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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

St Martins Haven is a residential care home for up to six people living with mental ill health. At the time of the inspection there were five people receiving care and support living at the service.

At the last inspection on 10 April 2015, the service was rated Good. However, we found one breach of regulation at that inspection. Consent was not always obtained from people to help them to manage their finances. The service had also restricted a person's freedom without formal assessment of their capacity to make decisions. At this inspection, we found improvements were made at the service to meet the regulations inspected. At this inspection, the service remained Good.

The service has a registered manager. 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 gave staff their consent to receive care. People had information about their care and support needs in a format they understood. This enabled people to make informed choices about the care and support they received and to maintain their independence. Staff understood how to care for people in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People remained able to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service support this practice. All people living at the service had a door key in line with their DoLS authorisation. This enabled people to leave and return to the service as they wished.

Staff understood how to keep people safe from harm and abuse. People's money was managed in safe way. Records showed that people accessed their money as they chose and staff supported people with money management if they required this support. Staff continued to update their knowledge of safeguarding procedures. The registered provider had established and embedded safeguarding processes that in the service.

Risks to people's health and well-being continued to be identified. Staff managed and reduced those risks by following the guidance in place in people's risk management plans. People's needs continued to be assessed and care was delivered to meet them.

Medicines continued to be managed in a safe way for people. There were embedded systems in place to ensure staff administered, ordered and disposed of medicines safely.

People told us that there was enough staff on duty to support them. We saw during the inspection that staff supported people when they needed them. The registered provider followed safe recruitment processes. This ensured suitable people came to work at the service with people once their pre-employment check

were returned.

Staff continued to receive regular support from managers. There were training, appraisal and supervision systems embedded within the service. Staff reviewed their development needs and managers reviewed staff performance during these meetings.

People's nutritional needs continued to be met by staff. Meals met people's preferences and nutritional needs. Staff supported people with making a meal during the day. People had access to food and drink during the day to meet their needs.

People's health and well-being needs were maintained through continued access to health care services. Staff made referrals to health care professionals for advice e when people's care needs changed.

People told us that staff were respectful to them. Staff engaged well with people and demonstrated they were compassionate and kind. Decisions continued to be made with people, relatives and a health care professional. Dignity and privacy continued to be maintained for people.

People continued to have an assessment of their needs and care and support implemented to meet those needs. People continued to access social activities of their choice and maintained relationships that mattered to them. People were able to access their local community and take part in activities they enjoyed.

People had access to the complaint process. There were systems embedded in the service that supported people to make a complaint about the service if they were not satisfied about an aspect of their care.

The service continued to be managed by the registered manager. There was management oversight of the service and systems in place to manage the service and staff. Staff were complimentary about the registered manager and felt respected by them.

The registered manager continued to inform the Care Quality Commission of incidents that occurred. People continued to live in a service that was routinely reviewed and monitored. The service ensured action was taken promptly to ensure the quality of care was of a good standard.

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 remained safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring,	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well led.	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 checked 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 May 2017 and was unannounced. One inspector carried out the inspection. Before the inspection, we gathered and reviewed information we held about the service. We looked at statutory notifications. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people using the service. We spoke with the registered manager of the service, and two care staff.

We completed general observations of the service, including interactions between people and staff. We looked at five care records and the medicine administration records (MARS) for all people living at the service. We also looked at other records relating to the management of the service including service audits and questionnaires.

After the inspection, we contacted two health care professionals for their feedback about the service.

Good

Is the service safe?

Our findings

People told us that they were safe living at the service. Staff continued to keep people safe through the support they provided to them. One person said, "I have been here a long time and I have always felt safe." Another person "Yes, I am safe. I have no problems here."

Staff continued to protect people from harm and abuse. Staff understood what the types of abuse were had had attended safeguarding refresher training. This enabled staff to build on their knowledge and skills learnt to keep people protected from the risk of abuse. The registered provider had embedded safeguarding systems and processes. The registered manager had updated the services safeguarding processes to ensure staff understood local safeguarding arrangements. Staff took action to manage and protect people from harm and abuse.

There were systems in place for the effective management of risks. Staff assessed risks to people's health and wellbeing. A risk a management plan was developed to help staff to manage those risks effectively following the assessment. Risks assessments included information that could pose a risk to a person's health and well-being. For example, risk assessment detailed signs of deterioration in a person's health condition. Staff followed the guidance in the management plan in place to manage the risk. Staff understood the needs of people living in that service. They described people and the action they took to help people remain safe. People's risk assessment and management plans were reviewed regularly to ensure people continued to receive appropriate support to keep them safe.

There was sufficient staff on duty to meet people's needs. We looked at the staff rota and saw sufficient staff were available on each shift. The staff rota was completed at the head office and sent to the registered manager. The rota was organised so it covered a four week period to ensure there were enough staff. People told us that there was enough staff on duty to support them. We saw during the inspection that staff supported people when they needed them.

