time during the inspection talking with people in communal areas and in their own rooms. This was to see how people spent their time, how staff involved them in choices and decisions and how staff provided care and support to people when required. Some people living at the service were unable to communicate with us fully due to their health condition.

During our inspection visit we spoke with four people who lived at St Martins to get their experiences of what it was like living there, as well as a visiting relative. We spoke with one of the owners, the registered manager, a head of care, two care staff, the activities coordinator and a cook.

We looked at four people's care records and other records including mental capacity assessments, health care and nutrition information as well as staff training records.

Is the service effective?

Our findings

People told us staff looked after them well, one person told us "The carers and other staff are great, I have no concerns about them, they all know what they are doing." A visitor commented about their relative, telling us, "Mum is well, she is settled and happy. I am happy she is well looked after, there are no problems with her seeing the doctor if she needs to, she eats well and is cheerful; always smiling." Staff worked well together as a team, everyone we spoke to commented on the team work and friendly, homely atmosphere at St Martins. Throughout the inspection we observed people and staff relaxed in each other's company. People were offered choices, staff communicated clearly with each other and were up to date with any changes in people's needs.

At our last inspection in October 2016 we found the service was not always effective; the registered manager and staff had limited knowledge of their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge and people's records did not always ensure people received consistent support when they were involved in making more complex decisions, such as decisions around finances or where they wanted to live. The registered manager sent us their action plan setting out how they would address this shortfall. The plan included providing staff with face to face training about the MCA and a review of mental capacity assessment processes. At this inspection we found the required improvement had been made.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

Records showed people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. Clear processes were in place if people needed to make decisions about more complex matters, for example, an operation or a decision about whether they needed to move to a different care setting. This included access to an advocate and consideration by groups of people, such as relatives, care managers, health professionals, social services and staff. This helped to ensure people were supported to make their own decisions where possible, or decisions were made in their best interests by groups who knew the person well and could make fully considered decisions on their behalf. Where people had appointed a lasting power of attorney (LPA) about their finances or health and welfare, records were up to date and the registered manager confirmed the LPA would be involved in making relevant decisions.

The management and staff had good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had recently completed further training. We observed staff offering people choices and they told us about people who needed more help to make their own decisions. For example, one person needed support to choose what to wear. Staff described how they would pick out alternatives to show the person to assist them in making their choice.

Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who

needed them, and were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

Staff told us they had an induction when they started working at the service, this involved time spent reading people's care records, policies and procedures and getting to know the service. They also spent several shifts shadowing experienced colleagues to get to know people and their individual routines. New staff received a comprehensive programme of training before they started working with people. New staff were completing the Care Certificate; a set of standards that social care workers follow in their daily working lives. Staff were supported through their induction, monitored and assessed to check that they had the right skills and knowledge to be able to care for, support and meet people's needs effectively. Staff told us they supported each other and could ask their colleagues and the registered manager for help or advice if they needed to.

Staff completed a mixture of computer based and face to face training in a range of subjects to perform their roles safely and to provide the right care and support to meet people's needs. Training in all mandatory subjects was up to date. Our observations found staff were both capable and confident in delivering personalised care. Staff had also undertaken extra training in subjects such as diabetes and dementia awareness. Competency checks were completed after each training session to check staff knowledge and understanding. One member of staff told us, "The level and quality of training is good, its given me the confidence to do my job." Many staff had achieved at least a level two National Vocational Qualification (NVQ) or its Qualification and Credit Framework (QCF) replacement in health and social care; with a number of staff having or studying towards three or higher. NVQ's and QCF's are work based qualifications which recognise the skills and knowledge staff need to do their job. Staff have to demonstrate their competency to be awarded each level.

Staff had individual supervision meetings and an annual appraisal with the registered manager. This gave staff the opportunity to discuss any issues or concerns they had about caring for and supporting people and gave them the support they needed to do their jobs more effectively. Good training and supervision helped to ensure that people were cared for by staff who were confident, competent and supported by the management in their development.

People's health was monitored to help maintain their well-being. District and practice nurses, physiotherapists, occupational health practitioners, opticians, chiropodists, dieticians and the GP all visited the service on a regular basis to assess people and contribute to their care and support. Where people had particular healthcare needs; such as diabetes, care plans had been put in place. These informed staff of the actions they should take to support people, or, in one case, enabled staff to ensure a person could manage their condition independently.

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. During the inspection staff discussed with people what was on the menu, reminding people of various choices. Staff respected people's choices about what they wanted to eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection a range of drinks and snacks were regularly offered by staff. Where people needed softened food to help them to eat it, or food with reduced sugar content, this was provided. Kitchen staff were aware of different dietary requirements. For example, some people needed higher calorie food to help them maintain weight due to their reduced appetites. If staff had concerns about people's weight, charts recorded what they had eaten and had to drink. This helped to ensure suitable nutrition and hydration intake, and enabled staff to quickly notice and respond to changing needs.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own

possessions, photographs and pictures and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service.