

Akari Care Limited

St Marthas Care Centre

Inspection report

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Date of inspection visit:
05 September 2019
09 September 2019

Date of publication:
04 October 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: St Marthas Care centre is a residential care home providing personal care for up to 50 people. The home is split into two separate units called Beech which provides nursing care and Ash provides residential care. At the time of the inspection 40 people lived at the home.

People's experience of using this service:

At our previous inspection we found a breach of regulation 12, 14, and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to risks to people not being managed effectively, nutritional and hydration needs not been met and ineffective quality monitoring of the service. At this inspection we found that improvements had been made and most breaches had been met.

Further improvements were needed to ensure the quality systems in place were fully effective and imbedded into day to day practice.

Improvements had been made to how risks to people were assessed and managed. Although some further improvements were needed to ensure people received consistent care. People's care records were not always detailed and kept up to date and some documentation was incomplete. Work was underway to improve these, so they were person centred and guided staff on the way people preferred their care and support to be provided.

There had been management changes and a number of care and nursing staff changes. Staff were caring and kind however, a number of staff were still settling into their role and familiarizing themselves with people's care needs and working through their training requirements.

Recruitment practice was not always robust the provider had not followed their own policy regarding requests for second references. Recruitment to vacant posts was taking place and the provider had brought in additional management and clinical support during this unsettled time to provide leadership and stability to the staff team.

People and their relatives were positive about the support they received.

People were supported to receive their medication as prescribed and staff demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection: The last rating for this service was requires improvement (published July 2019).

Why we inspected: We carried out an unannounced comprehensive inspection of this service on 29 May

2019. Breaches of legal requirements were found. We undertook this focused inspection to check they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-Led.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains as requires improvement.

Enforcement

We have identified a breach in relation to the quality monitoring systems.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

St Marthas Care Centre

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 one inspector, an assistant inspector, specialist professional advisor. The specialist professional advisor on this inspection was someone who had nursing expertise; and one expert by experience, an expert by experience is someone who has had experience of working with this type of service.

Service and service type

St Marthas Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered manager had resigned from their position and temporary management arrangements were in place whilst the provider was recruiting to the vacant post.

Notice of inspection

This inspection was unannounced and took place on 05 September 2019. We agreed with the manager to return and complete the inspection on 09 September 2019, when the inspection team consisted of one inspector.

What we did before the inspection:

We looked at information we held about the service, including notifications they had been made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with 12 people using the service and four relatives to ask about their experience of care. 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 to us. We spoke with the regional manager, the acting manager. We also spoke to one nurse, two senior care staff, five care staff, the chef a domestic and two healthcare professionals.

The acting manager was a quality and compliance manager for the provider. They were managing the home at the time of the inspection and we were informed by the provider they will continue to do so until a registered manager is appointed. We refer to this person as 'manager' in this report.

We looked at the care records for four people, three staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection we found the service had not consistently ensured that care and treatment was provided in a safe way for people. Some people's nutrition and hydration needs had not been monitored as required and risks in relation to this had not been managed effectively. People did not receive the supported they needed to eat safely. Environmental risks to people were not well managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. At this inspection we found although some further improvements were required there was no longer a breach of regulation 12.

Assessing risk, safety monitoring and management

- At our last inspection we were concerned that people who were at risk of dehydration and weight loss were not being monitored in accordance with their care plan. At this inspection we saw that some improvements had been made and people were being weighed regularly. However, where people were offered fluids the records of their fluid intake were not always totalled to ensure they had received enough fluid to prevent the risk of dehydration. When we returned on day two of the inspection this was clarified, and the night nurse was allocated the responsibility of totalling the 24-hour fluid intake. People had been referred to the GP for advice where there were concerns about their eating and drinking.
- Some people had sore skin or were at risk of sore skin. At this inspection there were plans in place to manage the risk and the equipment people needed and the repositioning of people was taking place. A recent safeguarding investigation had taken place in relation to the management of sore skin and recommendations made on improving practice and the recording of care given had been made and acted on.
- There had been significant staff changes with a number of new staff employed and some staff only had a basic understanding of people's needs and the risks associated to their care. Some staff we spoke with were unsure about how they would support a person when they became unsettled and a person was described as aggressive. Records lacked information about how staff should support a person when they become unsettled, and possible triggers to look for and how to deescalate a situation and minimise risks to themselves or others. Staff had recorded in people's records that some people were aggressive without an explanation of their needs.
- One person who was being cared for in bed told us, "If I rung the bell for help they[staff] would come straight away." Another person cared for in bed told us they felt safe, but they were not sure what would happen if there was a fire at the home. We fed this back to the manager who told us they would talk through the procedure with people and would also provide information about fire safety in a format suitable for people to understand.
- Staff kept a presence in communal areas at most times to make sure people were kept safe and to respond

to people's request for support.

