

# St. Martins Care Home for the Elderly Limited

## St Martins Care Home For The Elderly Limited

### 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 Care Home For The Elderly Limited is registered to provide accommodation and care for up to 15 older people who may have support needs owing to physical disabilities and sensory impairment. There were 13 people living at the home at the time of our inspection.

This inspection took place on 22 December 2016 and was unannounced.

A registered manager was in post 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.

At the last inspection on 28 April 2016, we asked the provider to take action to make improvements to reduce the risks people rights to liberty were not met, and this action has been completed. At this inspection we found people are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they felt safe because of the way staff cared for them. Staff took action to care for people in ways which promoted their safety and people's care plans gave clear guidance for staff to follow in order to promote people's well-being. Staff knew what action to take to protect people from the risk of potential abuse. There were enough staff employed to care for people and where people wanted assistance to take their medicines this was given by staff who knew how to do this safely.

People benefited from receiving support from staff with the knowledge and skills to care for them. Further training was planned for staff so they would be able to continue to meet people's care needs. People enjoyed their mealtime experiences, and had enough to eat and drink to remain well. Staff took action to support people if they required medical assistance, and advice provided by health professionals was implemented. As a result, people were supported to maintain their health.

Caring relationships had been built between people and their relatives and staff. People and their relatives were positive about the staff who supported them and felt valued by the staff. Staff took time to chat to people and offered them reassurance in the ways they preferred when they were anxious. People's right to privacy was taken into account in the way staff cared for them. People were encouraged to make their own day to day decisions about their care. Where people needed support to do this this was given by staff.

People were involved in deciding how their care should be planned and risks to their well-being responded to. Where people were not able to make all of their own decisions their representatives and relatives were consulted. People's care plans and risk assessments were updated as their needs changed. People and their relatives understood how to raise any concerns or complaints about the service. Systems for managing complaints were in place, so any lessons would be learnt.

Positive comments were received about the way the home was managed. Staff understood how they were expected to care for people, so people enjoyed living at the home. The registered manager checked the quality of the care provided and people and their relatives were encouraged to give feedback on the care provided. The registered manager introduced changes to develop people's care further. After the inspection the registered manager had put plans in place so staff would receive additional training and some items of equipment would be replaced.

## 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 benefited from living in a home where staff took action to reduce risks their safety and well-being. There were enough staff available to care for people. Where people needed assistance with their medicines they were supported by staff.

### Is the service effective?

Good ●

The service was effective.

People's rights were promoted by staff. Staff knew what action to take if people needed support to make some decisions. People were cared for by staff who were continuing to develop the skills and knowledge needed to care for people. People were encouraged to have enough to eat and drink and to see health professionals when this was required.

### Is the service caring?

Good ●

The service was caring.

People had built caring relationships with staff and were encouraged to decide how they wanted their day to day care to be given. Staff cared for people so their rights to dignity and privacy were promoted.

### Is the service responsive?

Good ●

The service was responsive.

People decided what care they wanted with support from staff who took people's preferences into account when planning their care. Staff communicated information so people's changing needs were met. People and their relatives were confident if they raised any concerns or complaints staff would take action to address them.

### Is the service well-led?

Good ●

The service was well led.

People and their relatives were positive about the way the service was managed and told us they knew the senior staff well. Checks to monitor the quality of the service provided were regularly undertaken and action taken to develop people's care further.

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# 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 done to check that improvements to meet legal requirements planned by the registered manager after our focused inspection on 28 April 2016 had been made. This inspection was also done 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 22 December 2016 and was carried out by one inspector and a specialist advisor in dementia care. The inspection was unannounced.

Before the inspection, 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. We looked at information we held about the provider and the services at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send to us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home. We spoke with seven people who lived at the home. Not all of the people living at the home were able to talk to us directly, so we also spoke with three relatives after the inspection. We talked with the provider, the registered manager, one senior staff member and two care staff. We also spoke with a member of the catering staff and a volunteer activities co-ordinator. In addition, we spoke with a visiting health professional. We looked at a range of

documents and written records including five people's care records, records about the administration of medicines, incident report forms and three staff recruitment files. We sampled minutes of staff and relatives and resident's meetings. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took.

