Countrywide Care Homes (2) Limited

St Martin's Care Home

Inspection report

Oak Hill Park
Broadgreen Road
Liverpool
Merseyside
L13 4BL

Tel: 01512280983
Website: www.countrywidecarehomes.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection was carried out on 17 October 2016. The first day of the inspection was unannounced.

St Martins is registered to provide support for up to 42 people. At the time of our inspection 16 people were receiving support with nursing care and 26 people were receiving support without nursing care. This meant the home was fully occupied.

The home 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
During the inspection we spoke individually with twelve of the people living at the home and with four of their relatives. We spoke individually with six members of staff who held different roles within the home. We examined a variety of records relating to people living at the home and the staff team. We also looked at systems for checking the quality and safety of the service.

We found breaches of regulations relating to the premises and equipment being safe to use and relating to obtain consent from people for their care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

The building was adapted and contained equipment to support people with their personal care and mobility needs. However some parts of the environment were unsafe and some of the equipment in use did not work correctly or was not suitable for the people using it.

Information about whether people consented to their care and treatment was not always up to date. This included a lack of recording that risks had been explained to people and regular reviewing of people's decisions with them. Where people had the ability to consent for themselves other people had signed their care records without an explanation of why this had occurred.

Sufficient staff worked at the home on a daily basis to meet people's support needs. However a high turnover of senior staff including managers and nurses meant that the service lacked consistency for people living there. This had also impacted on staff morale.

People living at the home and their relatives liked and trusted the staff team who took time to talk with people and ensure they were comfortable. Staff had a good understanding of their role and were provided with training to enable them to increase and maintain their skills.

People were offered a choice of meals which they enjoyed. Where needed they received support with their nutrition.

People received the support they needed with their personal care and health care. Prior to moving into the home people's needs had been assessed so that staff were aware of the support the person needed. Care plans were in place for everybody living at the home. It was not always easy to locate information within the care plans which could impact on staff finding information in a timely manner.

A variety of activities took place in the home which people could participate in if they wished.
People were given information about the home and how it operated and systems were in place for obtaining people views. However these systems were not always effective. Results of surveys carried out were not readily available at the home so new managers could check that they had been actioned.

People felt confident to raise concerns or complaints with staff and a system was in place for dealing with these. Records of complaint investigations were not always readily available or easy to follow.

Systems for auditing the quality of the service were in place and an action plan was in place to check improvements were being implemented. These were not fully effective at picking up on improvements required to the service.

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 felt safe living at St Martins and staff knew how to report and manage any safeguarding concerns that arose.

Medication was safely managed.

Sufficient staff worked at the home to meet people's care needs and clear procedures were followed when recruiting new staff.

Is the service effective?

Requires Improvement

The service was not always effective.

Some of the equipment and adaptions in the home did not work correctly or meet the needs of people using them.

People's right to consent to care and treatment was not re-assessed frequently enough.

People received the support they needed with their nutrition and health care.

Staff had a good understanding of their role and were undertaking training to increase their knowledge.

Is the service caring?

Good

The service was caring.

People living at the home and their relatives liked and trusted the staff team.

Staff took time to talk with people and check they felt comfortable.

People were given information about the home and how it operated.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People felt confident to raise concerns or complaints with staff and a system was in place for dealing with these. Records of complaints were not always complete or easy to follow.

People's care needs were assessed and care plans were in place however the information was not always easy to locate.

A range of activities w provided for people living at the home.

Is the service well-led?

Requires Improvement

The service was not always well led.

The home had a registered manager who was working her notice period.
The deputy manager post was vacant along with a number of nurse posts. This may impact on the consistency of the service provided.

Systems for auditing the quality of the service were in place and an action plan had been implemented. However these were not always effective.

St Martin's 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 was carried out on 17 October 2016. Two Adult Social Care (ASC) inspectors carried out the inspection which was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home.

During the inspection we looked around the premises and met with many of the people living at the home, twelve of whom we spoke with individually. We spoke with relatives of two people living at the home and with six members of staff who held different roles within the home.

We spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for four of the people living there, recruitment records for four members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Good

Is the service safe?

Our findings

People living at St Martins told us that they felt safe living there.

