

St. Martins Care Home for the Elderly Limited

St Martins Care Home For The Elderly Limited

Inspection report

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Redditch, B97 5AR
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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 21 September 2015 and was unannounced. St Martins Care Home for the Elderly provides accommodation and personal care for up to 15 older people. There were 14 people living at St Martins Care Home for the Elderly on the day of our inspection.

The home has 11 private rooms, and two shared rooms. People have their own en-suite facilities. The communal areas of the home consisted of lounges, a dining room and a garden area. Residential accommodation is provided on the ground and first floor of the home.

There was a registered manager in place at the time of our inspection. 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.

Summary of findings

Staff had not always assessed if people were able to make specific decisions themselves, or taken on the legal responsibility to make some decisions on people's behalf.

People lived in a safe environment as staff knew how to protect people from the risk of harm. Staff were aware of the signs of abuse and knew how to report this. People told us there was enough staff on duty to meet their needs and help them when they needed care. People told us that they knew the staff team well. People's medicines were administered and managed in a safe way. People received care and support in a way that met their preferences and needs and we saw people enjoyed talking to staff.

People were encouraged to eat and drink enough to keep them healthy, and dietary requirements and people's preferences were taken into account. People told us that they enjoyed the food provided. We found that people had access to healthcare professionals, such as community nurses or their doctors when they needed them. We saw that staff took action if people required medical care.

We saw that people were involved in daily decisions about their care. People and relatives were also involved

in planning and reviewing their care. People's views and decisions they had made about their daily care were listened to and acted upon. People told us that staff treated them kindly, and their privacy was respected. We saw that staff treated people with dignity.

We saw that the manager had checked that people knew how to raise a concern or a complaint if they needed to. We found that people and their relatives knew how to raise concerns and that these had been responded to.

We found that communication had been encouraged between people, relatives, staff and the management team, which improved the effectiveness and responsiveness of the care provided to people. Staff were supported to carry out their roles and responsibilities and told us how training and advice had helped them to care for people in the way people preferred.

We saw that the registered manager completed checks on the people's health and looked at people's experience of care. People and staff were encouraged to suggest improvements that could be made and we saw that suggestions made were acted upon.

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.

There was enough staff to keep people safe and meet their care needs. People were cared for by staff that had the skills and knowledge to protect people from harm. People received medication in safe way.

Good



Is the service effective?

The service was not consistently effective.

Changes in people's capacity to make decisions were not always taken into account when deciding on how to care for them. People were supported by staff who knew their individual health risks and how to look after them. People were encouraged to eat and drink enough to keep them healthy.

Requires improvement



Is the service caring?

The service was caring.

People's privacy was respected, their dignity maintained and people were treated with respect. People's preferences about how care was delivered was listened to and followed.

Good



Is the service responsive?

The service was responsive.

People received care that met their individual needs. People and their relatives concerns were listened to and the provider took action when any concerns had been identified.

Good



Is the service well-led?

The service was well-led.

The registered manager checked how people felt about their care, and showed that changes were introduced to further improve the service.

Good



St Martins Care Home For The Elderly Limited

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 21 September 2015 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law. We talked with Healthwatch Worcestershire to gain their views on how well people were supported to do things that they enjoyed. Healthwatch has

statutory powers to ensure the voice of people receiving health and social care is heard. We also spoke with Worcestershire County Council's Quality and Contract Team.

We saw how staff cared for and supported people who lived at the home. Some people were unable to communicate with us verbally so we used different ways to communicate with people. 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 four people who lived at the home and two relatives. We spoke with the registered manager, six care staff, and a visiting health professional. As part of the inspection we also spoke with staff over the telephone.

We looked at three records about people's care and medication records. We also looked at records and minutes of meetings with staff and people who lived at the home. We saw how staff shared information about the care that people needed. We looked at quality assurance audits that were completed by the registered manager.

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe. One person told us, "People who are here make me feel safe, it's about how I can talk to the staff". Another person told us, "I feel more than safe." Relatives told us that they also felt people were safe. One relative said, "People here are safe". Another relative told us their relative was safe and said, "She has not had a fall."