Recruitment processes were safe. The registered provider ensured suitably recruited people were employed at the service. Pre-employment checks were carried out to ensure staff were safe to work with people. Staff had checks on their identity, rights to work in the UK and a criminal records check. Previous employer references were obtained. Only when these checks were satisfactory did the new member of staff begin working with people.

The systems in place for the management of medicine remained safe. Each Medicine Administration Record (MAR) we looked at was completed accurately. People's MARs were signed by staff to confirm people had received their medicine as prescribed. There were medicine management systems embedded in the service. This guided staff to ensure people received their medicines as prescribed. Staff continued to support people with ordering repeat prescriptions. Staff understood how to dispose of medicines safely.

The service was clean and odour free. We saw the communal areas looked clean and comfortable. People used the communal areas freely. People were supported to smoke safely if they chose. There was a smoking

area outside of the service in the garden. This area was covered with access to ashtrays for people to use to smoke. Staff provided supervision when people went outside to smoke, ensuring people were safe to smoke independently.

Good

Is the service effective?

Our findings

At our previous inspection on 15 May 2015, we found that the service was not always effective. We found people where not cared for within the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff 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.

At this inspection, we found that the provider had made improvements to meet the regulations we inspected. We observed that staff spoke with people to gain their consent. People we spoke with told us that staff explained things to them before taking any action on their behalf or while supporting them. One person said, "Yes, the staff always explain thing to me, it helps me because sometimes I am not sure what is happening." Another person said, "Staff explain things to me so I understand. This helps me." Care records documented when consent to care was obtained. For example, records showed where people had consented to receive support with managing their finances. These recorded documented details of the support a person would receive from staff with their finances. People signed they had agreed to this support. Each person had financial records if they were supported with this. The registered manager reviewed these records on a regular basis to ensure they were accurate. We also saw other records were people consented to support with their medicine.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People who required support with making decisions had the support from staff. People who did not have the ability to make decisions for themselves had an assessment of their mental capacity. A person who did not have the ability to make a decision for themselves had an assessment for DoLs to the local authority. The DoLS authorisations in place were in date and staff understood the requirements of them.
Staff continued to provide a service was effective. Staff continued to receive support from the registered manager. Staff received support with their development and training needs. Staff had the opportunity to receive supervision and an appraisal from the registered manager. During the supervision meeting, staff discussed their daily working practices, development needs and training.

Staff maintained and added to their knowledge through regular training. Staff completed refresher training

to build on previous knowledge gained. Training for staff included safeguarding adults, basic first aid, mental ill health and medicine management. Staff had access to training, which helped them to effectively care for people and support them in developing themselves in their role.

Meals provided continued to meet people's needs. People were able to choose what meals they ate. Staff developed a menu with people. People were able to discus with staff if they wanted something that was not available on the menu. People we spoke with enjoyed their meals provided. We saw meals provided met people's nutritional and cultural needs. Staff prepared meals for people at the service for their lunch. People were encouraged and supported to make breakfast or their evening meals by themselves with the support from staff if needed. Food and drink was available throughout the day. We observed people asking for hot drinks and snacks during our inspection and staff provided this to them without delay. People had a comfortable area to eat their meals with others if they chose. The dining area looked comfortable with chairs and tables arranged so people could eat their meal or have a drink.

Health care services were available to people when they needed this. Each person was registered with a GP practice. People visited the GP for health care advice. If the GP recommended follow up care or specialist healthcare advice, appropriate referrals were made. We saw staff had made referral to the speech and language therapist for professional advice for a person. One person told us "The staff are good, if I am not feeling well they help me make an appointment." They added, "The GP is good and they listen to any concerns I have."

People had support with their mental health care needs. People had a care coordinator at the community mental health team (CMHT). The care coordinator managed the person's mental health needs and completed regular reviews with the person and care staff. Staff had copies of people mental health reviews so they had the most relevant details relating to people.

Good

Is the service caring?

Our findings

People continued to be supported by staff who were caring. People and staff engaged well together. We observed people and staff in the communal area. They were talking with each other in a way that was respectful. One person told us "Staff are so helpful." Another person said, "Staff are very helpful and are very kind and help me when I need it."

Decisions continued to be made for people with their involvement. People had discussions with staff about how they wanted to have they care. People were able to discuss their care needs with staff. For example, care records showed that one person enjoyed going out during the day. One person was able to go out of the service on their own and they enjoyed doing this.

Staff continued to protect people's privacy and dignity. People enjoyed using the communal areas as they chose. There was a lounge were people were able to freely use. There were private areas in the service that people could use if their chose. Staff supported people in the privacy of their own bedrooms when this was required. We were invited into people's bedrooms. We noted that people's bedrooms were decorated in a personal way. People's rooms had personal items displayed so their private space reflected their personal choices.

