

# The Southend-On-Sea Darby & Joan Organisation Limited

# St Martins Residential Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The inspection was completed on 14 and 18 October 2016 and there were 26 people living at the service when we inspected.

St Martins Residential Home provides accommodation and personal care for up to 26 older people and people living with dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us the service was a safe place to live and that there were sufficient staff available to meet their needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff were appropriately supported and received regular formal supervision and an annual appraisal of their overall performance. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and although people's comments about the quality of meals provided were variable, steps had been taken to address the issues identified. People who used the service and their relatives were involved in making decisions about their care and support.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. Staff's understanding of the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards required minor improvement, however the management teams understanding ensured that appropriate applications to the Local Authority had been made.

Care plans accurately reflected people's care and support needs. People received appropriate support to

have their social care needs met. People told us that their healthcare needs were well managed.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

## 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.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse and that risks to people's care and support were appropriately managed.

There were sufficient numbers of staff available to meet people's care and support needs.

The provider's arrangements to manage people's medicines were suitable and safe.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and skilled to meet people's needs and were suitably supported to undertake their role.

Guidance was being followed to ensure that people were supported appropriately in regards to their ability to make decisions.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

### Is the service caring?

Good ●

The service was caring.

Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's care and support needs. People's care plans were detailed to enable staff to deliver care that met people's individual needs.

People were supported to enjoy and participate in activities of their choice or abilities.

Appropriate systems were in place to manage complaints to an appropriate standard.

### Is the service well-led?

Good ●

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager and the provider.

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the provider and management team to monitor the service provided and to act where improvements were required.

# St Martins Residential Home

## **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 14 and 18 October 2016 and was unannounced.

The inspection team on the first day of inspection consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia. On the second day of inspection the inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used 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 spoke with 10 people who used the service, six relatives, seven members of care staff, the registered manager and the provider.

We reviewed four people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints, compliments and safeguarding information and quality monitoring and audit information.

# Is the service safe?

## Our findings

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns.

One person told us, "I do feel safe here. It's a very nice home and I am very satisfied, the staff are very kind." One relative told us, "I come in pretty regularly, and when I leave here I know my relative is in a safe place and being well looked after."

We found that people were protected from the risk of abuse. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority, the Care Quality Commission or police if required. Staff were confident that the registered manager and provider would act appropriately on people's behalf. Clear records of safeguarding matters raised in the service had been maintained and the Care Quality Commission had been notified as required.

Where risks were identified to people's health and wellbeing, for example, the risk of poor nutrition, poor mobility and the risk of developing pressure ulcers; staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. For example, we saw that staff used safe moving and handling practices and the appropriate equipment when supporting people to transfer from one place to another. Environmental risks, such as those relating to the service's fire arrangements were in place, including Personal Emergency Evacuation Plans [PEEP]. The latter is an emergency evacuation plan for anyone who may need assistance in an emergency.

Some people were assessed as at high risk of developing pressure ulcers. We checked the setting of pressure relieving mattresses that were in place to help prevent pressure ulcers developing or deteriorating further and found that one of these were incorrectly set in relation to the person's weight. This meant that the amount of support the person received through their pressure mattress was incorrect. We brought this to the attention of the provider and found on the second day of inspection that the above had been rectified and the pressure mattress was set on the correct setting.

People told us that there were sufficient numbers of staff available to support them during the week and at weekends. One person told us, "There are enough staff I think. If I want them they are there and they do come if you call." Another person told us, "Oh yes, I think there are enough staff." The majority of staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and staff were available to people when they needed them. For example, where people were seen to ask staff for assistance with personal care or to request a drink, staff responded in a timely manner. Where people summoned assistance by using their call alarm, these were answered in good time. An allocation board informed staff each day of their individual tasks and responsibilities for that shift. This showed that staffing levels were suitable to enable staff to meet people's needs safely.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for three members of staff appointed within the last six months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for 10 of the 26 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was followed by staff.

Observation of the medication rounds showed this was completed with due regard to people's dignity. Records were available to show that staff who administered medication to people using the service had received appropriate training. Regular audits had been completed and these showed that no corrective actions were required.



## Is the service effective?

### Our findings

Staff were trained and supported effectively, which enabled them to deliver a good level of care to the people they supported. Staff confirmed that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date.

Newly employed staff received a comprehensive induction. Staff told us their induction included an 'in-house' orientation to the service and the opportunity to 'shadow' and work alongside more experienced members of staff. The registered manager confirmed that the latter could be flexible according to staff's previous experience. Additionally, staff were expected to complete the Care Certificate or an equivalent within the first 12 weeks of their employment. Records showed that staff had received a robust induction and staff spoken with confirmed this. One member of staff told us, "My induction has been good. I ask lots of questions if I am unsure about anything. The staff are very supportive and only too happy to answer these and provide advice." The member of staff confirmed that they had received training relating to manual handling and basic first aid and; further training was planned.

Staff told us that they received regular supervision at bi-monthly intervals and records confirmed that this was accurate. Staff told us that supervision was used to help support them to improve their practice. Staff told us that this was a two-way process and that they felt supported and valued by the management team.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Although the majority of staff confirmed they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training, not all staff were able to demonstrate a good knowledge and understanding of MCA and DoLS and when these should be applied. The registered manager and provider confirmed that additional training would be undertaken to ensure that for the future staff attained a better understanding and knowledge. Records showed where appropriate that people who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had

been clearly recorded. Where people were deprived of their liberty, for example, due to living with dementia, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval. This meant that the provider had acted in accordance with legal requirements.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what to wear, where they ate their meals and whether or not they participated in social activities.

