St Martin's Residential Homes Ltd

West View Care Home

Inspection report

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Date of inspection visit:
21 June 2017

Date of publication:
11 July 2017

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

The inspection visit took place on 21 June and was unannounced.

West View Care Home is a registered care service providing personal care, nursing care and support for up to 19 older people. There were 16 people using the service when we visited, some of whom were living with dementia.

The service had 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. The registered manager is currently on extended leave and the provider has made suitable arrangements to manage the service in their absence.

At the last inspection on 17 February 2016 the provider was failing to meet one regulation. This related to unsafe arrangements in place for the storage and management of medicines. During this inspection the provider demonstrated to us that improvements had been made.

Staff knew their responsibilities to help keep people safe from harm and abuse. The acting manager took action if an accident or incident occurred. Measures were put in place to try to minimise future risk.

Risks to people's health and wellbeing were assessed and monitored so that staff had the information they needed on how to help people to remain safe. Apart from one person the provider had safely recruited a suitable number of staff to provide care and support to people. We brought this to the director's attention who made arrangements to make the necessary checks.

Staff were supported through supervision and training. People who used the service told us told us they felt staff were well trained and competent.

People were asked for their consent before care and support was undertaken.

People were supported in line with the Mental Capacity Act 2005. People's mental capacity had been assessed for specific decisions. Any decision made in a person's best interest involved important people in their life. The provider had made applications to the appropriate body where they had sought to deprive people of their liberties to make sure this was appropriate. Staff understood the requirements under the Act.

Staff understood the importance of people having healthy diets and eating and drinking well. Staff knew people's dietary requirements and where there were concerns about a person's eating and drinking, specialist advice was obtained. They also supported people to access health services when they needed them.

People's dignity and privacy was protected and staff offered their support in caring and compassionate ways. People's friends and family could visit.

People contributed to the assessment of their needs and to reviews of their care plans where possible. People's care plans were individual to their needs.

When people expressed preferences about their care and support these were acted upon by the service. Staff had information available to them about people's preferences and care needs.

People knew how to raise concerns if they felt they had to. They were confident the managers would take any concerns seriously.

People had access to activities that were important and relevant to them. People were protected from social isolation with the activities, interests and hobbies they were involved with.

The environment was monitored and checked regularly to make sure it was safe for people, relatives and staff. The provider also monitored the service by asking for people's feedback about the service as well as undertaking a range of checks and audits.

People told us the staff were friendly and the managers were visible and approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager. Staff told us they had good management and leadership from the acting manager.

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 were protected from avoidable harm and abuse by staff who knew their responsibilities for supporting them to remain safe.

The provider had recruited a sufficient number of staff to meet people's care needs. Most staff were safely recruited and checks on their suitability occurred.

People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

Staff were supported through supervision, appraisal and training.

Staff ensured that care and support was provided only if a person gave consent and they protected the rights of people to make decisions about their care.

Staff understood people's nutritional requirements.

Staff supported people to access health services when they needed them.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect. People's privacy was respected and promoted.

Staff communicated well with people whilst supporting them.

People were involved in decisions about their care wherever possible.

Is the service responsive?

Good

The service was responsive.

People received care and support that was centred on their personal individual needs.

People and their families had contributed to the planning and review of their care wherever possible.

The provider had arranged a variety of activities and people were protected from social isolation.

People knew how to make a complaint if they felt they needed to.

Is the service well-led?

Good

The service was well led.

Staff felt supported by the provider and acting manager and understood the importance of providing good care.

Staff received good support and knew their responsibilities.

People, relatives and staff had opportunities to give suggestions for how the provider could improve the service.

The acting manager was aware of their responsibilities. The provider had effective arrangements for monitoring the quality of the service.

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West View Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place unannounced on 21 June 2017. The inspection team included two inspectors.

Before the inspection visit, 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 also reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us.

We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection visit we spoke with four people who used the service and with the relatives of four other people. We also spoke with the provider, two directors, the compliance manager, the registered manager, who is currently spending one day a week in the service, the acting manager, two care staff and two ancillary staff.

We observed staff offering their support to people throughout our visit so that we could understand people's experiences of care. We looked at the care records of four people who used the service. We also looked at records in relation to health and safety, people's medicines and documentation about the management of the service. These included training records, policies and procedures and quality checks that the provider and acting manager had undertaken. We looked at five staff files to look at how the provider had recruited and supported staff members.

