

Revive Health Care Ltd

St Martins

Inspection report

42 St Martins Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Martins Care Home is registered to provide accommodation and personal care for a maximum of 21 people, including people living with dementia in one adapted building. There were ten people living at the service at the time of our inspection visit.

People's experience of using this service and what we found

Since the last inspection, there had been changes in the management of the service and positive improvements being made. A decoration and refurbishment plan had commenced. Improvements to the safety of the environment had also been completed and in line with recommendations made by the fire and rescue service. Support and oversight by senior managers had significantly improved. People, relatives and staff were positive and complimentary of the current management team, leadership and support.

People were supported by staff who knew how to protect them if they suspected they were at risk of abuse or harm, and how to report any safeguarding concerns. Risks associated with people's care needs and health were known and understood by staff. Guidance for staff however, lacked detail in places, but the manager took action to address this. There were enough staff to meet people's current dependency needs and recruitment checks were completed before staff commenced their employment. People received their prescribed medicines when they needed them. Staff followed best practice guidance in the prevention and control of infection. Lessons were learnt when things went wrong, and improvements were being made to the analysis of incidents to understand any themes and patterns.

Recognised assessment tools were used to assess and monitor people's ongoing care needs. Staff received an induction, and improvements were being made to staff training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who knew them well and understood their routines and what was important to them. Staff were kind, caring and compassionate, and they provided care that respected people's dignity and privacy. Independence was encouraged and supported.

Staff had guidance about people's social history, including work, family, pastimes, interests and hobbies. This included people's diverse needs and information about their preferred ways of communicating and any sensory needs. People had access to the provider's complaint procedure. Consideration of people's wishes regarding their end of life care had been discussed with them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 22 March 2019) and there was one

breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

St Martins is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Since the last inspection, a new manager had been appointed. They were in the process of submitting their registered manager application to CQC. We will continue to monitor this. Being registered as a manager means 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

This inspection was announced due to a current national infection outbreak, we wanted to ensure it was safe for people to have visitors to the service.

What we did before the inspection

We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We asked Healthwatch Nottingham for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also asked commissioners for their feedback about the service. We reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give

some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

As part of this inspection, we spent time with people who used the service talking with them and observing support they received from staff. We spoke with three people who used the service and five visiting relatives of people living at the service. We spoke with the manager and the nominated individual (NI). The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two care staff, one of which was a senior care worker and the cook. We reviewed a range of records. This included in part four people's care records. We looked at three staff files. We reviewed a variety of records relating to the management of the service, including how accidents, incidents and safeguarding's were managed. We reviewed numerous medicine records and reviewed what improvements had been made at the service since our last inspection. This included reviewing audits and health and safety checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included external audits completed and staff training information, this information was included in the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection, safety concerns were identified in relation to both the internal and external environment. At this inspection, improvements had been made. This included securing the garden perimeter and raising standards in fire safety, to comply with the requirement notice issued by the fire and rescue service in 2019.
- Monitoring and servicing of equipment was also completed on a regular basis to ensure safety.
- Risks associated with people's care needs had been assessed and staff had guidance of the action required to manage and mitigate risks. This included risks with skin care, mobility and health conditions. On the whole guidance was detailed and supportive.
- We identified a person receiving respite care (residing at the service short term not permanently), who had some care needs that increased their risk of becoming unwell but did not have any risk assessments in place. This person's daily care records confirmed they had received safe care. Staff were able to tell us confidently what their care needs were and potential risks. This was therefore a recording issue and the impact was low. The manager told us this had been identified in a recent audit and they were in the process of completing risk assessments.

Using medicines safely

- At the last inspection, concerns were identified in how the management of medicines were reviewed and how lessons were learnt. At this inspection, improvements had been made.
- A person told us they received their medicines when they needed them. Relatives told us they had no concerns about medicines.
- Improved monitoring of how medicines were managed had been introduced. The administration, storage and management of medicines followed best practice guidance. Staff responsible for medicines had received training, and had their competency assessed, and they had a policy and procedure to support them. A sample stock check was found to be correct and records confirmed people had received their medicines when required.
- Staff had the required information such as details of any known allergies, and people's preferences of how they took their medicines. Where people had medicines prescribed as required, we saw staff had detailed protocols that advised them of how to administer these. However, we identified one person did not have a protocol for their prescribed medicines. We noted they had not received these medicines and the manager agreed to take immediate action to complete the required guidance.

Preventing and controlling infection

- At the last inspection, the internal fixtures and fittings of the building were found to be worn and in need of replacing and upgrading to improve cleanliness. At this inspection, improvements had been made. Both

lounges and dining room had been redecorated, lounges had new carpets and curtains. A refurbishment plan was in place for all bedrooms to be redecorated and furnishings changed. The service was clean and free of malodour.

- People and relatives were positive about the improvements and felt the environment was cleaner. A relative said, "Things have got done, new carpets, curtains, the place has been decorated, it's certainly the best it's looked for a very long time."
- Staff had received training in infection control and information and action had been taken, to increase cross contamination awareness in response to the current Corona Virus infection. Staff were seen to use personal protective equipment when required and understood the importance of regular hand washing.