People made decisions about the end of their life. We saw records that showed people were involved in making decisions for their end of their life care. Staff discussed with people and their relatives about the plans at the end of their life. End of life plans were recorded and used to develop care plans for people to ensure their wishes were followed at that time. Some people had relatives involved in their care who would make appropriate arrangements for them. We saw an example of the support staff provided support to a person at the end of their life. Staff had made contact with the palliative care team. They provided specialist support to staff caring for a person who was at the end of their life.

Staff cared for people in a way that was compassionate. Staff cared for people in a way that demonstrated that staff understood them well. Staff described people and their care needs in a way that demonstrated they understood them and their care needs. One person said, "I have lived at the home for a long while. Staff know me well and I know them too."

People's care records were maintained confidentially. We found care records were kept securely and locked away. Staff had access to them as required. Some records were stored electronically. These were on a secure computer system where authorised people were able to access. Staff understood how to protect people's person information. The registered provider had a confidentiality policy to support staff to maintain confidentially and to keep people's information safe.

Good

Is the service responsive?

Our findings

People continued to be supported by staff that remained responsive to their needs. People were encouraged to participate in activities of their choice. People made contact with services in their local community and took part in social activities that interested them. Most activities happened outside of the service. We found where people were independently mobile, they went out of the service as they chose. The lounge area was comfortable for people to sit together and watch TV if they wished. There were others areas of the service where people could sit if they wanted to be alone. Some people used an outdoor smoking area. T

People continued to receive care from a service that was responsive. Staff completed assessments with people before coming to live at the service. Care assessments provided staff with sufficient information to assess whether staff could meet a person's care and support needs at the service. They included information on people likes, dislikes, and areas of their life that they required help and support from staff. When people's care needs changed these were reassessed. This ensured the service had the most relevant and updated information about people's needs. These provided staff with guidance on the specific needs people had and how the support could be implemented to meet those needs.

People continued to receive appropriate care and support that met their needs. Following an assessment of needs a care plan was developed. A care plan held details of the actions staff would take to meet people's needs and to maintain their health and well-being. Care plans were regularly reviewed. This was to ensure people's care needs were reviewed effectively and met appropriately.

The registered provider continued to have a process in place for people to access if they chose. The complaint process in place provided people and their relative with the opportunity to raise a concern about the quality of care they received formally. Staff we spoke with understood the registered provider's complaint process and procedure. People we spoke with knew how to make complaint if they were not satisfied with how the eservice manage their complaint. One person said "I would go to speak with staff or [registered manager] if I needed to." Staff understood that some people living at the service required support to make a complaint about the service. One member of staff told us "I know that people are able to complain if they want to." Another member of staff said, "People living here can come and talk to us the staff before a formal complaint happened. We will try and resolve any problem before then." During the inspection, we asked the registered manager for details of any complaints made at the service. The registered manager had no active complaints in the service for the past 12 months.

Good

Is the service well-led?

Our findings

The registered manager had worked at the service for a number of years. We found that the service continued to be well run. 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. The registered manager understood how to maintain their registration. The registered manager informed the CQC of incidents that occurred at the service so that we could act on any reports or issues of concern.

We observed that they knew people well and spoke with them in a caring a pleasant manner. Staff told us that the manager was very helpful and supportive. One member of staff told us "[Registered manager] is wonderful she looks after me so much." Another member of staff "She is so patient, helpful and does her best for me." People and staff had support from managers out of hours. There was a system where staff could access the owner of the service or a senior manager. When an issue of concern occurred at the service staff would have management support to help them manage them.

Staff continued to meet with the manager on a regular basis. We observed that the registered manager engaging with staff throughout the day. We saw staff and the registered manager exchange and share information that was relevant. For example, staff shared information when a person had become agitated during the day. The member of staff shared their concerns and the actions they had taken to resolve them. We observed that the registered manager spoke with the member of staff in a supportive way and offered their advice to them. For example, the member of staff was advised to continue to monitor the person's mood and report any changes immediately to them.

The service continued to be assessed and reviewed for the quality of care. There was an embedded quality assurance system in place. The registered manager carried audits at the service. For example, the quality of care and records were monitored. The registered manager completed a report of concerns that arose from these audits. These were share with the registered provider. An action plan was developed where these concerns were recorded. The registered manager and staff took action to resolve any concerns.

People were supported to discuss the quality of the service they received. People and their relatives were encouraged to give feedback on the care. We spoke with people who told us they were satisfied with the level of care and support they received. People we spoke with told us that that the quality of care they receive was of a good standard. One person told us "The care is really good here, I can't fault it, staff really care."

Staff ensured people's care and support remained co-ordinated. People benefitted from staff and health care professionals working well to meet people's needs. People had care support reviews that involved their care co-ordinator that was a health care professional. This helped people to receive appropriate care and support from health and social care professionals to improve and maintain their health and well being.