

## Broadoak Group of Care Homes

# St Martins

### Inspection report

42 St Martins Road  
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26 April 2016

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 January 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the concerns we found in relation to monitoring the quality of the service and maintaining accurate, up to date records.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Improvements had been made to the quality monitoring systems as the manager had introduced a new system of quality audits. We saw that, where issues were identified, action had been taken to bring about improvements. However, not all of the quality audits were fully effective.

Improvements had also been made to people's care records, although further work was required to ensure they fully reflected people's needs. There was an open and transparent culture at the home and people told us they felt comfortable living at St Martins.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

The service was not always well led.

We found that action had been taken to improve the management and quality monitoring of the service.

Regular audits were completed and their findings acted on, however they were not always effective at identifying concerns.

Improvements had been made to people's care records however further work was required so that they fully reflected people's needs.

There was an open and transparent culture and people were asked for their feedback about the quality of the service.

**Requires Improvement** 

# St Martins

## **Detailed findings**

### Background to this inspection

We undertook an unannounced focused inspection of St Martins on 26 April 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 20 January 2016 had been made. The team inspected the service against one of the five questions we ask about services: is the service Well Led? This is because the service was not meeting some legal requirements. The inspection was undertaken by two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three people who were using the service, two members of care staff, the regional manager and the manager. We also observed the way staff cared for people in the communal areas of the building. We looked at the care plans for four people and any associated daily records. We also looked at a range of records relating to the running of the service such as medicines administration records, quality audits and three staff files.

# Is the service well-led?

## Our findings

At our inspection in January 2016, we found that systems were not in place to effectively monitor the quality of the service and mitigate risks to people. Although many improvements had been made, further action was required to ensure records accurately reflected people's care needs. Improvements had also been made to the quality monitoring systems, however further improvements were required for these systems to be fully effective.

The people we spoke with told us they felt able to give their opinion of the quality of the service. One person told us they attended the last residents and relatives meeting and told the manager they would like specific food to be provided. We saw that this had been acted on and the food was provided. A second person told us, "I know there are meetings but I prefer not to go. I would go to the manager (if they had an issue)."

People had the opportunity to provide feedback about the service and we saw that the provider had taken action based on feedback received. A meeting for people using the service and relatives was held during our inspection. We observed people and their relatives giving frank feedback to the manager and staff about their experiences of the service. The manager told us they welcomed honest feedback about the service whether positive or negative and used this to help improve the service and regular meetings were scheduled for the future. Records of previous meetings that showed issues raised had been addressed. For example, people had requested an additional bathroom on the ground floor and the provider installed this.

Following our previous inspection the provider distributed satisfaction surveys to people, their relatives, staff and healthcare professionals. Seven were returned which indicated that people were generally satisfied with the care provided. Some relatives had made comments regarding perceived low staffing levels at the home. We saw the manager had discussed these at the following relatives and residents meeting and ensured that an additional active staff member was included on the rota for busy periods.

New systems were in place to assess and monitor the quality of the service. For example; monthly audits looking at infection control, medication and care plans were carried out. Actions were identified from these audits. A bedroom carpet was due to be replaced and a number of rooms were identified as requiring redecoration as a result of an infection control audit. Gaps were identified in medicines administration records (MAR) charts as a result of the medication audit. Action had been taken to improve staff practice in this area. Systems were also in place to identify and reduce risk for people, including analysis of patterns for accidents, incidents and falls.

However, the infection control audit did not direct the auditor to check the cleanliness of the equipment people used. We identified that staff had not adequately cleaned a hoist and shower chair. The manager took immediate action to ensure that these issues were rectified.

The care records we looked at contained enough information to allow staff to understand the person and deliver care that met their needs. We saw that the records were reviewed monthly and updated to reflect the person's changing needs and staff were informed of any changes. Risk was identified and guidance given to help staff manage this and keep the person safe. For example, one record showed a person's mobility

support needs had increased. The person was given a walking aid and staff were instructed to assist them patiently. A second person had difficulty with communication. Staff were guided to use short sentences and speak slowly to help the person engage with them and we observed this support being provided. However, we found that some information was missing care plans and not every assessment had been updated following the same schedule. For example, a falls risk assessment for one person did not include all the information relating to their current condition. This meant the final risk rating was too low and that sections of the care plan, and a number of other areas, did not fully reflect their care needs and left the person at risk of not receiving appropriate support. Another person's care plan contained a Mental Capacity Assessment which had been carried out, however the final outcome was not clearly recorded. This meant the person's capacity to make decisions relating to areas of their care was not identified. The manager took immediate action to address this shortfall.

The service did not have a registered manager at the time of our inspection. However, the manager referred to in this report had submitted an application to CQC to become the registered manager. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People we spoke with knew who the manager was and told us that they were approachable. One person said, "The manager asks me how I am every morning." We observed that the manager spent long periods of time in the communal areas of the home speaking with people, relatives and staff. It was apparent that people and relatives felt able to speak with them. The staff we spoke with felt that the leadership and direction of the service had improved since our last inspection and told us they could approach the manager or provider at any time. Certain key tasks were delegated to staff, such as staff supervisions, the ordering of food and medicines and arranging healthcare appointments for people. Staff understood their role and what they were accountable for. Staff told us that resources were made available to support them and to ensure a good quality service could be provided. For example, the provider had purchased new blinds for the communal areas. However, we observed that limited access to the single computer caused delays for the manager and staff in carrying out administrative tasks.

People benefitted from an open and relaxed culture in the home because staff and management were approachable. One person told us, "I am very relaxed here, this is my home." A second person said, "I am quite content here." During our visit, we noted a friendly and relaxed atmosphere in the service and observed positive examples of communication between people, the manager and staff. The service had good links with healthcare professionals and the local community. For example, church services were held regularly, entertainers visited the service and we saw records of GP and district nurse visits.

The staff we spoke with felt that there was a relaxed and open culture in the home. Staff told us they were confident to raise concerns and suggestions with the manager and were confident these would be acted on. One staff member gave us an example of a concern they had raised regarding staff performance and told us the manager had acted on this. Staff meetings had been held following our previous inspection and more were planned. A schedule for one to one staff supervisions with the manager or deputy manager was in place. We saw records of nine of these meetings which showed staff were able to discuss concerns openly and received support. The record showed issues raised were acted on and staff told us they found supervision meetings useful. For example, one person had requested additional training, which the manager had arranged.