Good

Is the service safe?

Our findings

At our previous inspection of 17 and 22 February 2016 we found that there were unsafe arrangements in place for the storage and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that the necessary improvements had been made in order to reduce the risk of people not receiving their prescribed medicines.

We saw people being given their medicines. The staff member wore a 'do not disturb' tabard. They told us this was now usual practice to ensure that mistakes through distraction were minimised. Medication records (MAR charts) demonstrated that when people were given their medicines as prescribed, staff signed to confirm they had been seen to be taken.

Each person's medicine record included information about any 'as required' (PRN) medication, including information about the medicines and any possible contra-indication with their regular medication to ensure medicines were given safely.

Systems were in place to ensure medicines were given to the right person, which included up to date photographs. Medicines were kept securely in a locked cabinet. Medicines were administered by people trained and assessed as being competent to do so safely. Training was a combination of in house supervision by senior managers, and workbooks with set questions.

There were monitoring temperatures of the medicines fridge but not the storage room. There were records of medicines storage room temperatures in place until April 2017. However, when a new medicines fridge was introduced, the temperature reading equipment ceased to work. We mentioned this to a visiting director of the company who quickly arranged for a digital thermometer to be purchased and put in the room. Records showed temperatures of the fridge were within acceptable limits. Staff were aware of what to do if the temperature was outside the accepted norm. It is important medicines are stored within manufactures recommended limits to ensure they remain effective.

Records were clearly signed by the staff and showed that medicines had been given at the recorded time. A record of specimen signatures was kept with the MAR records which made it possible to see which staff had administered the medicines.This is important in case of recording errors.

There was additional documentation (body site record) for those people who had 'patches' applied to ensure the site was altered to ensure effective safe delivery of this medicine.

At our last inspection we found that the service was not being routinely maintained. During this inspection we saw that the areas we had identified as causing potential risk, such as radiators without covers and access to the stairs had been improved. The provider had also begun a process of major refurbishment of the service. The directors shared with us the significant improvement plans for the service that will take place over the coming months. We saw that work had already started on redecorating the first floor corridor

as well as improving some of the ensuite bedrooms.

People told us they felt staff cared for them safely. One person told us, "I feel safer living here, but miss the space my flat used to have." Another person said, "I feel very safe, the staff are very good." A relative told us that their family member was safe and well cared for. They stated, "[Person] is safe here because the staff look after her." Another relative said, "We visited lots of homes before we decided on this one. I know [person] is safe here."

The provider had a safeguarding policy and procedure that informed staff of the action to take if they suspected people may have been abused or were at risk of abuse. Staff we spoke with had received training in safeguarding people from harm. They had a good understanding of what abuse was and their responsibilities to act on any concerns they had about people's safety. Staff knew the different types of abuse and how to identify them. Staff were aware of the whistle blowing policy and told us how they could use it if their concerns were not acted on. They also knew which authorities outside the service to report any concerns to if required, which supported and protected people. The provider and acting manager were aware of their responsibilities and ensured safeguarding situations were reported to us appropriately.

Staff were able to tell us about individual people's needs, and the support they required to stay safe. People's care records included risk assessments, which covered areas related to people's health, safety, care and welfare. Care plans and associated risk assessments were reviewed regularly to identify any changes in risks to people's health and wellbeing. The care plans provided clear guidance to staff in respect of mitigating risk. For example, guidance on food intake in response to a choking risk and what equipment should be used to minimise moving and handling risk. People and their relatives told us they were involved in discussions and decisions about how risks were managed.

The provider had systems in place to respond to accidents and incidents. We saw that staff understood what to do in case of an accident and incident. This included contacting the emergency services where necessary. One staff member told us, "If there was an emergency, we call for help, staff would come straight away. We stay with the person to offer reassurance." We saw that staff recorded the details of each accident and incident and these were then passed to the acting manager to check that all of the required action had been taken. This included looking at ways to minimise the likelihood of a reoccurrence. We saw that where people had fallen, the acting manager had considered how to limit the risk. For example, we saw that some people had sensor mats to alert staff that a person was standing so that they could offer their assistance.

