

Elizabeth Peters Care Homes Limited

St Martin's Haven

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 10 April 2015 and was unannounced. When we last inspected the home on 6 January 2014 we found the service met all the regulations we looked at.

St Martin's Haven is a care home for six adults with mental health problems. On the day of the inspection visit there were six people using the service.

The home had a registered manager who had worked in the service for several years. 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.

There was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Consent was not always obtained from people in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We saw that people's finances were being managed by the service without obtaining the

Summary of findings

person's consent. We also saw that one person did not have key to the service so could not leave the home or return as they wished. This was a breach of relevant legislation.

People received care and support that was planned and delivered in a way that met their individual needs and preferences. The service had procedures in place to ensure that people were protected from risks associated with their care and support. Staff understood the signs of abuse, how to report it in line with the organisation's procedures and how to protect people from abuse.

Medicines were managed safely. People received their medicines in line with the prescriber's instructions. People had access to health professionals as required to meet their healthcare needs. There were sufficient numbers of staff on duty to meet people's needs.

People were treated with kindness and compassion; and their dignity respected. People were provided with enough food and drink throughout the day. People were encouraged to follow their interests and develop new skills. There were a range of activities which people could take part in. People were encouraged to be as independent as possible.

Staff received the supervision and training to enable them provide appropriate care and support to people effectively

The service held regular meetings with people to gather their views about the care provided and to consult with them about the service. People and their relatives knew how to make a complaint if they were unhappy with the service.

People, their relatives, staff and other professionals involved with the service told us that the registered manager listened to them and acted on suggestions. Regular audits were carried out to assess and monitor the quality of the service provided. Action plans were put in place to address areas of concern where required.

There was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff were available in sufficient numbers to meet people's needs.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

Risks to people who use the service were identified and managed appropriately.

People were supported to have their medicines safely.

Good



Is the service effective?

The service was not effective. The registered manager had not taken steps to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent was not always obtained from people before care and support was provided.

People had access to healthcare professionals to meet their health needs.

Staff received support; supervision and training to enable them meet people's needs effectively.

People received food and drink throughout the day as required.

Requires improvement



Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported. People were given choices about their day to day care and support.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive. Support plans were in place outlining people's care and support needs.

People were supported to follow their interests and took part in a range of activities.

The service held regular meetings with people to gather their views about the quality of the service. People knew how to make a complaint if they were unhappy with the service.

Good



Is the service well-led?

The service was well-led. The service was open to suggestions and feedback; and acted on them.

There were systems in place to check the quality of service provided.

Good



St Martin's Haven

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 10 April 2015 and was unannounced. The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included statutory notifications sent to us by the provider about incidents at the service.

During the visit, we spoke with four people who used the service, two care staff and the registered manager. We spent time observing how staff delivered care and support to people and how they interacted with people.

We reviewed three people's care records and five people's medicines administration records (MAR). We looked at staff records, quality review reports and records relating to the management and running of the service.

After the inspection we spoke with two relatives of people who use the service and two health care professionals from the community mental health team to obtain their views about the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, “Oh yes I am safe here.” Another person told us, “The staff speak to me nicely.”

People were supported appropriately to manage risks to their safety. Care records detailed risk assessments which identified risks to people’s safety and well-being. Risk assessments covered various areas including medical conditions, mental health, and behaviour, going out and carrying out activities. Management plans were in place to reduce these risks from occurring. One person had plan for staff to follow to manage risks to their mental health. This plan included signs of relapse, triggers and actions for staff to follow. For example, the plan stated that staff should monitor the person’s loss of appetite and observe when they are drifting off conversation as these could be signs that they are getting unwell. Actions for staff to follow to ensure they supported the person appropriately were also included in the plan. For example, engaging the person in activities and encouraging them to talk about their feelings. Staff understood the specific risks people might face; how to manage these risks and respond to their behaviour as recorded in their risk assessments and support plans to ensure they were supported safely. This included seeking advice and support from relevant professionals when required. People’s individual needs were met in a way that promoted their safety and well-being.

People told us that they had staff to support them. One person said, “I get the help I need from staff.” There were sufficient numbers of staff on duty to meet people’s needs. Staff were available 24 hours a day. We looked at the staff rota and it showed that there were two members of staff during the day and one staff at night. Staff we spoke with told us they were happy with this and they were able to provide the support people required. The registered manager explained that if they required additional staff due to activities or appointments, they were able to make this request to the provider and it was granted. There was an on-call system available so staff could obtain support from a senior member of staff or a manager if required.

There were procedures in place to safeguard people from abuse and avoidable harm. Staff were able to explain how they would recognise that the people they supported were being abused. Staff understood the various forms of abuse and how to report it in line with the organisation’s reporting procedure. Staff told us, and training records confirmed that they had received training in safeguarding adults. People’s money was locked in a safe, where staff supported them to manage money. Records showed that the transaction sheet was signed each time there was a transaction. The record we checked was accurately completed and there were no discrepancies. Staff were aware of their rights to whistle-blow if they had concerns. The registered manager was able to show us that they understood their responsibility if a safeguarding concern was raised.

