

St. Martins Nursing Home Limited

# St Martin's Nursing Home

## Inspection report

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Date of inspection visit:  
23 August 2016

Date of publication:  
02 November 2016

## 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

This inspection took place on 23 August 2016 and was an unannounced comprehensive rating inspection. The location was last inspected in November 2014 and met all the standards inspected.

St Martins Nursing Home is a registered care home providing accommodation for up to 24 people who require nursing and personal care. At the time of our inspection there were 24 people living at the home.

There was a registered manager 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 were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed and managed appropriately.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there was positive communications and interactions between staff and the people living at the location.

People's rights to privacy were upheld by staff that treated them with dignity and respect. People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs.

People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

The provider had management systems in place to audit, assess and monitor the quality of the service provided, to ensure that people were benefitting from a service that was continually developing.

## 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.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as and when required.

### Is the service effective?

Good ●

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as possible.

People were treated with kindness and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that they enjoyed.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their concerns.

### Is the service well-led?

Good ●

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

People and relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

# St Martin's Nursing 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 23 August 2016 and was unannounced. The membership of the inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider had not submitted a Provider Information Return (PIR) form due to the short timeframe between the inspection planning process and our inspection visit. The PIR is a form that asks the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service and the NHS commissioning service for any relevant information they may have to support our inspection. We also looked at the Health Watch website, which provides information on care homes.

We spoke with six people, seven relatives, three staff members and the registered manager. We looked at the care records of three people, three staff files as well as the medicine management processes, and records that were maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home and we saw that people looked relaxed in the company of staff. One person we spoke with said, "I feel very safe here and well looked after, the staff are very kind and helpful". A relative we spoke with said, "It's very safe and efficient here, the staff work really hard and we have no complaints. I have not seen any staff who do not smile and help". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns. Staff we spoke with told us that they received regular training on keeping people safe from abuse and avoidable harm, and could recognise the different types of abuse. A staff member we spoke with gave us an example of the signs that might identify if someone was being physically abused, for example, "If they [person using the service] were fearful, or if there were any unexplained bruising or marks that were suspicious".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. The manager and a member of staff told us risk assessments were reviewed monthly. A member of staff told us, "Risk assessments are evaluated every month, for example we look at risks of falling and using, bed rail and everything's recorded in their [person's] care plan". Another staff member told us they would inform senior staff if they noticed any new risks that needed to be added to peoples' care plans. We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly in care plans.

Most people we spoke with felt there was sufficient staff working at the home to meet peoples needs and keep people free from risk of harm or abuse. A person we spoke with told us, "The girl's [staff] are nice and I can always find one to give me a hand". A relative we spoke with said, "There's plenty of staff around, always someone available". We observed that there were enough staff available to respond to people's needs and though they appeared to be busy they were never rushed and were attentive when support was requested. A staff member told us, "Yes, there's enough staff and if someone's off sick, they [provider] do call someone to cover". Another staff member we spoke with said, "Sometimes it's a bit busy, but generally it's okay". We saw that the provider had processes in place to ensure that staff shifts could be covered in the event of a member of staff being unable to work due to ill health. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely

The provider had procedures in place to support people in the event of an emergency, such as a fire for example, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. A staff member we spoke with said, "We have fire panels to identify where the fire is. We call the fire brigade and assemble on the front car park. All rooms have fire doors". Staff knew where the fire exits were and that the location had fire doors that would protect people until the emergency services arrive.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. Staff we spoke with told us that the provider had recruited them appropriately

and that references and DBS checks had been completed. Records we looked at included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

People and relatives we spoke with told us they had no concerns with the administration of medicines at the home. A person we spoke with told us, "I have to have extra painkillers sometimes and the nurse understands how this [pain] makes me feel, so I don't have to wait long for them". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that all people were able to tell them when they were in pain or discomfort and when medicines were needed on an 'as required' basis. We saw that the provider had a PRN protocol in place to support people when they required medicines on an as required basis, if they were unable to ask for it themselves.