We spoke with staff about how they protected people from harm. All the staff that we spoke with knew how to recognise the signs of abuse and how to raise any concerns they had so that people would be safe. For example, one staff member explained what action she would take if a person had an unexplained injury. We saw that staff provided reassurance to people when they were anxious, so that the possibility of psychological harm was reduced. One staff member we spoke with told us how they had kept one person's skin healthy. The staff member went on to explain how they had made sure that they knew how to support the person by checking the person's care plan. The staff member also told us that they had made sure the person had the equipment they needed to help them. The person's skin had improved as a result of the care given. The registered manager was aware of the actions needed to keep people safe. We saw that the registered manager had investigated any concerns raised, and considered if anything needed to be changed to make sure that people were safe. We also saw that the registered manager had let other organisations know the results of the investigations, so that people could be protected.

We saw that staff considered people's individual risks and the best way to care for them safely. Staff provided advice and encouragement to people who needed it when they walked, so that risks of falls and injuries were reduced. One staff member explained how they were working with other organisations to reduce the risk of falls for one person, so that the person was protected from the risk of harm. The person had recently begun to have falls and injuries. We saw that staff and the registered manager had monitored the person's falls, so that they could see if there were any actions they could take to reduce the person's risk of injury. Staff had worked with the person's GP and the falls team to

see if there were any health problems which may be affecting the person. We saw that staff had made arrangements to review the actions they had taken to keep the person safe.

All the people we spoke with told us they felt there was enough staff on duty to keep them safe, and that staff assisted them when they needed help to stay safe. One person that we spoke with told us, "I feel there is enough staff". Relatives we spoke with told us that they felt there was enough staff to meet people's safety and care needs. One relative said, "Staff respond quickly", when help was needed.

We saw that people received care from staff who knew their care and safety needs. One relative told us, "(Person's name) knows the staff and they know her". The registered manager explained that people's individual needs were considered when deciding how many staff were needed, so that people would be safe and well cared for. The registered manager went on to explain how staffing had been put in place to support one person who needed to have care delivered in isolation for a short period of time. This had made sure no other people became ill. Staff told us that there was enough staff to keep people safe. We saw that there was enough staff on duty to keep people safe and to chat to them, so that they did not become isolated.

We spoke with two people about how their medicines were managed. One person told us, "I get my medicines quickly enough. I just ask if I need them." Another person told us, "If I am in pain I can ask for extra medication and I get it." One relative told us that, "Staff check and encourage [person's name] to take their medication." Another relative explained that staff always made sure their family member had been offered their medicines before they left the home when they were visiting relatives for the day.

None of the people at the home were managing their own medicines at the time of our inspection. All staff spoken with said that medicines were administered by senior care staff members who had received medication training. We spoke with two members of staff who administered medicines. They had a good understanding of people's medication needs, and had a clear understanding of procedures in the event of medication errors. The registered manager told us that any medication errors,

Is the service safe?

including gaps in records, were followed up immediately with the staff member to make sure lessons were learnt and errors put right. We saw that this happened on the day of our inspection.

One member of staff we spoke with told us how they followed advice given by external organisations. This was to make sure that people were being given their medicines in the best way for them. For example, a speech and language therapist had provided guidance on how best to support one person to take their medicines.

We saw that medicines were not given to people without their knowledge or agreement at the time of our inspection. Staff we talked with told us that they would involve other people, for example, the person's GP, if they needed to provide medicines in this way. The registered manager had systems in place which reduced the risk of people receiving medicines in an unsafe way. For example, we saw that staff kept records of 'when needed' pain relief that people received, so staff knew if it was safe to give these to people. We also saw that people's medicines were kept safely and securely by staff and that medicines were audited each week by the registered manager.

Is the service effective?