Policies and procedures were in place to provide guidance for staff on how to recognise and report any safeguarding concerns that may arise. During discussions with staff they showed an understanding of safeguarding and how to report any concerns they may have. Records showed that the home had reported safeguarding concerns to the appropriate authorities. The home also had a policy in place for whistle blowing. This protects staff who report a concern that they believe is in the public interest.

Training records showed that 85% of staff had received training in safeguarding adults. Staff had an understanding of safeguarding and we saw that a policy was in place to provide guidance. This stated that staff could report any concerns to a senior manager but did not provide them with contact names, numbers or details. Adding this information to the policy would make the guidance easier for staff to follow.

Maintenance files showed a series of checks had been carried out on the safety of the building and equipment. This had included checks of water temperatures, fire equipment and call bells. At the time of the inspection we saw two copies of an electrical certificate both dated October 2014. One stated that the system was satisfactory the other that it was not. We asked the manager to clarify this and following the inspection we were sent a copy of a satisfactory electrical certificate. We were also sent an up to date satisfactory gas certificate. Checks had also been undertaken in the building for legionella, asbestos and the lift.

Systems were in place for checking the fire system worked safely. This included an up to date fire risk assessment, regular testing of the fire alarm system and emergency lights. Four practice fire drills had taken place in 2016 and a 'grab bag' was kept in the entrance area. This contained an emergency file with details of the gas and electrical cut off points: business contingency plans: personal emergency evacuation plans for each of the people who lived at the home: important telephone numbers and other useful information. The systems and checks in place helped to ensure that the building was a safe place for people to live, work and visit.

The home had received a four star food hygiene rating in October 2015; this is the second highest rating that can be awarded. All parts of the home appeared clean and there were no unpleasant smells. Cleaning schedules were in place and had been updated. An NHS infection control audit had been carried out on 21 July 2016 and recorded a score of 93.08%.

We observed part of a medication round and saw that this was carried out safely. The member of staff was patient and encouraging explaining to people that they had their medication and waiting for a response before offering the person a drink and waiting whilst they took it.

We looked at how medication was stored, administered and recorded and found that this was done safely. A spacious storage room was used for the storage of medication with medications in current use stored within

three lockable trollies. There was appropriate storage for controlled drugs and medication that required refrigeration. Records showed that medicines were stored at safe temperatures.

We checked a sample of medication including medications prescribed for short term use, as required, creams and eye drops. We found that stocks of these tallied with records. Medication Administration Record Sheets (MARs) were easy to follow and correctly completed.

Systems were in place for checking medication was safely managed. This included controlled drugs being checked twice daily and medication stored in boxes counted daily. A medication communication book was in use to inform staff of any changes. We also saw that the home kept stocks of medication to a minimum and had written to GP's as appropriate to request people's medication be reviewed or stopped if they no longer needed it.

The systems in place helped to ensure people received their medications as prescribed.

People living at the home told us that staff were generally available to meet their needs although one person commented "Now and again they are short. You have to give them time to see to you, but they are very good." A relative told us that they thought people were looked after well but added "There's not always someone in the lounge. I worry if one of the residents gets up to walk."

Staff had differing opinions as to whether there were sufficient staff available to meet the needs of people living at the home. One member of staff told us "There's not enough to meet needs. We can still be getting people up at 11am." However another member of staff told us they found staffing levels "fine."

Staff rotas showed that there was always a registered nurse working at the home and during the day they were supported by a senior carer. Six care staff worked in a morning and five in an afternoon. At night in addition to the registered nurse there were generally four care staff although on some occasions the rota showed only three. Additional staff included the manager, administrator, domestic staff, laundry and kitchen staff and maintenance support.

At the time of the inspection there were a number of vacancies for permanent nursing staff resulting in a high use of bank and agency staff. Only one permanent Registered Nurse (RN) was employed at the home. The registered manager explained that they used regular agency and bank RN's to cover the remaining shifts. She also explained that they had recruited three RN's and were awaiting employment checks so that they could commence work. Staff told us that they felt this impacted on the support they could provide to people. One member of staff explained, "It's stressful, especially with the amount of agency. It has a knock on effect. My concern is the residents."

During our inspection we saw that although busy staff were able to meet people's support needs in a timely manner.

A newer member of staff told us that they had undergone a formal interview process. They explained that prior to commencing work references and a Disclosure and Barring Service (DBS) check had been obtained and they had undertaken some on-line training.