# Is the service effective?

## Our findings

Most of the people living at St Martin's were able to verbally express how they preferred to receive their care and support. A member of staff we spoke with told us, "If they [person using the service] don't speak, families let us know, or we read care plans. We use visual aids, like pictures". Throughout our time at the location we saw good interactions between people and staff. People we spoke with told us that they were able to speak openly to staff about their care and support needs.

We found that staff had received appropriate training and had the skills they required in order to meet people's needs. A relative told us, "I can't fault them [staff] really, they're very professional". Another relative we spoke with said, "The staff understand her [person using the service] needs and seem well trained. We're happy with her care". Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A staff member we spoke with told us about the different training courses they had recently completed. Another staff member said, "I generally get enough training, I'm quite happy". The provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support. A staff member told us, "I requested dementia training. I mentioned it during my appraisal and they [provider] are arranging it for me". We saw that the manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service.

Staff told us they had regular supervision and appraisals to support their development. A staff member we spoke with told us, "I had supervision a month ago with [manager's name]. I feel comfortable talking to [manager's name]". Another staff member said, "We [staff] don't have supervision very often, but we can always grab [manager's name] for a quick word. We can talk to her at anytime". We saw staff development plans showed how staff were supported with training and supervision. We saw that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed.

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. Not all of the people who lived at the home had the mental capacity to make informed choices and decisions about all aspects of their lives. Staff told us that they understood about acting in a person's best interest and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. We saw various examples of staff gaining consent from people, for example, asking when someone wanted their lunch, and where they would prefer to eat it.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority.



Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. A member of staff told us, "I'd make sure they [person using the service] were safe and couldn't harm themselves. I'd talk calmly to them". We saw that people's care plans included information of the types of triggers that might result in them becoming 'unsettled' and presenting with behaviours that are described as challenging. Might this sit better in safe?

People and relatives we spoke with told us they were happy with the food at the home. A person we spoke with told us, "I have my dinner brought to me, I don't have a choice but I can ask for something else if I don't like it". A relative we spoke with said, "The food's good, the chef sometimes brings it herself to make sure it's hot". We saw menus were available to help people make decisions about what they would like to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. A staff member we spoke with told us how they discussed menu choices with people on a regular basis to ensure they ate the food they preferred.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary. A staff member gave us examples of when people may need specialist dietary support, "If they [person using the service] need a gluten free diet, they may be lactose intolerant or diabetic".

Relatives we spoke with told us that their family member's health needs were being met. A relative we spoke with said, "Staff pick up on her [person using the service] needs and they have sorted a physiotherapist or doctor when she has needed them". We saw from care plans that people were supported to access a variety of health and social care professionals. For example, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly

## Is the service caring?

### Our findings

We saw that the atmosphere at the home was warm and welcoming. From our observations we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people. A person said to us, "The staff are kind and try and help me as much as possible". A relative we spoke with said, "Staff are always very thoughtful. It took a few weeks to get to know her [family member] but now they [staff] fully understand and make sure her standards are maintained".

We saw that the provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and their relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support people's needs. A person living at the home told us, "They [staff] do ask me what I want and make sure I'm as comfortable as possible". A relative we spoke with told us that staff were considerate and asked their family member about their care and support likes and dislikes. Another relative we spoke with said, "We're [person using the service and relatives] really impressed, her needs were thoroughly assessed before she came here and so far they are effectively trying to meet them". A member of staff told us how people using the service (and their relatives) completed a 'Map of my life' profile which was kept in their care plan for staff to read so they could familiarise themselves with a person's life story. Staff were able to meet people's care and support needs consistently because they knew people's needs well. We saw that care plans were regularly reviewed and updated when people's needs changed.

