

Revive Health Care Ltd

St Martins

Inspection report

42 St Martins Road
Nottingham
Nottinghamshire
NG8 3AR

Tel: 01159297325

Date of inspection visit:
29 January 2019

Date of publication:
25 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

What life is like for people using the service:

People were not always kept safe. People were not always kept safe due to environmental risk factors not being managed effectively.

Staff were well trained and training was kept up to date and monitored by the registered manager. Staff knew people who they cared for well and were aware of their likes and dislikes. Staff treated people with dignity and respect and provided care relevant to their needs.

Staff showed a genuine motivation to deliver care based on people's preferences and likes. People were observed to have a good relationship with the staff team.

The provider supported staff in providing effective care for people through person centred care planning, however supervision was not being carried out on a regular basis. The registered manager was starting to make some positive changes to systems and processes.

People had good healthcare support from professionals. When staff noticed a concern they involved healthcare professionals, this included support in nutrition and pressure care.

The registered manager started in November 2018 and had not received the support or training to give them the skills and knowledge on all aspects of the role. However, they were passionate about care and keeping people safe from avoidable harm. They had also formed good relationships with people, relatives, staff and visiting professionals. People spoke highly of the registered manager and were comfortable discussing anything, being assured that any concerns would be taken seriously and resolved where possible.

Most of the service of equipment was carried out within timescales and checked regularly. However, some safety checks were not. This posed a risk to the overall safety of the home.

About the service:

St Martins is a care home that provides personal care for up to 21 people, some of whom were living with dementia. At the time of the inspection there were 10 people living at the service. Most people were living at the service permanently and some spent short periods there for respite.

Why we inspected:

This was a planned comprehensive inspection which was unannounced. This was the first inspection at St Martins since it was registered in September 2017 by the current provider.

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 not consistently safe

Requires Improvement ●

Is the service effective?

The service was effective

Good ●

Is the service caring?

The service was caring

Good ●

Is the service responsive?

The service was responsive

Good ●

Is the service well-led?

The service was not consistently well-led

Requires Improvement ●

St Martins

Detailed findings

Background to this inspection

The 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.

Inspection team: One inspector and one inspection manager carried out this inspection.

Service and service type

St Martins is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulate both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was a planned comprehensive inspection and was unannounced.

Inspection site visit activity took place on 29 January 2019. During the inspection we spoke with four people who used the service, two relatives, one friend and a visiting professional. . We also spoke with the cook, a senior carer and the registered manager.

What we did:

We reviewed information we have received about the service and those which we had received from the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection we looked at three people's care records, audits and quality assurance reports. Two staff files and maintenance audits and service records, audits and quality assurance reports. After the inspection we asked the registered manager to provide further information to us in relation to legionella and

electrical testing and we received this

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed, this was mainly regarding the environment.

Assessing risk, safety monitoring and management

- Staff understood where people needed support to reduce the risk of avoidable harm. Care plans contained control measures for staff to follow to keep people safe.
- The provider had a safeguarding procedure in place and staff were trained to understand the signs of abuse and avoidable harm.
- People were placed at a level of risk due to environmental issues. For example, the garden was not secure as the fence was down in one area. This was a particular concern for people living with dementia. The fence was repaired after our visit and made safe.
- The home had an enforcement notice from the fire service. This had been lifted at the beginning of January 2019 and stated that the home was 'broadly compliant'. However, the fire detectors there had still not been installed and the registered manager told us that they were obtaining further quotes to do this shortly. Also, some staff had not completed sufficient fire safety training. The registered manager told us that this had been arranged for the staff now who had not received the training.
- The gas safety check had last been carried out in June 2017 however, this should have been carried out within 12 months. This check ensures that all of the gas appliances and fittings are checked by a gas safe engineer to keep the equipment safe for use. In addition, the legionella and chlorination testing been completed. Some areas such as the lift and hoists had been serviced. We asked the registered manager about this and they were going to address these issues.

Staffing levels

- The local authority had advised that the staffing levels were increased from three to four previously to ensure a staff member was in the lounge to support people's safety. The registered manager told us that this was not required as they had significantly reduced people using the service recently. However, they would review the staffing levels when the home had more people again.
- There were two staff working at night which was sufficient for the assessed needs of the people living at the home.

Using medicines safely

- Staff were trained to administer people's prescribed medicines and had their competency assessed. We observed a senior staff member administering medicines. People were asked if they would like pain relief or not. The senior staff member could tell us why people might need this and how they could tell, using nonverbal cues, if people could not say themselves.
- Audits were carried out regularly of prescribed medicines including controlled drugs. Any issues raised such as missing signatures were marked with a post-it note. We discussed this with the senior staff member who agreed that any issues going forward would be recorded and reviewed for any learning.

Preventing and controlling infection

- We saw staff wearing protective gloves and aprons when preparing to deliver personal care. Staff received training in infection control and used hand gels as well as frequent hand washing.
- The decoration of the home was tired and needed attention. This was reflected in the comments we received from visitors and staff. We observed in the main bathroom, there was paint peeling off a toilet cistern and there was hardly any paint left on the wooden handrail which was used to support people getting onto and off the toilet. This unpainted surface was porous and posed a risk of cross infection.
- One relative told us, "The carpet is filthy, it's been down for years and never been cleaned". The carpet appeared old and was dirty in some places and very worn in others.