Staff told us they believed there was sufficient staff on duty to ensure people were safe. They said there was always staff present in communal rooms to ensure people were safe. A care worker told us, "There are enough staff for the people's needs most of the time." People confirmed staffing levels were sufficient to keep them safe, and were aware who to report concerns to. Another added, "I have no concerns about my mother's safety with regard to the number of staff there are."

People's safety was mostly supported by the provider's recruitment practices. We saw that the provider had carried out checks on the most recently recruited staff. We found that these checks followed the provider's recruitment process. This included the provider obtaining two references and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We did look at the recruitment records of a person who had been in post for three years and found that although there was a DBS check in place, references had not been obtained. We brought this to one of the director's attention and they made arrangements for this to be rectified.

The provider and the acting manager routinely checked the safety of the environment and equipment that people used to minimise risks to people's well-being. For example, we saw that checks occurred on the fire system and on the safety of utilities such as the gas and the electric. People's equipment to help them move from one position to another was serviced in line with manufacturing guidelines.

Good

Is the service effective?

Our findings

People received care and support from staff members who had the required knowledge and skills. One person said, "I would say they have (skills), they know us and how to care for us." A relative commented, "They look after my [person] properly, they have the skills they need."

New staff completed an induction before they worked with people on their own. We saw that this covered key areas of care including safeguarding, privacy and diversity. Staff said there was enough training and they did not feel they had any gaps in their knowledge. One staff member told us, "Training and support is good, we are encouraged to go on training. There isn't a problem doing anything." Some staff told us they received additional training in infection control, medicine administration and working with people living with dementia.

We saw that staff put their training into practice. Staff used equipment to assist people to transfer correctly whilst they kept the person informed as to what they were about to do, guided them and provided reassurance throughout the process.

District nursing staff provided a service for people with wound care and other nursing needs. We reviewed the records of one person that required specialist treatment because they were at risk of skin damage. We found staff were effective at following advice from the district nursing team to minimise the risks of skin damage. Pressure relieving equipment was in place and turning regimes to relieve pressure had been implemented. Position changes were recorded and in accordance with the person's individual care plan. Any marks or changes in people's skin were recorded on body maps, and corroborating reference made in the daily records. We spoke with a visiting healthcare professional who told us, "This is my first visit in a year, but the staff were excellent, I've never had a problem, they were always available."

Staff received guidance from the acting manager about their role. We saw that staff received regular supervision from the acting manager. Records showed staff met with the acting manager at regular intervals throughout the year. Discussions included training considerations and issues in relation to people using the service. This meant that staff received support and guidance on how to support people well.

Staff felt communication and support amongst the staff team was good. There were daily handover meetings which provided staff with information about people's health and wellbeing.

The registered manager and care staff had been trained in the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

Where people were unable to make decisions themselves, the correct procedure had been followed to protect their rights under the Act. There was a form in place for assessing people's mental capacity. We found that the provider had ensured that people were protected by the DoLS. Records showed that they had applied for the necessary authorisation from the relevant local authority when any deprivations on people's liberty had been identified.

The acting manager had a 'quick reference guide' in the office, which detailed who had been granted a DoLS, and any conditions on the authorisation. Staff confirmed they were aware of the list and told us this provided an instant reminder of any restrictions on people and the conditions under which they were allowed.

Throughout our visit we saw that staff offered people choices and sought consent before they helped them. This was important so that people were happy to receive the support offered by staff. We saw that staff explained to people what they were going to do and gave additional information where this was required to gain a person's consent. Where people refused care, this was respected. For example we saw that one person had made a decision that they did not want to be resuscitated should their health condition deteriorate further. We found that their consent to this had been recorded appropriately and staff were aware of their wishes.

People were satisfied with the food and drink available to them. One person told us, "The food is very good, I like the roast dinners." A relative told us, "[Person] wasn't very adventurous before they came to West View but now they try lots of different things." Another relative said, "The food looks very nice. I could eat it. There is a choice and it is varied."

Menu preference questionnaires were in care plans and included people's likes and dislikes. There was information in the kitchen about people's dietary requirements which included their individual dislikes. Meals were plated when the lunch time meal was served. The acting manager agreed to look at offering vegetables in dishes to promote people's choice and independence.

We saw that people were offered drinks and snacks throughout the day and that meal times were enjoyed by people. Guidance was available for staff to follow from a specialist where there had been concerns about a person's eating and drinking. This ensured that people received the food and drink they preferred and required.