# Is the service safe?

## Our findings

People we spoke with told us staff supported them to feel safe. One person said they sometimes needed help to move around the home. The person told us, "Staff will walk with me if I feel I can't make it on my own. They [staff] help me." Another person told us staff were always willing to talk to them about the lifestyle choices they were considering and this helped them to stay safe. Another person said they felt safe as, 'They [staff] come to me regularly to check on me'.

Relatives we spoke with were positive about the care provided by staff to help their family members maintain their safety. One relative told us about the equipment which had been put in place, so their family member would be safe when they were in bed. The relative said, "They [staff] are doing all they can." Another relative said, "[Person's name] is safe there." A further relative told us, "[Person's name] is pretty well supported with their safety."

Staff we spoke with knew what to do if they had any concerns for people's safety or well-being. One staff member we spoke with explained how they supported people who were not able to tell them directly. The staff member said, "You get to know people as you work with them. You look for signs, such as if they [people] are tearful or withdrawn." All the staff we spoke with were confident if they raised any concerns with the registered manager plans would be put in place so people's safety would be promoted.

People we spoke with said staff knew risks to their safety well. One person explained if they were staff knew about risks to their physical health. Another person we spoke with described how staff understood if they needed extra help to stay safe when they were ill. One staff member told us, "Safety runs through everything we do." The staff member said, "You look at what people want to do, and try to find other ways to do things [so people are as safe as possible]. You make sure you have the right equipment and you talk them [people] through things, and go at their pace, so people are less likely to fall."

We saw staff had been given clear instructions on how to help people to remain safe in their care plans. This included how to reassure people if they were anxious and so that staff would know what action to take to promote people's physical safety.

The registered manager had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions. We also saw the manager had obtained references for staff, so they were assured new staff were suitable to work with people.

People told us there were enough staff to meet their care and safety needs. Two people we spoke with said buzzers were responded to quickly by staff. One person said, "I feel safe here. I've got my bell pull and they (staff) answer it quickly if I need help." Another person said, "They [staff] are busy at times, but the buzzers are answered reasonably quickly." A relative explained they visited the home frequently, including weekends, and said, "Staffing levels are fine." Another relative said they were reassured their family member had good support as the registered manager also worked some weekends. Staff told us there were enough staff available to meet people's needs. One staff member said, "Staffing levels are ok, and they do put more



on if people need it." The staff member gave us an example of when staffing had been increased because people's needs had changed. The staff member said, "It means staff are able to spend more time with them [people]."

People who we spoke with told us staff supported them to have the medicines they needed to remain well. One person told us, "Staff know what I am taking, and I get my medicines regularly." Another person said staff always made sure they had pain relief when they needed it. A further person said, "If I am in a lot of pain they [staff] will give my medicines to me early, but only if it's safe. It's about what's best for me." Relatives were positive about the way people's medicines were managed. One relative highlighted how proactive staff had been in organising a medication review for their family member, so they would receive the medicines they needed and feel well. Another relative explained that staff had spotted an error made by another health professional with their family member's medicines. The relative told us staff took the action required to resolve this, so their family member received the right medicines.

Staff told us they were not allowed to administer medicines until they had received training and their competency had been checked. We saw staff kept clear records of the medicines they had supported people to take, and that staff understood how people liked to take their medicines. We also found people's medicines were securely stored. Checks were undertaken on the medicines administered to people so senior staff could be assured people were receiving their medicines in ways which promoted their safety.

## Is the service effective?

### Our findings

During the previous inspection on 29 April 2016 we found the provider was not meeting the law as there was a risk people would potentially be deprived of their liberty when this was not lawful. The registered manager had sent us a plan to say how this matter would be addressed. At this inspection, we found staff followed the correct process so the risk of people being deprived of their liberty unlawfully was reduced.

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 gave us examples of how they were encouraged to make their own day to day decisions where this was possible. These included decisions about where they wanted to be and what they wanted to wear. One person told us, "I am quite content here, I am as free as a bird. I don't feel restricted." Staff knew about the requirements of the Mental Capacity Act and staff had received training to support them in understanding their responsibilities. Staff told us how specific decisions sometimes had to be made in people's best interests, and these were discussed with all staff at regular staff meetings. The registered manager gave us an example of when a decision had been made in one person's best interest. The registered manager explained this had been done in consultation with the person's relatives and social worker. The registered manager said the decision taken had a positive impact on the person, and told us, "[Person's name] has perked up beautifully."