The clinical waste bin was a pedal bin which contained a clinical waste bag supported in a frame. The bag was not secured to the bin and had fallen onto the floor and the waste was not contained.

The toilet did not appear to have been cleaned for some time as it had deposits of excrement on the raised seat.

Learning lessons when things go wrong

- The registered manager had been in post since November 2018 and said they had not received complaints or carried out any surveys to get feedback from relatives or people. However, they were able to talk about what action would be taken to improve practise should there be any issues.
- The staff and registered manager at St Martin's had an excellent relationship with the district nurse and there were frequent visits taking place. The registered manager explained how things were referred on to other professionals should they need to keep people safe and free from avoidable harm. We spoke with the district nurse who explained that the care was excellent and they felt that the new manager was making a real difference.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs was comprehensive for those who lived in the service permanently and expected outcomes were identified, this included how people liked to receive care and information on health. Care and support was regularly reviewed and any changes in needs were documented and where relevant, risk assessed.
- The registered manager told us that she had just started to review all of the care plans and was updating everything to a more accessible and understandable format.
- Staff applied learning effectively in line with best practise, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- People were supported by staff who had received a range of training and who were competent knowledgeable and skilled. One relative told us, "There are no issues with the care, they (staff) are very nice, when we moved [name] in here it was the best thing they could have done."
- Staff had completed an induction and training and there was refresher training when needed which the registered manager monitored. This was in relation to mandatory training such as safeguarding and moving and handling.
- We observed staff using a 'stand aid' to transfer two people. This is a piece of equipment to help move a person with limited mobility. The equipment was used correctly and competently by the staff.

Supporting people to eat and drink enough with choice in a balanced diet

- The cook was very knowledgeable in relation to what people liked to eat and drink and how they could do this safely. They told us, "No-one here has any allergies. Some cannot be given grapefruit or cranberry because of their medication."
- We observed staff supporting people to eat and drink they were very patient and chatting to people as they supported them.
- One person had an assessment from the speech and language therapy team and the cook told us how they prepared the food in accordance with the instruction from them.

Staff providing consistent, effective, timely care within and across organisations

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- The district nurse told us, "The care in here is amazing, there are very few call outs for pressure sores and concerns."

- Staff were knowledgeable about people's needs and how they liked to be supported. The district nurse had a good relationship with staff and the registered manager. One staff member told us, "We work as a team, we all get on well together and work to look after people the best we can".

Adapting service, design, decoration to meet people's needs

- The service was not decorated in a way which was dementia friendly and didn't assist those with dementia to be more independent around the home. Corridors were the same colour no differentials so that people could recognise direction. The doors to the bedrooms could also be more person centred with pictures that the people had chosen to enable them to find their own bedroom.. The carpets were worn and muted colours. A relative told us, 'The carpet and bed linen is awful, brown and dowdy, we bought our own in for [name] it's much nicer'.
- People were supported to transfer using a stand aid and bathrooms were suitable for the needs of people. However, the adaptations were old and in need of some maintenance which the registered manager had discussed with the provider who is considering the improvements required.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of those who may lack the mental capacity to do so for themselves. The Act requires 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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). We checked whether the service was working with the principles of the MCA and whether any conditions on authorisation to deprive the person of their liberty was being met.
- There was information on MCA and people being assessed in the care planning. DoLs authorisations were in people's files when they had been authorised.
- Assessments for deprivation of liberty safeguarding was not always carried out and reviewed. One person had an authorisation in 2015 which should have been updated and a new application made in 2016 and then in 2017. This had not been considered and the person had a capacity assessment stating that they lacked capacity. Without a current DoL's in place the person could be unlawfully being deprived of their liberty.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We observed people were treated with kindness and related well to the staff who were supporting them.
- People were given choices and staff had time to spend with people and support them with activities. They also supported people to eat and drink when this was required.
- We heard staff talking people through tasks and being very reassuring and patient. One person told us, "The people here are nice and kind.". A relative told us, "There are no issues with care, when they moved [name] here it was the best thing they could have done".

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care and knew when people wanted help and support.
- We saw several relatives visit the home, staff made them feel welcome and answered any questions they had. However, one relative told us, "Some staff are better than others." A staff member said, "Some people have preferences with who supports them, but we have a good relationship with all the residents".