People were supported to maintain their health and information about this was shared with their loved ones where this was required. A person told us, "I can see a doctor if I don't feel well." A relative told us, "[Person] sees a doctor when they need to. Staff always keep me informed if they need to see a doctor or nurse or have a hospital appointment." Another relative said, "They always ring me if [person] is not well."

People got the medical treatment they required when they needed it. We saw that people had accessed a range of health care services such as opticians, district nursing and local doctor's surgeries. This meant that people's healthcare needs were met.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that staff were kind and caring. A person told us, "Yes the staff are kind." Another person said, "Staff are nice, very good to us, they do what we want." A relative commented, "The staff have been amazing with [person]." Another relative said, "My [person] loves it here, she said when she comes down in a morning there's always someone to talk to. She's always well dressed now, we were very lucky to fall on this place."

The daily records about the care and support people received showed that staff respected people's decisions about how they were supported and their lifestyle choices. One person said they sometimes preferred to spend time in their room because they liked the peace and quiet and told us staff respected their right to privacy and choice.

Staff respected people's dignity and they understood people's need for privacy. A person told us, "I like to use the toilet on my own and the staff respect that. They always knock on the door before they come into my bedroom." We saw several of examples of staff being kind and caring and doing things to show people that they mattered to them. For example, throughout the day we observed staff support people in a kind and caring manner. They always explained what they proposed to do and waited for the person to show that they wanted the support. We saw staff explained discreetly to a person who required personal care, and assisted them to do so. We observed a staff member assist another person to eat their lunch. The staff member ensured the person's clothes were appropriately covered, and used prompting to ensure they completed eating their meal. That demonstrated staff were aware how to best assist people whilst their dignity was recognised.

Some people who used the service lived with dementia which meant they did not fully participate in longer term decisions about their care. However, relatives or representatives we spoke with told us they had opportunities to be involved in decisions about how their care and support was delivered. For example, care plans included sections about how people wanted to be supported. A relative told us, "When [person] first came here we sat with the manager and discussed what care she needed." Relatives told us that they were kept informed about their family member's care. A relative told us, "Oh yes any changes, anything really they either phone me or when I call in they discuss it with me. I have no concerns."

People were supported to retain their skills where they were able to. We saw staff encouraged people to eat for themselves where they could. Care plans identified the tasks that people could do for themselves so that staff had the necessary information to offer the support people needed. This meant that people were supported to maintain their abilities for as long as possible.

People's family and friends were able to visit without undue restriction. A person told us, "My brother and his family visit, they come at various times, it's good and breaks up the day." A relative told us, "It's one of the reasons we chose this place, staff are so welcoming. It feels more like home here. Staff always say hello, they are very welcoming." This ensured that people were able to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

People received care that was based on their preferences and requirements. A person told us, "The staff know what I like, I landed on my feet when I came here." Another person said, "I enjoyed a postal vote, it wasn't a good election."

Before people moved into the home, the provider carried out a pre-admission assessment. This information was important in ensuring that the service was confident they could meet people's care needs. We saw that when people moved in, a care plan was written with them or their representative wherever possible. These provided detailed information about the type and level of support the person required as well as things that were important to them, such as times for getting up or going to bed and any likes or dislikes. This ensured that care plans were individualised. Staff were able to explain and demonstrated through the care we observed the support that people required.

People we spoke with were not interested in looking at their care plans. One person told us, "I don't normally look at my care plan. I am not bothered about it." Relatives told us that they were asked about their loved one's likes and dislikes when they arrived. A relative told us, "I do keep involved and feel I can discuss [person's] needs whenever I want." Another relative confirmed that they and other members of the family were involved in the initial care planning of their relative and said they were always consulted with regard to any changes and reviews.

Staff had access to people's care plans and received updates about people's care needs through daily staff handover meetings. The care files that we viewed were comprehensive, and showed regular reviews. This ensured staff had up to date information about people's needs.

People confirmed that they took part in the activities in the home and outside in their local community. A person told us, "We do different things, we have singers in and play games. We listen to music and watch films." Another person said, "I have been on a trip to Great Yarmouth, and I can go to the day centre on a Thursday if I want to." A relative told us, "When [person] first arrived they asked what hobbies she liked doing. I have been when they are doing things. They have family days where families are encouraged to come. They do a tea and it is lovely." Another relative said, "They have always got things posted on the notice board. They have singers, quizzes that sort of thing." We saw photographs of recent activities people had been involved in such as a person who brings a variety of animals and reptiles for people to hold and a recent day trip to the beach. The director also spoke with us about plans for the future to involve people in meaningful activities that are linked to past interests.