We checked whether the service was working within the principles of the MCA. 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 provider was now following the requirements in the DoLS and had submitted applications to a 'Supervisory Body'. We saw the provider was acting upon the decisions made by the supervisory body and had processes in place to review these over time. Staff we spoke with knew where to check if a DoL had been authorised, and gave us examples of how they would support people so their rights would be respected and they would receive the care they needed.

The registered manager told us by following this process they were now more aware of the individual needs of people living at the home, and that people's care was planned in the least restrictive ways possible.

People and their relatives told us staff had the skills required to meet people's care needs. A person said, "They [staff] have the skills needed to help me." A relative highlighted how skilled staff were at detecting any support their family member needed. Staff told us about some of the training they had recently completed. A staff member said, "Training makes you more aware, it refreshes your memory and helps you to keep them [people] safe." Staff told us they were confident additional training would be arranged to help them develop their skills further. We spoke with the registered manager about training available for staff. The registered manager provided assurance that additional training to include dementia and infection control would be

made available for staff, so their skills in these areas would be developed further.

People told us they enjoyed their meal time experiences at the home. One person said, "The quality is good, and we get a choice of what we have. They [staff] pick up on it if we have not had a drink for a while" A further person told us, "The food here really suits me." People told us they were able to choose where they ate, and staff respected their decisions. A relative told us, "[Person's name] likes the food, it's important to her. [Person's name] eats well there and has second helpings."

We found staff knew if people needed any particular types of diets so they would remain well. For example, if people had borderline diabetic nutritional needs or a particular consistency of food was required for their safety. We saw people were offered drinks regularly, and that people were comfortable to ask for drinks and snacks when they wanted these.

People gave us examples of the support they received when they were unwell. One person explained staff had promptly arranged for them to see their GP when they wanted increased pain relief. Another person said staff understood what their health needs were and took action to support them to regain their health.

Relatives we spoke with told us staff helped their family members to enjoy the best health possible. One relative said, "They [staff] call the GP if there are any concerns." Another relative told us their family member's health needs were managed well by staff. The relative explained about one of their family member's health conditions and said, "Since [person's name] has been there, there have been no problems. They [staff] have spotted it and prevented [person's name] from having to go to hospital. The relative said, "They [staff] make sure any infections are cleared up." A further relative explained how their family member was supported to see external health professionals regularly. The relative said these included GPs and chiropodists.

Staff gave us examples of the actions they took so people's health would be maintained. One staff member explained about the actions they had taken when a person's health had rapidly deteriorated. The staff member explained the care they and the registered manager had provided before the emergency services arrived so the person's immediate health needs would be met. Another staff member explained how people received support from district nurses and specialist nurses from other organisations, where required.

We had the opportunity to meet with a visiting health professional on the day of our inspection. The visiting health professional said staff knew people's health needs well and followed their advice so people's health needs would be met.

## Is the service caring?

### Our findings

People told us staff were considerate and kind. One person said, "Staff are kind and they are reasonable. All the staff are ok, and they chat to me about my family." Another person told us, "Oh, the staff here are kind, we have a joke. They [staff] are first class. They think of you." A further person said, "Staff are kind and caring, they take time with me."

Relatives we spoke with highlighted how caring staff were. One relative said, "The staff seem so caring. They [staff] are lovely with [person's name]." The relative told us staff were particularly kind and spent time with their family member if they were upset. Another relative said, "They [staff] are very kind. They have the right personalities and have empathy, and will squeeze [person's name] hand to comfort them." The visiting health professional we spoke with highlighted how caring staff were.

Staff spoke warmly about the people they cared for. We saw staff always chatted to people when they were passing, or providing them with care. We also saw staff smiled when they saw people living at the home spontaneously singing together.

People told us staff knew them well, and they had built trusting and relaxed relationships with staff. One person said staff had found out about what was important to them before they came to live at the home. The person told us as a result of this, they received the support they needed in the way they preferred. This included when they needed extra support if they were unwell.

Relatives said staff talked to them about their family member's interests and what was important to them. The visiting health professional said staff knew people well and used this knowledge to provide comfort and support to people when they required this. For example, if people preferred the presence of staff when the health professional visited this was provided.

Staff we spoke with knew about people's life histories and preferences for how they wanted their care to be given. One staff member said they found out about what was important to people by chatting to them. The staff member said, "It makes a lot of difference if you know them [people]. You know what they like and dislike, and make things more personal to them. It makes them feel better because you have built a relationship and know what they want, and how they like it done." Another staff member explained if people were not able to tell them directly they chatted to relatives. For example, if people liked a physical reassurance if they were anxious.