Our findings

When we first arrived at the home the registered manager told us that all of the people at the home had capacity to consent to their care. Later in the day, the registered manager told us that two people did not have capacity to make some decisions. For example, decisions about their finances. People who lived at the home had not been supported by staff that made sure people's capacity assessments were up to date. For example, changes in people's capacity to make decisions were not always taken into account when deciding on how to care for them. One relative told us that their family member's capacity to make decisions had changed over time, and they were not confident that the person would be able to make some decisions about their care. Two staff that we spoke to also confirmed this. There was no evidence to show that assessments had been updated as the person's needs changed. We saw that there was a door sensor in place on one person's door. We were told that the sensor would trigger when two people moved out of their rooms. When we spoke with staff they were not clear if the two people affected had agreed to the sensor being in place. Staff were also not clear if the two people had capacity to agree to the sensor being used. We saw one of the person's records. There was no assessment to say that the person had capacity to agree to the sensor being in place, or that they had been involved in the decision to use the sensor. Staff that we spoke with did not consistently understand the processes that should be used so that staff could make some decisions on behalf of people where this was appropriate. For example, staff did not know who should be involved in making decisions in people's best interests, if people were not able to make some decisions themselves. Staff were not sure if relatives always had the legal right to make decisions on behalf of people.

This showed that the provider was in breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Consent to Care.

We looked at processes to make sure that people's human rights were protected. For example, what processes were in place to make sure that people's legal rights were considered if they wished to leave the home. We checked the records for one person. The registered manager told us that no applications to take on the legal responsibility for

depriving people of their liberty had been made. The registered manager told us that they were working to put the right processes in place with support from Worcestershire County Council.

Two people we spoke with told us that staff knew how to support them in the right way. People felt that staff had the knowledge and skills to meet their needs. One person told us, "Staff have the skills I need. That's why I stay here." One relative told us that her family member knew most of the staff, and that staff knew her relative's care and support needs.

One member of staff that we spoke with told us that they had the opportunity to work with other more experienced staff during their induction. The staff member went on to tell us that this had improved their knowledge of people's needs and their confidence in providing care. Four staff that we spoke with told us that they had regular supervision and support from the registered manager or senior carer staff. They discussed the needs of the people they cared for and their own development. The staff went on to tell us that they felt this supported them to provide people with more effective care. One staff member told us about the training they had received and said that, "It helps me to understand people's needs more". Two staff members explained that the dementia training had improved communication with people, and had led to changes in the home. For example, staff made sure that people had enough time to make their own choices.

Two people who we spoke with told us they enjoyed the food at the home, and one person told us that, "The food is good, there's always choice." Another person told us that, "If I want something different I just ask for it and get it". One relative told us that, "Staff have encouraged (person's name) to eat and drink." We spoke with a visiting health professional who was supporting staff to care for people. The health professional told us that the staff made sure any concerns they had about people's nutrition was followed up. One staff member that we spoke with told us that one person preferred to have their meal plated up, rather than to help themselves, as they thought this was "more hygienic". We saw that staff respected this wish. Staff checked if people enjoyed their lunch. Staff told us that they knew what people had eaten as this was checked when new staff came onto shift. Staff told us they would then offer further encouragement to people to eat and drink if this was needed, so that people maintained a

Is the service effective?

healthy weight and were hydrated. We saw staff encouraging people to eat and drink throughout our inspection and that people had access to snacks and fluid throughout the day.

Three people that we spoke with told us that they had access to healthcare professionals when they needed them. One person told us, "I get to see the GP if I need one. I can't fault them". Another person confirmed that, "Staff are quick at calling the doctor if I need them". The health

professional told us that the staff referred any concerns about people's health needs to them when needed. The health professional went on to tell us that any care that was suggested was followed through by staff so that people's health was maintained. We saw that staff made referrals to healthcare professionals on behalf of people, for example, GPs, chiropodists, mental health teams, and the emergency services when needed.

Is the service caring?

Our findings

All the people we spoke with told us that staff were caring towards them. One person told us, “Staff are absolutely marvellous”. Another person told us about a time when they needed extra help from staff, and that staff were, “Patient and kind”. Other people told us that they were very happy at the home. One person went on to tell us that staff, “Were very good.” Two people that we spoke with told us that they would be comfortable to ask for help from staff when they needed to.

Both relatives that we spoke with told us that staff were caring, and one relative told us, “(Person’s name) thinks of the staff and the other people as family. When she sees the carers her face lights up.” The relative went on to tell us that, “I am glad [person’s name], came here, she has settled.” The relative told us that there was a very good rapport between her relative and the registered manager, and that her relative would often choose to spend time, “Dancing with the registered manager.” Another relative that we spoke with told us that, “Staff have been friendly from day one”. This relative went on to explain that their relative had been invited to stay for lunch when they had first considered moving to the home, which made them feel included. The relative told us that staff had recently arranged for a birthday cake for their relative, and that this had made their relative feel cared for.