People’s medicines were handled and managed safely so they were protected against the risk of unsafe use of medicines. We observed staff administer lunchtime medicines to people. We saw that staff checked the medicine pack against the Medicine Administration Record (MAR) sheet to ensure they were giving the correct medicine and dose to the right person. We checked the MARs for the three weeks prior to our visit and saw that people’s medicines were recorded accurately. There were no gaps noted. Medicines received into the service were recorded, as well as any medicine returned to the pharmacist for disposal. People’s allergies were recorded on the MAR clearly so staff monitored they were not prescribed such medicines.

Staff undertook daily checks of the premises and ensured that a safe environment was provided to people using the service. Fire evacuation drills were conducted regularly to ensure people knew how to respond in the event of a fire. Fire systems and equipment were tested and serviced regularly to ensure they were functioning properly. There were risk assessments covering various areas including fire, gas, electrical safety and security and management plans were in place to ensure people were safe at the service.

Is the service effective?

Our findings

People did not consent to the care and support they received from the service in line with Mental Capacity Act 2005. The service did not ensure that consent was obtained from people before they supported them. The service managed five people's finances, however, there was no agreement obtained from the people about this. There was also no mental capacity assessment or risk assessment carried out in relation to this. We saw that four of the five people's money was paid into the organisation's bank account and then the registered manager gave money to them as when required. We spoke with three of the [people] to establish if they were happy with this arrangement and they told us they were not involved in the decision. One person said they will like the opportunity to manage their own money and the other two people said they were indifferent about it now, although they would have liked to be involved in the decision. We spoke with the registered manager about this and they agreed to review the arrangement.

One person was not given key to the home so they were not free to go out or return as they wished. The registered manager explained that there were concerns about the person's behaviour in the community and they needed to be monitored to know what they were doing. The registered manager told us that they discussed the concerns with the person's community psychiatric nurse (CPN) and relatives. We also noted that a person was not allowed to take food to their room because there were concerns about what they did with it. Their support plan stated that staff should search their bag anytime they went out and returned and all food items should be taken and kept for them by staff. The person's room was also searched regularly due to this concern. However, we did not see any evidence of a mental capacity assessment or a best interests' decision. We spoke with the person and they told us they would like to have a key so they can go out when they wanted. They also expressed that they would like to keep what they bought and not being monitored. Staff we spoke with understood people's right to make choices for themselves and the importance of obtaining consent from them before providing support to them. We were concerned that people's liberty was deprived without a formal assessment being carried to ascertain the person's capacity to make decisions; and a best interests meeting

held to ensure that the decision made was to the person's best interest. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 20.

People were supported by staff that had the skills to meet their needs. One person said, "I get The staff know how to get on with it and help me get out of it. They know how to look after me...." Another person told us "All the staff support me the way I want. They are good." Staff told us they received regular training that helped them to meet people's needs effectively. New members of staff completed a period of induction which included reading through people's support plans and spending time with experienced staff to learn how they supported people. Training records showed that staff had completed training in key areas relating to their role including the Mental Capacity Act 2005. We saw that specific training such as mental health awareness and managing behaviour that challenges had been organised.

Staff received regular one to one support and supervision from their manager. We reviewed notes of supervision meetings held and it showed discussions about people using the service, team work, health and safety. Training and development needs were also discussed at these meetings. Appraisals were also conducted annually where staff received feedback on their work performance.

People had access to food and drink. People told us that they liked the food provided. One person said, "The food is tasty." Another said the "The food is good. I like it." We observed people helping themselves with drinks and snacks throughout our visit. We observed that people were asked what they wanted to eat for lunch. People were involved in the preparation of their meal with staff support. There was a menu available. Although, people told us that the menu sometimes changed without their knowledge. We reviewed the menu and it showed a good range of meals including at least one hot meal a day which the staff prepared for people.

People had access to healthcare professionals when necessary, and people were supported to maintain their health. Record showed that people attended annual health checks and routine appointments with their GP, dentist and psychiatrists. Staff were able to explain people's health care needs and knew which health professionals were involved in their care. People's care records showed that there was regular input from the community mental health

Is the service effective?

team. The professionals we spoke with told us that the service liaised well with them and followed up on any recommendations made. For example, ensuring that one person who required their blood tested regularly was done.

Is the service caring?

Our findings

People told us that staff were kind and caring. A person said, “The staff are wonderful and kind.” Another person said, “Staff are nice. They don’t annoy me.” The relatives and professionals we spoke with told us that the staff team knew people well and understood how to support them to meet their needs. Staff interacted with people in a polite and courteous manner. People were treated with respect and their views about their care and how their needs should be met were acted upon by staff. One person said “They know me and what I want and they give it to me.”

Staff told us they made sure that people were treated with dignity and respect. Staff explained that they knocked on people's doors before entering their bedrooms and made sure that doors were closed when providing people with personal care. We saw staff address people by their preferred names. One person told us that “[Staff] obtained permission from me before they enter my room and before carrying out a task like cleaning my room.”