Staff and a volunteer we spoke with gave us examples of the actions taken so people would know they were valued. These included celebrating people's birthdays and significant events, such as Christmas. One person we spoke with told us they usually liked to eat on their own, but had been touched when the registered manager had asked them to celebrate Christmas by having Christmas lunch with the registered manager and other people living at the home. The person said they were looking forward to doing this.

People gave us examples of some of the day to day decisions they made. One person told us staff

encouraged them to make their own choices about where they wanted to be, what they wanted to wear and what they wanted to do. Another person said, "I can have my tea when I want. I go to bed when I want. I am quite happy here." Staff we spoke with explained how they cared for people who needed support to make their own day to day decisions. One staff member said, "We offer people choices, such as what to eat, and you can see if they don't look keen on something, so you offer something else."

People said they were treated with respect and their rights to privacy and dignity were promoted. One person explained how staff took their dignity needs into account by ensuring they were treated sensitively when they were receiving personal care. The person told us, "They [staff] always make sure my door is closed." The visiting health professional said staff always made sure people had privacy when they received support with their health. Staff we spoke with understood people's personal information needed to be securely stored. One staff member we spoke with explained that information on people's changing needs was, "Done in office to maintain confidentiality."

We saw where people needed support to maintain their dignity staff did this discreetly, so people's needs were met. We also saw people's confidential information was securely stored.

## Is the service responsive?

### Our findings

People told us they were supported by staff to make suggestions about their own care. One person told us they had worked with staff to develop plans to help them to make their own lifestyle choices. The person told us they were always able to talk to staff if they needed any extra support to do this, and the plans put in place had worked well. Staff we spoke with knew what actions to take so that the choices the person had made in two significant areas of their life were embedded. Staff explained they had supported the person by suggesting alternative ways for them to still enjoy aspects of their lifestyle choices, safely. We saw staff were patient and supportive when the person required reassurance. We also saw the person had developed elements of their care plans with staff.

Another person told us they had met with staff before they moved into the home so they could decide how they wanted their care to be given. The person said staff had introduced them to the other people living at the home and provided them with reassurance. The person told us this helped them to enjoy living with new people. The person said, "I am fitting in." A further person said they had discussed how they wanted their care to be given with staff as their privacy was important to them. The person told us staff respected their decision to spend most of their time on their own, but gently encouraged them to take part in life at the home so they did not become isolated. A person told us staff understood how significant the loss of a relative had been. The person told us staff always took time to chat to them when they wanted this.

Not all of the people living at the home were able to decide elements of the care they needed. Relatives told us they had been encouraged to make suggestions for how their family member's care was planned. One relative said, "They [staff] make suggestions, too, such as having a radio or tv in [person's name] room. They [staff] listened to my views." Another relative explained how they had been involved in reviewing risks to their family member's health and well-being and plans for their care. The relative said, "I was involved, and made suggestions for the best way to help [person's name]. These were listened to." Relatives told us their family member's preferences were listened to. One relative explained their family member had decided to keep their own hairdresser and the GP they had before they moved to the home. The relative said these choices were respected.

Staff told us they were supported to provide good care to people as people's care plans gave them clear guidance on what care people required, and how people wanted this to be given. Two staff members told us they were able to make suggestions for developing people's care further as people's needs changed. One staff member explained information on people's changing needs was discussed at regular meetings held at the start and end of care shifts. As a result, all staff were aware of people's changing needs, and how to respond to them. We saw people's care plans reflected their individual needs and risks to their well-being.

Relatives we spoke with gave us examples of the actions staff took so their family member's changing needs would be met. One relative highlighted how well their family member now looked, because of the care provided by staff. Another relative told us how staff provided reassurance to their family member in the way they liked, when they were anxious. The relative said, "They [staff] talk to her, and give her a hug."

Relatives told us they were made welcome by staff and there were no restrictions on visiting times. One relative told us how much it had meant to their family member that they were able to celebrate special events together at the home. The relative said staff had been very supportive of this. Another relative said it was not always easy to find a private communal space in the home to see their family member, but said they could chat privately in their family member's bedroom when needed.