People told us that staff got to know people by chatting to them. One person said that they enjoyed the time they spent talking to the provider as, “This makes me feel good.” One relative told us that the staff had made a ‘memory book’ with their relative, so that staff could get to know about the person’s life story and what mattered to them. A visiting health professional told us that staff were kind to people. One staff member told us how important it was to them that people were happy. The staff member explained

that they found out about people’s preferences so that staff could make sure that people received care in the way they wanted. Another staff member that we spoke with told us, “I want to leave them happy.” We saw that staff were kind and caring, and that people smiled when staff talked to them. Staff took time to explain what they planned to do with people and gave them reassurance when they needed it. We saw that people’s care plans had been written in a way that helped staff to understand people’s preferences and the best way to meet people’s individual daily care needs.

All the people and the relatives we spoke with told us that staff treated people with respect and dignity. We saw that staff spoke with people in a respectful way and maintained people’s dignity, for example, by being discreet when they left communal areas to support people with skin care. We also saw that staff made sure that the doors to people’s rooms were shut when this was needed to care for people in a dignified way.

Two people told us that staff respected their privacy, and that they were able to choose where and how they spent their day. One relative told us that their relative preferred to stay in their room, and that staff respected this. The relative said that staff encouraged the person to take part in things that they enjoyed with other people. The relative also told us that staff and the provider chatted to their family member so that they did not become lonely. We saw that people were comfortable discussing their daily care needs with staff, and asking for care to be given in a different way if they preferred this. For example, how people liked to take their medicines.

People told us how important it was for them to see their relatives. People and relatives told us that they were able to visit their relatives at any time, and that staff made them welcome.

Is the service responsive?

Our findings

People told us that they made choices on a daily basis. One person that we spoke with told us, “I decide what I want to do.” Another person told us, “Communication is good, I would be able to say if I wanted anything changed.” One relative told us that they had helped to draw up their family member’s care plan. The relative had also attended care plan reviews, so that their family member’s care would be delivered in the way their relative preferred. The relative told us that staff had got to know their family member’s needs so well that, “They are getting to be a better judge than me.” One relative told us how important it was that staff understood their family member’s needs as they sometimes got anxious. The relative told us that, “Staff know she loves her music”, and that staff used music to make the person feel less anxious. Relatives told us that staff let them know if their family member was unwell and involved them in plans about how to care for their family member. Another relative said they had been involved in the decision to change their family member’s GP.

Staff that we spoke with had a good understanding of people’s care needs and preferences. One staff member told us, “I have worked with people for so long that I can tell if they are upset or don’t want to take part in anything. I ask them what’s wrong and reassure and help them.” One staff member told us about how they had responded to one person’s request to change the layout in their room. The person was staying at the home for a short time. The room layout had been changed, and this had made the person’s stay more homely. Another staff member told us how they involved people’s families in care planning, so, “That I get to know the person as an individual.” The records we saw also confirmed that people who lived at the home and relatives had helped to decide on how care was delivered.

Staff told us about how they cared for people when their needs changed. For example, a staff member told us how one person had stayed in hospital and returned to the home with less mobility. The staff member told us that, “We worked as a team, and (person’s name) is now walking again.” Another staff member told us about one person

who had a number of falls. Staff had arranged for advice from a falls specialists, and worked with the person’s GP to find out if there were any health problems which may be affecting the person. Staff had done this so that they could reduce the risk of further falls. We saw that care staff starting their shifts were provided with information about each person’s physical health and wellbeing and that this information was recorded.

People told us about the things they liked to do that were available in the home. One person told us about how important it was for them to play their guitar, and that staff encouraged them to do this, which they really enjoyed. Another person told us that they, “Could play the piano at any time”, and listen to music, which made them, “Feel happy.” Another person told us that “Sometimes staff ask me if I want to paint or draw. I enjoy this.” One relative that we spoke with said that their relative preferred to watch other people doing the things that they enjoyed, rather than take part themselves. Another relative told us they had seen people enjoying singing sessions at the home and a staff member told us, “I love to see (people) enjoying the singing sessions.”