We looked at recruitment records for four members of staff which confirmed the information we had been given. Photographs and identification for each member of staff had been obtained along with a DBS check and references. Checks had also been carried out on Registered Nurses to ensure their registration was valid. The recruitment process and checks helped to ensure that staff were suitable to work with people who

may be vulnerable.

Requires Improvement

Is the service effective?

Our findings

People living at the home told us they liked the meals provided. Their comments included "The food is good. If you want more you get more." "The girl comes to ask, tells you the choice. You pick what you want," and "On the whole it's good. If you ask they change it."

One person told us that they had made a decision they did not want to use a particular piece of equipment recommended for their safety. We looked at their care plan and saw that they had last signed their consent to this in 2013 with the last update being August 2015 when a member of staff had recorded the person refused to use the equipment. We did not see any evidence that the risk had been fully explained to the person or that their decision had been checked with them and recorded on a regular basis. Within the same care plan we also saw that the person had last signed agreement to being photographed in 2011 and agreement to their care plan in 2014.

A care plan for a second person stated that they had capacity to understand information. However a relative had signed consent to the person being photographed. The plan did not state that the person had been asked if they wanted someone to sign on their behalf.

These are breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because care and treatment of people was not provided with consent from the relevant person and that consent was not checked regularly with the person.

During the inspection we observed that one person had a door guard fitted to their bedroom door. This is a battery operated device that hold the door open but ensures it closes in the event the fire alarm sounds. We saw that this door was wedged open and brought it to the attention of a member of staff. However later that day we saw that it had again been wedged open. As the person spent their time in their bedroom this placed them at risk in the event of a fire as their door would be unable to close.

We also spoke with one person who spent their time in bed. They told us that they did not know how to use their call bell to summon help. We saw that due to their failing eyesight they could not operate the call bell button and were trying to use the television remote to summon help. This meant that the person did not have the right equipment available to meet their needs.

A raised flagstone in the garden was a potential trip hazard. We raised this with a member of staff who told us it was not their responsibility. Subsequently we brought this to the attention of the manager who arranged for a large ornament to be placed on it so that people would not trip.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the premises and equipment used within it were not always safe.

Corridors were wide enough for people who used a wheelchair to negotiate easily. Equipment and adaptations to support people with their mobility, health and personal care were also in place. This

included hoists, adapted bathrooms and special beds and mattresses. Door guards and radiator guards were fitted throughout the building.

The organisation had a training department that recorded the training staff should undertake and kept a matrix up to date that showed when this training had been completed, was due for renewal or overdue. We saw that the majority of staff had completed the training the organisation considered mandatory. Records also showed that a number of members of the care staff team had completed or were working towards a national qualification in care.

When a member of staff commenced working for the company they were registered to undertake a series of on-line training courses. This covered training in areas including fire, safeguarding adults, health and safety and understanding dementia. Practical training such as moving and handling people and fire safety were provided at the home. A newer member of staff confirmed that they had registered to undertake the e-learning prior to commencing work at the home.

In addition two health care assistants were nearing completion on a care practitioner course which would qualify them to undertaken extended duties. The manager explained that recent training had included continence care and medication and we saw that further training was planned in wound care and medication.

Staff we spoke with confirmed that they had undertaken this training however it was not logged centrally which made it difficult to establish what training individual staff had undertaken and the skill mix of the staff team. The manager did not have this information to hand and explained she would have to look into individual staff files. This meant there was no easy method of establishing the training staff had undertaken or their skill mix.

Staff told us that the manager was a visible presence in the home and they felt they could approach her. A matrix showed that the majority of staff had received at least one supervision within the past year. The manager showed us a matrix that has been set up to undertaken yearly appraisals for each member of staff and check that supervisions took place on a more regular basis. These supervisions and appraisal provide staff with the opportunity to discuss their work and any training and development needs they have.

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 be 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were. People's capacity to consent to their care and treatment had been assessed and where this indicated that they would benefit from the protection of a DoLS then we saw that applications had been made to the relevant authorities.

The home had a spacious dining room which was connected to the kitchen via a servery. We saw that tables

in the dining room were set nicely before lunch with table cloths and a small glass vase with a flower in. Menus were not displayed in the dining room and we were told that this was because the room had just been decorated and the menu board had not yet been put back in place. The kitchen assistant asked people for their menu choices each morning when she took a drinks trolley around.