- Personal Emergency Evacuation Plans (PEEPS) were in place, detailing ways in which people living at the home could leave the building safely and safety equipment was in place to support evacuation.

Systems and processes to safeguard people from the risk of abuse

- We have received whistleblowing concerns about the service since the last inspection. The concerns were regarding a range of issues, for example inaccurate record keeping, lack of choices for people, not respecting people's privacy when providing care. The local authority and the provider were notified of these and conducted their own investigations.
- People and relatives, we spoke with said they felt safe at the home. One person told us, "I am safe here, the carers help me to feel safe."
- The management team were clear of their responsibilities in ensuring people living at the home were kept safe from the risk of abuse. Safeguarding alerts had been raised by the manager when staff had shared concerns or practice had fallen below the standard expected.
- The outcome of investigations and learning for the service had been discussed in detail at staff meetings.
- Staff were clear of their responsibilities in ensuring people living at the home were kept safe from the risk of harm or abuse. Staff told us they were confident that any concerns raised would be dealt with. However, a number of staff still needed to complete safeguarding training.

Staffing and recruitment

- There has been significant staff changes some staff had been suspended, some had left the service and a number of new staff had been recruited.
- The provider was continuing to recruit to vacant posts. Some agency staff were supporting the service and the manager told us that this was gradually reducing, and regular agency staff were requested to ensure consistency with people's care. There was a system in place to ensure any agency staff working in the service were suitably trained and experienced to do so.
- The manager talked through how staffing levels were agreed and records showed that the level of staffing was provided. People and most relatives told us staffing levels were adequate. A relative told us, "The residents are safe here and well looked after, they do need more staff on the ground though." Most staff told us that because occupancy levels had dropped current staffing levels was adequate to meet people's needs. Some staff told us that certain times of the day were very busy, for example prior to and during lunchtime. The manager told us they were looking at introducing a new additional shift to cover peak times of the day.
- The provider completed employment checks that included the Disclosure and Barring Service (DBS) These are checks employers do to ensure staff employed are suitable to work in a care setting. References had been sought from previous employer. However, where it was the providers policy to request a second character reference, this had not always been requested.

Using medicines safely

- People we spoke with told us that they were happy with the support they received to take their medicines. A relative told us, "I no longer worry about [person's name] I know they are safe here, I visit most days. They have their medication properly and on time, it is clean and tidy too."
- Records we reviewed were completed to confirm people received their medicines as prescribed.
- Protocols were in place to guide staff on when to administer medicines that were 'as required'.
- Staff had received training in how to administer medication.

Learning lessons when things go wrong

- Accident and incidents were recorded. Information was analysed by the management team and shared

with senior managers in the organisation to identify any patterns or trends.

Preventing and controlling infection

- The environment was clean, and staff had access to personal protective equipment when required.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection we found the service had not ensured that people's nutritional and hydration needs were met. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found although some further improvements were required, there was no longer a breach of regulation 14.

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

- Improvements had been made to how meals were prepared for people who required the texture of their meal to be altered to reduce the risk of choking. Food items were now prepared individually. This ensured people could make a choice about their food and good practice guidelines were being followed.
- The mealtime experience for people had been improved. Staff were available to support people to eat safely and to maintain their independence. The staggering of meal times to ensure staff were available to provide people with the right level of support, had been implemented.
- We observed a calm atmosphere at lunch time with staff offering gentle words of encouragement and providing support when needed.
- Some improvements had been made to meeting people's cultural and religious dietary needs. The manager told us that further work was underway. They were in the process of carrying out a survey into people's meal choices, so their views could be considered and implemented.

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

- The home was an adapted building. The environment provided only limited opportunity for stimulation and only limited attention had been given to make the environment dementia friendly. For example, some signage had been provided to help people's orientation.
- Some general decoration had taken place since our last inspection and also lighting had been improved. However, there was no decoration programme in place and many parts of the home were dull and in need of decoration and some furniture items needed repair.

Staff support: induction, training, skills and experience

- A number of new staff had joined the team and a number of staff training updates were needed. Staff supervision was infrequent, for example staff in post between four and six months had received one supervision.
- There had been three management changes in six months. Some staff told us that this had been difficult at times with different approaches. However, staff told us that they could speak to the current manager and regional manager and they were approachable and supportive.