We saw that people were enjoying watching a film on the day of our inspection. Other people were chatting to staff or relatives, or doing word searches. We saw that staff knew about people’s interests, and took time to talk with people about them, such as knitting that they had recently done. People looked pleased when staff talked to them about their interests.

People told us if they had any concerns or complaints they would be happy to discuss these with staff. One relative told us that they had raised a concern which involved other agencies. The relative went on to say that staff were helping to sort this out, so that their family member would receive the items they needed to maintain their health and wellbeing. All the staff that we spoke with knew how support people to make a complaint, and showed us that they would take appropriate action. We saw that there had been one complaint and one concern made in 2015. The registered manager had kept a written record of these. We saw that these had been investigated and responded to promptly.

Is the service well-led?

Our findings

People told us that they felt able to make suggestions about the running of the home, for example, suggestions about the type of things they like to do. All the people we spoke with told us that they were encouraged to make suggestions about the care they received. Two people told us that if they wanted to make suggestions they were comfortable to do this directly with the staff, the registered manager or the provider. One person that we spoke with said “[Person’s name] runs things well.” People and relatives told us that communication with the management team was good. One relative that we spoke with told us that the provider checked what their family member thought about the service. The relative went on to tell us that their family member, “Perks up as soon as [Person’s name] goes in to talk to her”. One staff member told us that the way the staff rota was organised helped them to communicate with the registered manager and the rest of the staff team. We were told that night staff always met with the registered manager and other staff before the end of their shift. The staff member went on to explain that this meant that they could share any information needed to make sure that people’s care needs were met. We saw the registered manager and provider chatting to people, relatives and staff throughout our visit.

The registered manager had checked on people’s views on how well the home was managed and the quality of care delivered. The registered manager had provided ‘easy read’ versions of a stakeholder survey. Relatives had been encouraged to give their feedback if people were not able to do this themselves. We saw that one relative who had completed a survey in 2015 said, “We think the home is well managed, and staff know what they are doing”. The registered manager explained how they had followed up comments and suggestions made by people completing the survey. For example, the introduction of staff uniforms, so that everyone visiting the home would know who staff were. The registered manager also told us that the results of the survey had triggered conversations with people about things they enjoyed doing and that more opportunities for people to enjoy had been introduced. For example, some of the people in the home performed in musical evenings for other people at the home.

All the staff we spoke with told us that they felt supported and well managed. One member of staff told us that they,

“Could talk to the registered manager at any time”. Another staff member told us that the registered manager, “And other seniors are really approachable.” The staff member went on to tell us that the manager had organised rotas so that, “You can interact with people, as you are given time.” Other staff told us that if the registered manager was not available they could get advice on the best way to care for people by talking to on-call managers. Staff told us that they had regular staff meetings, where they were encouraged to talk about the care that people needed and developments at the home. For example, the planned refurbishment of the home. Three staff that we spoke with said that they would be comfortable to make suggestions for improving the home. Staff told us that their suggestions were listened to. For example, staff had made suggestions about assisting people to make choices using cue cards. We were told that cue cards were now being used with some of people in the home to help them to communicate. Another staff member told us that suggestions were listened to and that staff, “Have involvement in (people’s) lives, we can change things straight away.”

The registered manager told us about checks they undertook each month so that they could take action to protect people and improve the service. The monthly audits showed that the registered manager knew about changes in people’s health needs. The registered manager told us about changes that had been introduced as a result of the checks she made, including arranging for one person’s fluid to be monitored on a short term basis in response to concerns that the person may not be drinking enough. The registered manager and staff told us about support they received to develop the care further. For example, the registered manager told us about the work they were undertaking with external organisations to audit and develop against recognised dementia standards. Staff told us that this had already started to make a difference to the care people received. One staff member we spoke with said it had improved their ability to communicate with people, and given them a greater understanding of people’s care needs.

The registered manager told us that they felt supported by the provider, who spent a lot of time at the home. The registered manager told us that the provider had agreed to improve the décor and storage facilities, to improve people’s experience of living at the home. We saw that a plan confirming improvements to be made to the home’s environment had been developed.

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 (RA) Regulations 2014 Need for consent</p> <p>People's capacity to consent to care was not consistently assessed. Processes were not being followed so that staff could make some decisions on behalf of people, where this was appropriate. Regulation 11 (1).</p>