One person told us they were supported to do things they enjoyed doing with the provider and staff. The person told us they looked forward to spending time out in the community. Other people told us they preferred to spend their time on their own, reading or watching television, rather than taking part in events at the home. People told us their wishes were respected.

A relative said, "They [staff] are good to [person's name] and try to get her involved in things." One relative highlighted their family member sometimes said they were bored. We spoke to the registered manager about what fun and interesting things were available for people to do. The registered manager told us they were developing more things for people to enjoy doing, based on people's known preferences. A volunteer we spoke with gave us an example of how they had used their knowledge of people's preferences so they could support people to do things they enjoyed.

We saw some people were supported to enjoy some individual activities on the day of our inspection. This included hand massages and nail painting. We saw people enjoyed spending time with the volunteer doing this with them.

None of the people or their relatives had needed to make a complaint about the care provided. One relative we spoke with said, "There's no need to make any complaints, [person's name] is getting good care." One relative said they had raised a concern and this had been promptly resolved by senior staff, so they had not needed to make a complaint. The relative said, "I am happy with how it was dealt with."

Staff knew what actions to take to support people to raise any concerns or complaints they had. Staff said they were confident senior staff, the registered manager and the provider would address any concerns or complaints made. We saw the registered manager had systems in place to investigate complaints, so any lesson would be learnt.

## Is the service well-led?

### Our findings

People told us the home was managed in a way which helped them to receive good care and to enjoy living at the home. One person told us they had been very unwell when they came to live at the home. The person said, "[Registered manager's name] is very approachable. They explained things to me." Another person said, "I see [registered manger's and senior staff member's name] regularly. They are organised."

Relatives told us the way the home was managed meant their family member's received the care they needed. One relative said, "It's managed fine, it all seems organised and they liaise well." Another relative said the way the home was run was, "Informal, and homely. You can have comfortable conversations with [registered manager's name] and have a joke. Staff know what to do and stuff gets done in a relaxed way, and any issues are sorted out." A further relative said, "[Registered manger's name] is on the ball, and has developed strategies for caring for [person's name]. It's the best thing that's happened to [person's name] going there. [Person's name] would not do better elsewhere."

Staff told us the home was managed well. A member of the catering staff we spoke with said, "It's organised here, and friendly, so it's nice to work here." Two staff members told us communication with senior staff was good. A staff member said, "We talk about things and are open." We saw compliments had been received from relatives about the culture of kindness displayed by staff. A volunteer we spoke with said the culture developed by the registered manager and senior team resulted in a, "Home from home" for people living at St Martin's Care Home for the Elderly. The volunteer said, "There's care and compassion and people [relatives] feel they can visit after their relative has died. It's an open home, relatives feel comfortable and at home." The registered manager said, "We want residents to feel engaged with staff on a personal level."

Three relatives highlighted how effective communication was when their family members needed support from other professionals. The visiting health professional told us systems had been put in place so communication with the staff was good. The visiting health professional told us as a result of this, people received the equipment they needed promptly. People's care records showed staff understood their responsibilities to contact external professionals in a timely way so people would receive the care they needed.

A catering staff member explained they regularly attended residents and relatives, so they knew what people thought of their meal time experiences. We saw the registered manager used staff meetings to check staff understanding of their roles. For example, how people's rights were to be prompted, and how staff were expected to manage people's medicines.

Staff told us they were encouraged to make suggestions for developing the home further. One staff member told us about a suggestion of one the staff had made. The staff member explained as a result of this suggestion, people at the home enjoying a coffee morning to raise money for a charity. Staff also told us about other suggestions they had made. This included the use of ornaments in one person's room, so it felt more homely.



Two relatives highlighted the décor of the home could be further improved. We found people would benefit from clearer signage round the building to help them to navigate round the home. We also found some people would benefit from having some equipment replaced. We discussed this with the registered manager who gave us assurances this would be actioned. The registered manager sent us an action plan to show how these areas would be resolved upon completion of our inspection. The manager also provided us with assurance staff would undertake additional training including dementia and infection control, so their skills and knowledge would be refreshed.

We saw the registered manager had regularly checked incidents which happened to people, such as falls, so they could see if people needed more support. The registered manager also reviewed people's care needs each month, so people's plans could be developed further if their needs changed. We also saw the registered manager had used questionnaires to check what people and their relatives thought about the quality of the care received. We saw these had been positive. One suggestion had been made to improve the service one person received. We saw this had been actioned.