Respecting and promoting people's privacy, dignity and independence

- We observed one person being supported to go to the toilet. Staff spoke reassuringly and ensured that the door was closed when they were in the toilet. Staff were patient and supported people at their own pace, walking alongside a frame and chatting as they walked.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People were encouraged to do what they could do for themselves including some activities. One person was seen enjoying word searches and reading. Another person was seen eating their lunch independently and although it clearly took them some time to do this, staff were patient and respected their choice to do this themselves.
- People's right to privacy and confidentiality was respected. Staff were keen to support people to spend time as they chose and where they wanted.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People's needs were identified including those related to protected equality characteristics. The registered manager explained that policies were being updated and they were planning to refresh the information on equality diversity and human rights.
- Choices and preferences for people were met and regularly reviewed. Care plans contained relevant and up to date information which included advice from professionals. This was communicated to all staff and the advice followed.
- Staff provided some activities as there was no activity co-ordinator employed at the time of our visit. The registered manager said that this had been discussed with the provider and they were planning to recruit someone part time to do this now. They had an external activity provider who occasionally delivered structured sessions such as music and singing however the acknowledged that some improvements were needed and planned. People told us they felt there was enough to do and did not always want to take part in what was arranged.

Improving care quality in response to complaints or concerns

- The registered manager explained that they had not received any complaints, but they had regular discussions with residents and relatives. If there were any concerns raised, they put measures in place to resolve them quickly.
- The complaints policy was clearly displayed at the entrance and people knew how to raise a complaint if they needed to. People told us they would talk to the registered manager as she always listened and acted upon concerns from people or relatives.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered relatives and people to make care and treatment plans.
- We saw end of life care planning in the care plans and it was in an accessible format which contained appropriate information to inform staff what people would like to consider at this time.
- The staff worked with the district nurse at in relation to end of life care to ensure appropriate medicines and any specialist equipment was provided quickly, in response to people's needs. This helped to keep them comfortable and pain free.
- The home supported people's relatives and friends as well as staff, before and after a person had passed away

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

- The provider lacked oversight of the quality assurance and monitoring of the service. This placed people at risk, especially in respect of maintaining health and safety issues and infection control.
- The registered manager had resolved the fire safety recommendations they had the authority to address but issues that needed the providers input were still outstanding, for example the fire detectors. The registered manager was following this up.
- The day before our visit, there had been some disruption in the garden which left the lawn damaged. Due to miscommunication, people using the service had not been informed or consulted about this and they were unsure why the work had taken place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The provider had not supported the registered manager who started in November 2018, to undertake the required training to give them the skills and knowledge in all aspects of their job role. There was a lack of oversight from the provider to recognise that this had not happened and the registered manager required more support.

The planning and promoting of person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The registered manager was not aware of everything that was required to be reported through to CQC as a notification. Consequently, we had not been notified of all incidents that we should have been. The provider had not provided all the required training to staff. Furthermore, supervisions were not carried out regularly which meant that staff were not being given the opportunity to have their roles and performance discussed and reviewed. A professional told us that there had some issues previously where they had raised concerns with the provider; however these had not been addressed in a timely way.
- Deprivation of Liberty Safeguards were not always carried out and reviewed in a timely manner, which meant that without authorisation in place, people are being deprived of their liberty unlawfully.
- CCTV was installed in the home and the registered manager told us that this was linked with the provider who was based in London. The registered manager explained that people living at the home and relatives had signed consent forms, but these forms were requesting permission for data to be stored and did not mention CCTV, this was only mentioned in the policy. The policy was not automatically shown with the data forms and so people may not be aware that communal areas in the home were being monitored at all times and give permission for this. The registered manager told us they were going to amend the forms to make sure that this is clear.

The lack of robust quality assurance meant people were at risk of receiving poor quality care which may place them at risk of harm. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider told us after the inspection about the oversight they had in relation to the running of the service. On the day of our visit we found that improvements to this were needed. There was a lack of oversight by the provider in relation to health and safety, infection control and engagement. Training had not been provided for staff when required by the provider. A professional told us that there had some issues previously where they had raised concerns with the provider, however these had not been addressed in a timely way.
- The registered manager was the deputy prior to being appointed as the registered manager and was knowledgeable about the home, people who live there, relatives, professionals and staff and has forged good relationships.
- The registered manager was passionate about delivering high quality, person centred care and had made improvements to care planning and record keeping. The registered manager encouraged people, relatives and staff to discuss issues or concerns at any time. People said that the registered manager had made a positive difference to the home.

Engaging and involving people using the service, the public and staff

- The registered manager was keen to involve people in decisions in relation to the home and engaging with people, relatives and professionals. They had formed positive relationships and were highly regarded. One staff member told us, "I have no concerns, I could raise any concerns with [name] she has supported me with various issues.". One person told us, "[name] would listen to me, she comes to talk to me'.

Continuous learning and improving care

- The registered manager told us that relatives and resident's questionnaires were sent out annually along with visitors and professionals who attended the home. However, there was no evidence of this happening as we did not see any completed ones or actions taken from the feedback. The registered manager said that they then reviewed the information and made changes and improvements where necessary. They explained that last year, a common theme was the gardens and they needed more attention particularly with a view to sitting out in the summer. The provider employed a gardener who the registered manager told us had made significant improvements.

Working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- The service had links with other resources and organisations in the community to support people's preferences and meet their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk from carrying out the regulated activity.</p> <p>Failed to act on feedback from relevant persons and other persons in relation to the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;</p> <p>The registered person failed to notify the commission of notifiable incidents as per the regulation.</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17.1</p>