People and their relatives knew how to make a complaint.We saw information about the complaint procedure displayed in the home, which provided people with the information about the process, contact details for the registered provider and CQC. One person told us, "I have never needed to complain but I would talk to staff or the manager." Another person said, "Staff are ok with me, I've no complaints about them." All relatives we spoke with knew they could speak with the acting manager. One relative told us, "There is an information pack in [person's] room and that gives information on how to complain. I can speak

with the manager about anything I am concerned about." Another relative told us, "I have never needed to complain, I don't know the formal procedure but it wouldn't stop me complaining."

The provider maintained a complaints log. We reviewed this and noted that one complaint had been received in the last twelve months. This had been recorded and resolved following the provider's complaints procedure.

Good

Is the service well-led?

Our findings

People, relatives and staff said that the acting manager and staff were approachable and open to suggestions. A person told us, ""The manager [named the registered manager] they're lovely, but not here at the moment." Another person said, "The deputy manager is in charge but they are lovely." A relative told us, "I find the deputy manager very approachable, they are always available to discuss any issues." Another relative commented, "I find the deputy manager very approachable. I can phone or come in and speak to her at any time."

We found that the provider had reflected on findings from the previous inspection. We saw improvements had been made and were continuing to be made following the last CQC inspection. We were informed by the two directors and acting manager that the funds to commence a programme of redecoration throughout the home had been allocated. We saw evidence of this work progressing. Staff told us that there had been staff meetings to inform them that this work would start. They also told us that they had been asked for their input and thoughts on upgrades to building and planned changes. People using the service could not recall being asked but were happy with the improvements taking place.

People and their relatives had opportunities to comment on the quality of the service. We saw that resident meetings occurred routinely and covered feedback to people on developments within the service and opportunities for those attending to discuss things that were important to them.

We saw that improvements occurred where suggestions were given. Questionnaires had been sent out to ask people and their relatives for their feedback. The provider then posted information in the reception area saying 'what you said what we did' to inform people of the actions that had been taken as a result. This meant that the provider was open to receiving feedback on the care and facilities provided.

Staff received good support from the acting manager and provider. One staff member told us, "We have staff meetings every month now, we discuss changes and activities. The newsletter has been discussed, as well as anything that's gone wrong, and they (management team) asked for our opinions."

The director told us they had changed the management structure of the service following the last inspection. Previously, the registered manager had managed two services and when they were not at West View they had a floor manager to oversee the running of the service. However this had led to some inconsistencies in the running of the service. As a result the floor manager became the registered manager and there is now a clear line of accountability from the provider to the registered manager. They have also employed a compliance manager who is responsible for all the services owned by the provider. The director told us that this ensured that 'lessons learnt' could be shared across the group.

Staff were supported to raise concerns about what they felt was poor practice. This was through policies and incident reporting procedures. They were also supported to raise any concerns during one to one supervision meetings. Staff told us they felt comfortable to report any concerns to the acting manager and that they would be dealt with.

The provider promoted caring values through policies. We saw that the registered manager and a care worker had won care awards for providing a high standard of care. The service had recently been awarded a Gold QAF from the local authority. Quality Assessment Framework, sets out the standards expected in the delivery of services supporting people. This meant that people could be assured that they were being cared for by staff who understood and followed the provider's values.

The provider had effective systems for monitoring the quality of the service. Audits were used to identify areas that required improvement and actions were taken to achieve improvement. For example, audits identified if staff had forgotten to sign to say a medicine had been given. The provider had systems in place to check that people had received their medicines. Staff were reminded to ensure they kept records up to date.

The acting manager was aware of their responsibilities. This included them informing us of significant incidents that they are required to send us by law. We saw that they had also notified the local authority of accidents that had occurred so that they could determine that the appropriate action had been taken. They had a clear vision of what they wanted to improve at the service which they told us about in the Provider Information Return they sent us before the inspection visit.

During our inspection we saw that the ratings poster from the previous inspection had been displayed in the reception area. The display of the poster is required by us to ensure the provider is open and transparent with people who use the services, their relatives and visitors to the home.