A hot meal was available at lunchtime and teatime and the cook told us she would make people anything they wanted to eat. When asked about the meals, one person said "Can't complain," and confirmed they always had a choice of meals. We observed part of the lunchtime meal and saw that people were provided with appropriate support when needed. One of the people living there told us, "I eat it myself but they help if I struggle."

Where people required support with their nutrition this had been recorded in their care plan along with guidance for staff to follow.

A relative of one of the people living at the home told us that since living there staff had supported their relative to improve her health. Care plans showed that staff supported people to monitor their health. This included regularly assessing their nutrition, weight and skin condition. Where these assessments showed that the person's condition had deteriorated then we saw that referrals had been made to the appropriate health professionals.

Good

Is the service caring?

Our findings

People living at the home told us that they were happy living there. Their comments included "I am very happy," "It's perfect," "It's great, really lovely, relaxing," and "It's great. I like it here."

People also told us that they were looked after well. One person said "It's very good, very caring," and a second person explained "I am grateful to the place. They look after me."

Relatives of people living at the home echoed these views with one relative explaining "I have no issues they can't do enough. It has improved. (my relative) loves the staff." A second relative told us "I am happy with (my relative's) care."

A member of staff we spoke with told us "I love it here" and a second member of staff said "My concern is the residents." People living at the home told us that they liked the staff team. One person described them as "very agreeable, very obliging." A second person told us "Most are very helpful and very nice." We asked relatives their opinion of the staff team and they described them as, "Friendly, positive. They always know how (relative) is," and "Absolutely lovely, so kind."

We saw that staff had taken time to make sure people felt comfortable. We noticed some people had been helped to put their feet up and had a cushion under their feet for extra comfort. Staff had also provided people with blankets if they wanted them and several people had a homemade hand-muff. One of the people living there told us that sometimes their hands felt cold and said this was "lovely" as it provided them with extra warmth.

We observed that prior to entering people's bedrooms staff knocked and waited for permission to enter. We also observed that staff took their time when talking to people and explained the care and support they were providing.

Information about the home had been made available to people via a 'Guide to Services'. This provided people with a large range of information on how the home operated, staff, fees and various policies and procedures. It also stated that a copy of the guide could be made available in different formats including large print and audio if requested.

Throughout the day we saw a number of visitors to the home and observed that people could meet with their visitors either in communal areas or their bedrooms as they chose. The Home's guide to services stated that there were no restrictions on visitors and that people were encouraged to visit and participate in activities if they chose. Free wi-fi was also available throughout the home for people who wished to use it.

Requires Improvement

Is the service responsive?

Our findings

People living at the home told us that they had found staff responsive to their needs. Their comments included "They give you attention. I have a buzzer to press if I need anything" and "If I wake up early I like to get up, they help."

People living at the home told us they would feel confident raising any concerns or complaints that they had. Their comments included "I would definitely tell them" "I have no complaints. If there was something wrong I would try to get it put right," and "If I had a problem I would go to the office. It's no good keeping it to yourself."

The home's complaints procedure was displayed in the entrance area. Information was also available in the guide to the home. This informed people they could make a complaint to the home manager or to the provider. A postal address was provided but no details of a phone number or email address. Providing this information would make it easier for people to raise a concern.

We looked at complaints records and found them difficult to follow. A number of complaints had been dealt with by previous managers during 2015, however records in the home made it difficult to establish how the complaint had been investigated and responded to and whether the complainant was satisfied. Only one complaint was recorded for 2016 and records for this complaint were satisfactorily maintained. This showed that improvements had been made to the complaints investigation process but the information available was too limited to assess whether this would be sustained.

People told us that they had received the support they need with their personal care. One person explained "I can have a shower when I want," and a second person told us "I just ask and they oblige." Another person commented that they did receive the support they needed but sometimes had to wait after pressing their buzzer as staff had to find a second member of staff to help them.

Care plans contained a series of assessments of the person's needs which had been regularly updated. These included assessments of their health, weight, nutritional needs and risk of falls. Where the assessment showed that the person required support then a care plan was in place to provide guidance. Some of the care plans we read had been written in a person centred way and include information about the person's life, their choices and interests. However this information had not yet been completed in several of the care plans we read. This meant that some of the care plans concentrated on people's health and personal care needs and did not provide information about their chosen lifestyle.