Care records detailed people’s histories and background, individual preferences, likes and dislikes relating to their care and support. Staff demonstrated they understood the needs of people and how to support them. Staff we spoke with told us they recognised that the people they supported were deteriorating in their mental health. They were also able to tell us appropriate actions to take to

support the person. One person who suffered from anxiety and panic attacks told us that staff knew how to support them when they became distressed. They said staff stayed with them, made them comfortable and reassured them until they got over their anxiety. People had keyworkers, which is a member of staff who was responsible for ensuring their general well-being and progress. We saw records of key worker meetings held with people and it showed they were able to discuss concerns they had and together they agreed actions on how to address them. This ensured positive relationship developed and people ensured they received assistance in the way they wished

We saw evidence that people and their relatives had been involved in planning their support. People we spoke with were aware of their support plans and told us that they were involved in developing them. The relatives we spoke with confirmed that they were consulted about their relatives support. They told us that the service updated with them about changes and progress their relative had made.

People told us they were able to keep in touch with their friends and families and that staff supported them with this. They also told us that their friends and family could visit them at the service and they could have private personal conversations with them in their rooms if they wanted.

Is the service responsive?

Our findings

People and their relatives told us that the service responded appropriately to their needs. One person said “They support me as I want.” We saw that assessment of needs was carried out before people came to live at the service. Care records showed that the assessment included the person’s physical and mental health needs, their background and social relationships, preferences of how they wanted to be supported and the goals they want achieved.

Care records showed that people and their relatives had been involved in the initial assessment and ongoing reviews of their care needs. As part of the initial assessment process people were able to spend time at the service so that staff could become familiar with their needs. One person confirmed that they visited the service and spent time with other people using the service and staff before they came to live at the service. They said this enabled them become familiar with the service which helped them settle into the service quickly.

People had individual support plans which detailed how their support needs would be met. These covered how people’s physical, mental, social, behaviour and personal care needs would be met. For example, one person was supported to keep safe in the community. This included information and advice on how to manage their behaviour and maintain positive relationships within and outside the service. We saw note from keyworker sessions which showed staff held meetings with them regularly to provide support in this area as detailed in their support plan. Another person was at the service for a short term which the aim to support them to move to a more independent living accommodation. We saw that their support plan clearly stated this goal and how staff should support to achieve their goals within the required timescale. Support plans were reviewed regularly with the person to ensure they reflected their current needs. Progress was also discussed at weekly keyworker sessions with the person and their CPN kept updated.

We saw that staff understood how to meet people's needs and followed people’s support plans to meet their needs. Staff also supported people to meet their cultural and religious needs. For example, staff supported one person to attend their preferred place of worship. Another person was supported to prepare their cultural food when required. Staff showed they understood the importance of ensuring people’s cultural and religious were met.

People undertook in a range of activities that they enjoyed and reflected their interests. On the day of our inspection we observed people going out for shopping independently. We saw evidence of activities people were involved in. This included trips to parks, seaside, cinema and local clubs. The registered manager told us that activities were planned weekly with people but was flexible around what people wanted to do daily. We saw that staff had arranged for one person to attend animal therapy group which is used to improve people’s social, emotional and cognitive well-being. The person told us they enjoyed the sessions and it helped them relax.

People’s views about the service were obtained and were acted on. The service held meetings with people regularly to consult and listen to them about how they wanted the service to improve. Minutes of meetings we reviewed showed that house rules, activities and health and safety were discussed at these meetings and actions taken to address any area of concern. For example, evacuation procedure was discussed following concerns that some people were not responding when the fire alarm sounds. People and their relatives knew how to complain if they were unhappy with the service. People and their relatives told us that the registered manager handled their concerns promptly. The registered manager told us and the complaint records showed that there had been no complaints made in the last 12 months. The registered manager demonstrated they knew their procedure in managing and responding to complaint as required.

Is the service well-led?

Our findings

People, their relatives and professionals told us that the registered manager listened and acted on feedback to improve the quality of the service. One relative said, “The manager is always helpful.” Another relative said “The manager is good and we can always speak to her.”

Staff told us that the registered manager was available and was involved in providing hands-on support to people. Staff told us the manager was open to suggestions they made and ensured they were meeting people needs. The registered manager held regular meetings with staff had where they discussed how care could be improved. The minutes of these meetings showed that staff had an opportunity to discuss any changes in people’s care needs. We saw that staff had worked together to find activity for a person who liked to care for animals and they supported the person to attend the centre where they could pursue this activity.

The provider regularly carried out audits to check the quality of service provided. The audits included reviewing care records, complaints, health and safety and maintenance, speaking to people who used the service and staff. Where issues were identified, actions were put in place to address it. We saw that last audit had identified that the tea room required redecoration and this has been completed.

The registered manager carried out regular checks to identify areas for improvement such as health and safety checks, premises inspections, medication audits and care records audits. There were no outstanding actions from the last checks completed.

The service carried out annual survey of people used the service to get their views of the service and to identify any areas for improvement. The last survey conducted in September 2014 showed all people were happy with the care and support they received at the service. There was no action to follow up on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>The service did not obtain consent from people in relation to managing their finances before such support was provided. The service had also restricted someone's freedom without formal assessment of their capacity to made decisions. Regulation 11 (1).</p>