Comments about the quality of the meals were variable. One person told us, "The food is nice and you get offered alternatives". However, another person told us that they did not always find the meals provided to be appetising. We discussed this with the provider and they confirmed that since our last inspection, a new external organisation had been used to provide ready prepared meals for the service. The provider confirmed that although there were further issues to be addressed, overall the meals provided were much improved. Records showed that the quality of the meals were discussed with people using the service as part of 'resident' meetings and each day the cook or kitchen assistant went round and asked people if they had any comments about the quality of meals provided. One person told us that as a result of a discussion at a 'residents' meeting about the quality of the gravy, a well-known 'brand named' gravy had been introduced and this had proved to be very popular.

Our observations showed that people were provided with enough to eat and drink throughout the day and that the dining experience was positive. Where staff supported people to eat and drink, they did this in a respectful way, sitting with the individual person, going at the person's pace and talking to them during the meal so as to provide positive encouragement. This ensured that people received sufficient nutrition and hydration.

Staff had a good understanding of each person's nutritional needs and how these were to be met. Staff were aware of people's specific dietary needs, such as, those people who were diabetic and the people who required their meals to be fortified as they were at risk of poor nutrition and hydration. People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's day-to-day dietary needs. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to suitable healthcare professional services, for example, dietician or Speech and Language Therapy Team to ensure and maintain the person's health and wellbeing.

People told us that their healthcare needs were well managed. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments, to see their GP, District Nurse services and Dementia Nurse Specialist. Relatives confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments.

## Is the service caring?

### Our findings

People were satisfied and happy with the care and support they received. One person told us, "The staff are very nice. I think the care I get is fine. I am happy here." Another person told us, "There are lovely carers, they are very nice." One relative when asked if they believed that their member of family received good care told us, "Oh, I am certain that my relative gets the care that they should. I have no concerns at all."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming, calm and friendly. Staff were noted to have a good rapport with the people they supported and there was much good humoured banter. It was evident that staff knew people's name and also knew details about each other's lives and what was important to them. We saw that staff communicated well with people living at the service. For example, the majority of staff were seen to kneel down beside the person to talk to them and staff provided clear explanations to people about the care and support to be provided. We observed one person walking along the corridor who looked at high risk of falling as they were unsteady on their feet. A member of staff took the person's hands and walked backwards in front of them steadying them as they walked. The member of staff walked slowly showing patience and understanding of the person's limitations and providing verbal encouragement. We saw that staff took time to listen to what people had to say and to engage with them in a caring way.

People were encouraged and supported to make choices and decisions in their daily life. People told us they could choose how they spent their day and whether or not to join in with the activities available. Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal. One person was given a glass of water and helped themselves to a well-known brand of orange juice from their own personal supply. Additionally, some people confirmed that they were able to manage some aspects of their personal care with limited staff support.

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. Three visitors told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their individual needs. Our observations showed that staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with information recorded within their care plan.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. Staff told us that they were made aware of changes in people's needs through handover meetings and discussions with senior members of staff. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Relatives told us that they had had the opportunity to contribute to and be involved in their member of family's care and support. Information relating to pre-admission assessments and life histories showed that where appropriate these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing. Where reviews had taken place there was evidence to show that these had been conducted with the person and those acting on their behalf.

People told us that those staff responsible for providing social activities at the service were good and that people were happy with the activities provided. Social activities were provided throughout the first day of inspection and people were seen to enjoy and appreciate the famous photograph quiz in the morning and game of bingo in the afternoon. Others were seen to sit in the conservatory or main communal lounge talking with one another, listening to music or watching television.

The provider had a complaints policy and procedure in place. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People told us that they felt able to talk freely to their member of family or staff about any concerns or complaints. Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. Records showed that there had been two complaints within the last 12 months. A record was maintained of each complaint and included the specific details of the complaint, investigation and actions taken. A record of compliments was also maintained so as to capture the service's achievements. Comments included, 'I have been extremely satisfied with your care and helpfulness in every way. It is a nice, clean and friendly place' and, 'Everyone has been so caring and I cannot fault the staff. It is a lovely place to be in as we were not sure of what to expect in a care home.'

## Is the service well-led?

### Our findings

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the registered manager monitored the quality of the service through the completion of a number of audits, for example, infection control, health and safety and medication. In addition, analysis of key data relating to the incidence of pressure ulcers, weight loss and gain and accidents and incidents for people using the service had been gathered and completed to identify risk, to protect people from unsafe care and support and to ensure that lessons were learnt.

Relatives and staff had positive comments about the management of the service. Staff were clear about the registered manager's and provider's expectations of them and staff told us they were well supported. One member of staff told us, "They are approachable and if I have any concerns they are dealt with." A second member of staff stated, "We have a nice team here and we support each other." A relative told us, "The manager is nice." Staff told us that their views were respected and they felt able to express their opinions freely. Staff felt that the overall culture across the service was open and inclusive and that communication was generally good. This meant that the provider and management team of the service promoted a positive culture that was person centred, open and inclusive.

People living at the service, their relatives and those acting on their behalf and staff employed at the service had completed satisfaction surveys in November 2015 and January 2016. These showed that people who used the service and their relatives were satisfied with the overall quality of the service provided. Where areas for improvement were highlighted for corrective action, information recorded included the actions taken to make the necessary improvements. For example, there was evidence to show that the registered manager and provider had listened to staff comments about the reinstatement of a staff uniform by introducing polo shirts. Additionally, the registered manager and provider had listened to people using the service about the quality of the meals provided. The registered manager confirmed that satisfaction surveys for 2016 would be sent out in November of this year.

Staff told us that regular staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters. Records were available to confirm this and demonstrated where areas for improvement and corrective action were required and how this was to be achieved. Staff told us that they were able to express their views and opinions freely and that they had a 'voice.'