- The management team told us that staff training and supervision was an area where further work was needed. They told us that the overall compliance level for staff training had been impacted due to the high number of new staff. They told us that measures were also in place to address the training updates needed for long standing staff.
- We saw that new staff had started the Care Certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- Relatives we spoke with told us that they had been kept informed about their family members health care or change in needs. A relative told us, "The communication is good, they always call me or let me know of any changes such as if [person's name] is ill or had a change in their medication."
- Staff were able to tell us when they needed to ask for assistance from GP or emergency services.

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

- People's needs were assessed. People's protected characteristics under the Equalities Act 2010 were identified as part of their initial assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- The manager told us that care plans were under review. An end to end process to review the care records with the person and other relevant people was underway and 10% had been completed.
- A relative told us about how their family member had really improved since living at the home. They told us, "They are much more alert now...doing more and more mobile."

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

- 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 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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- At the time of the inspection, the provider was in the process of reviewing all DoLS applications to ensure they were compliant with the MCA.
- Where people living at the home did not have capacity to make decisions, they were supported to have some choice and control of their lives. We saw staff gained consent before providing care to people.
- Training had been provided on MCA and DoLS however, some staff were unsure about who had a DoLS in place.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had not ensured appropriate audits and governance systems were in place within the service. The provider had failed to ensure there were effective systems in place to ensure people's needs were met. This was a breach of regulation 17 (Good Governance). We issued a warning notice for the breach of regulation 17 which included the failings we had also identified regarding regulation 12 Safe Care and Treatment and regulation 14 Meeting Nutritional and Hydration Needs.

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

- At this inspection we found that a number of improvements had been made to the oversight of the service, but some further improvements were needed to ensure the systems in place were fully effective and embedded into day to day practice. The provider has given us assurances that these outstanding areas would be addressed.
- There were systems in place to monitor care records. However, these had not identified some people's fluid intake was not always being totalled and some people were not meeting their daily intake target.
- The providers system had identified that all care plans would be reviewed because information contained in them were inconsistent and did not provide all the required information. However, only 10% of the care records had been reviewed to date.
- The system in place to audit staff recruitment records had not identified that a second reference had not been requested for a number of recently recruited staff in line with their own recruitment policy.
- The system in place for assessing fire safety measures had not identified that some staff had not taken part in a fire drill practice.
- The system in place to assess staff training and support had identified that further work was needed to ensure staff received the training and support required to carry out their role. However, action to address these shortfalls had not been timely.
- There were systems in place to assess the environment. However, these had not identified the poor appearance of the home in relation to the décor. There was only minor consideration of the environment in terms of suitability for the needs of people with dementia and there were no redecoration plans in place.
- The last two inspections at this service have been rated as 'requires improvement'. This demonstrated that the provider's systems in place to review quality were not effective. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider and manager understood the regulatory requirements of their role. They had ensured that

notifications were sent to us where incidents occurred, and their most recent inspection rating was displayed within the home.

- There was no registered manager at this service and this was discussed with the provider at the time of the inspection. They told us they were recruiting and told us about the interim arrangements in place to ensure the oversight of the service. In addition to no manager the deputy post was also vacant. We also had concerns about the clinical oversight of the service. The provider told us and confirmed in writing to us the additional support provided to help implement the improvements needed and provide stability at the service.

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

- The provider was aware of their responsibilities under the duty of candour and told us relatives would be informed of any concerns or issues that had arisen. Relatives we spoke with told us that staff and managers were approachable and helpful.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had experienced a very unsettled time with significant management and staff changes and a number concerns had been raised about the care of people. The staff we spoke with told us the management team were helpful and approachable and that things in the home were continuing to improve.

- People who could tell us and relative we spoke with told us mainly positive things about the home. Staff told us they felt listened to.

- We saw the manager was visible and spent time talking to people, staff and visitors to the service.

- The manager and staff encouraged feedback and acted on it to improve the service. For example, by holding meetings with residents and staff. Minutes of the meetings were detailed about concerns that had been raised and where improvements needed to be made.

Working in partnership with others; continuous learning and improving care

- One social care and health professional told us that some improvement was needed to the recording of risks in relation to a person's care. Another health care professional told us that staff were caring and kind but they were concerned about the impact of staff changes on the continuity of people's care.

- The manager and regional manager demonstrated a commitment to driving the improvements to develop the service. For example, to improve staff training compliance they were in the process of compiling a five-day induction course for any future new staff members to ensure training is fully captured at point of the induction and shadowing process.

- The management team continued to promote a culture where staff felt comfortable in approaching them if they had any issues or concerns.

- The service had worked in partnership with other professionals. For example, district nurses, and GPs. We saw care had been provided to help ensure people attended any hospital or specialist health appointments.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The providers systems for monitoring the service were not always effective and timely.