It was difficult to locate information within care plans easily. The manager told us that work was taking place to provide an easier to follow format. However as the home used a number of agency staff the lack of an easy to follow system could impact on them finding information needed to support people quickly. The lack of an easy to follow system could impact on staff finding information to support people quickly.

Prior to people moving into the home a senior member of staff had visited them and carried out an

assessment of their needs. We looked at a care plan for one person that recorded they had been visited twice whilst in hospital to carry out this assessment. This helped to ensure that the home could plan how to meet the person's care and support needs effectively.

The home employed an activities coordinator who worked five days a week. Arranged activities included armchair exercise, entertainers, bingo, quizzes and crafts. A hairdresser visited weekly and communion was also available for people on a weekly basis.

People living at the home told us that they knew about the activities with one person explaining, "There's some activities. It's up to you if you go over." We saw people sitting in the lounge actively listening to music or engaged in jigsaw puzzles. Another person living there told us they did not like to participate but enjoyed watching from a distance.

A member of staff explained that as well as group activities they also spent time with people on an individual basis, for example chatting to people who stayed in their bedroom. One person said that staff had helped them to sit outside in the garden to eat their tea they told us "I was made up" with this support.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager who was well known to the people who lived there. One person told us "Now and again the manager comes in." and another person said "She's very nice, she comes and talks. I would approach her."

At the time of our inspection the registered manger was working her notice period. A senior manager from the organisation explained that the organisation would use a peripatetic manager to manage the home and had begun the process of recruiting a new manager. The post of deputy manager was also vacant and we are advised that this post was also being recruited for.
A member of staff told us that there had been four managers at the home within the past five years. They said that this along with a lack of permanent nurses had impacted on staff morale and how the home operated.

Although the organisation had made arrangements for management cover at the home the forthcoming lack of a permanent registered manager alongside the lack of a deputy manager and permanent registered nurses is a matter of concern as this could lead to an inconsistent service for people living there. It may mean that long term plans for improving the quality of the service could be difficult to implement.

We were advised that a number of systems were in place for obtaining the views of people living at the home and their relatives. These included a suggestions box in the entrance area close to the visitors signing in book with slips of paper were provided for people to use. We noticed that there was one suggestion form in the box but did not see records of suggestions that had been received and how they had been addressed. A member of staff told us that they had used the suggestion box to make a suggestion they though would improve people's quality of life, however they had not received a reply or acknowledgement of their suggestion.

The manager told us that a satisfaction survey had been carried out in 2015 using an external company but she did not have a copy of the report that was produced.

Meetings with relatives had been held in 2016 to obtain their views of the service provided and given them the opportunity to discuss how the home operated. We looked at minutes of a meeting that had taken place in September 2016 and saw that people views had been obtained in a number of areas including decoration of the home, laundry and activities. The minutes also stated that an independent company would be undertaking a survey to obtain the views of people living at the home.

A number of systems were in place for auditing the quality of the service provided and implementing improvements. Some of these had been more successful than others. Audits had not picked up on concerns we noted with some of the equipment in use at the home or with obtaining and reviewing people's consent to care and treatment.

Medication audits had been carried out weekly and had been successful in improving the standards of

medicines management.

Regular audits of care plans had been carried out however we were told by the registered manager that it was difficult to implement consistent improvements to these due to the lack of permanent registered nurses working at the home.

Audits had also been carried out on infection control, the presentation of the home and health and safety.

A system was in place whereby monthly reports were sent to head office providing details of any accidents, wound care, infections, complaints or weight loss. This meant that senior staff had oversight of any areas of concern and could support the manager in planning any improvements needed.

A senior manager from the organisation visited the home regularly and we saw records of a visit they had undertaken in September 2016 during which they had looked at the quality of the service provided. This included talking with people, observing care and examining records. This was a comprehensive audit that had resulted in an action plan being compiled. We saw that this action plan was being monitored to ensure the actions were completed.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent This is because care and treatment of people was not provided with consent from the relevant person and that consent was not checked regularly with the person.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment This is because the premises and equipment used within it were not always safe.