We saw that people were supported to make decisions about what they did, where they went and what they liked to do. A person we spoke with told us, "The staff are helping me and have asked me and my family about what I like and what I need". During our visit we saw people making choices about what they were doing, either in the communal lounge or their own rooms.

Staff we spoke with and observations we made showed us that generally people were treated with dignity and respect. A person we spoke with told us, "I have never worried about my privacy and they [staff] seem to respect what I say". A relative we spoke with said, "We don't have any privacy worries. We can either stay in the lounge or go to her [family members] room if we prefer". A member of staff we spoke with explained to us how they promoted people's privacy and dignity by doing personal and nursing care in the privacy of people's rooms. Another staff member we spoke with gave an example of how they promoted people's dignity whilst supporting with personal care, "We [staff] try to change [continence] pads as quickly as possible to maintain people's dignity". They continued, "We [staff] talk to them [people using the service] all the time when we're supporting them". We found that people could spend time in their room so that they had privacy when they wanted it. We saw that staff always knocked on people's bedroom doors and asked to be allowed in before entering.

Staff told us how they supported people to be as independent as possible. A member of staff we spoke with said, "We [staff] encourage people to do their own personal care if possible, for example; using the flannel to wash their own face".

Staff we spoke with explained to us the importance of ensuring that peoples' right to confidentiality were maintained. A staff member told us, "We [staff] don't share their information unless they [person using the service] gives permission. If it's serious, then we'd explain to them why we need to tell the manager".

Everyone we spoke with told us there were no restrictions on visiting times. A relative we spoke with told us, "We don't have restricted visiting times". This meant that people were supported to maintain contact with people who were important to them.

## Is the service responsive?

### Our findings

We found that staff knew people well and were focussed on providing personalised care. We saw that people were encouraged to make as many decisions about their support as was practicable. A relative we spoke with told us, "We did go through her [person using the service] care needs when we first came, not since, but I think they [provider] have done pretty much as we [person using the service and relative] asked". We saw detailed, personalised care plans that identified how people liked to receive their care and people and their relatives told us that they could discuss any issues with staff and the manager.

We saw that staff were responsive to people's individual care and support needs. We observed staff responding to people's needs promptly when required throughout the day. People and relatives we spoke with told us that they felt staff responded well to requests, and if they had any issues with care and support provision, the manager would 'sort it out'.

Throughout our inspection we saw that people had things to do that they found interesting. There was an activities coordinator who ensured that there were activities planned to ensure that people were entertained. A person we spoke with told us, "I was enjoying watching the Olympics in my room". A staff member told us how they had supported people to access things that they enjoyed, "I play cards with one of the ladies and I dance with [person's name] and we play musical instruments". A relative we spoke with told us about activities that happened at St Martins, including visits from people with pet dogs.

People and relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A relative we spoke with told us, "I have never had anything to really complain about, but all the staff are very approachable and I do know [manager's name] the manager". We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised.

We saw completed satisfaction surveys and that these had been used by the provider to enhance the quality of service provided for people at the location. We saw that the provider held family meetings to share information with relatives when required.

## Is the service well-led?

### Our findings

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw that there was a good relationship between the manager, people using the service and staff. The manager was visible and people using the service knew them by name. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. Staff we spoke with told us that the manager was approachable and that they felt that they were listened to. A staff member told us, "It's quite nice working here and [manager's name] is very approachable". Another staff member we spoke with said, "I feel very comfortable talking to [manager's name], she's good, very fair". A person we spoke with said, "I do quite often see the manager and she always smiles". A relative told us, "There's always a very pleasant, positive atmosphere when we talk to the manager or nurses, and nothing is too much trouble".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. A staff member we spoke with said, "I understand how to take any issues I have, above [manager's name] if I have to".

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw that quality assurance and audit systems were in place for monitoring the service provision at the location. This included surveys to relatives where they were encouraged to share their experiences and views of the service provided at the location. We also saw that both internal and external audits were used to identify areas for improvement and to develop and improve the service being provided to people.