Learning lessons when things go wrong

- At the last inspection, improvements were required in how accidents and incidents were analysed and how lessons were learnt to make improvements. At this inspection, the manager had good oversight of incidents that had occurred and told us of action they had taken to reduce further risks. This included, referrals to the community falls team, the community dementia care team and care plans and risk assessments reviewed and updated.
- The management team told us they were in the process of developing a system to analyse incidents for themes and patterns. We noted this had been identified in a recent audit and was an action point to complete.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe living at St Martins Care Home. A person said, "Oh yes, I feel safe that's the main thing."
- Staff had a good understanding and knowledge of their role and responsibilities in safeguarding people and knew how to recognise possible abuse or neglect. Staff had received training and had a safeguarding policy and procedure to support their practice.
- The manager had followed the multi-agency safeguarding procedures when safeguarding concerns had been identified. This included working with the local authority, completing investigations and using the provider's disciplinary procedures.

Staffing and recruitment

- At the time of our inspection, there were enough staff available to meet people's current dependency needs and safety. People and relatives were positive about staffing levels. A person said, "There is always enough staff around." A relative said, "We (family) have no concerns about staffing levels, it's definitely safe and staff have time to spend with people."
- Staff told us they did not feel rushed and they had enough staff on duty to meet people's individual care needs. A staff member said, "Staffing levels are sufficient at this time. We're not rushed, it's like a family, a relaxed atmosphere." We found staff were attentive and responsive and had time to spend with people.
- Pre- recruitment checks completed before staff commenced their employment, ensured staff were suitable to care for people.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People's physical, mental health and well-being needs, including diverse needs, were assessed and planned for before they moved to the service.
- Assessments of people's needs included information about protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was recorded. This was important information to ensure people did not experience any discrimination.
- Following an assessment, care plans were developed that provided staff with guidance of how to support people. An example of how people's diverse needs were met was in relation to their language. Two people's first language was not English. Staff had information about their life history and had translated words and signage into an alternative language. An interpreting service had also been offered to support people.

Staff support: induction, training, skills and experience

- People and relatives considered the staff team to be experienced and competent. A person said, "The staff are excellent, I can talk about my problems, the manager also listens and will help me sort things out."
- Staff received an induction, training and ongoing support. The management team told us they preferred to only recruit experienced staff. Under the new management team, changes had been made to the training provider used. We identified three staff had not received training since they were appointed in January 2020. However, they were all experienced staff, had completed a competency questionnaire and observed practice and training had been booked to be completed within the month.
- Staff were positive about the training and support they received. A staff member said, "I have recently completed my refresher training, the training was really good and the manager provides regular supervision, they are really supportive and always around."

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the menu choice and told us they had enough to eat and drink. A person said, "The cook will do anything I like, I like my pasta and they will do it for me." Another person said, "The foods good and you can have a drink and biscuits, cake or fruit whenever you like."
- People's nutritional needs had been assessed and planned for and staff were knowledgeable about people's dietary needs. People at risk of malnutrition and dehydration had their food and fluid intake recorded and their weight monitored.
- Food stocks and storage were good and managed in line with Food Standards Agency guidance.
- We observed people received a good meal time experience. Staff were organised and attentive and where support with eating and drinking was provided, this was completed patiently and respectfully. Staff ate their meal at the same time and this created a social opportunity, people and staff chattered as they enjoyed

their meal together.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service participated in the 'red bag scheme.' This is an NHS innovative approach to ensure important information is shared for people between care homes, ambulance staff and hospitals. The red bag contains key information about a person's needs.
- People's health care needs were monitored, and any concerns were reported to external health professionals for guidance and support such as the GP, district nurses and dementia outreach teams. People also received support to access health services such as the optician and podiatrist. Some consideration had been made to people's oral health care needs.
- People and relatives were confident how staff responded to health care needs. Care records confirmed how staff worked with external health care professionals.

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

- People had been involved in discussions and decisions about the recent decoration of the lounges.
- People and relatives confirmed the current refurbishment was welcomed and was making a positive impact.
- Signage supported people to orientate. People had access to a pleasant and secure garden and a smoking shelter.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection, no person had an authorisation to restrict them of their freedom and liberty. However, applications had been made to the relevant authority, and people were waiting to be assessed.
- Staff showed a good understanding of the principles of MCA and DoLS.
- We saw examples of MCA assessments and best interest decisions for people who lacked mental capacity to consent to specific decisions about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were positive about the care and approach of staff. We received many compliments that showed the staff were kind, caring and attentive. A person said, "The staff are very good, excellent. They will do anything for me." A relative said, "The staff are all very caring, they're good girls with hearts and you couldn't get any better."
- Staff demonstrated a good understanding of people's individual routines and what was important to them. The manager had made real efforts to support and understand people's diverse needs. This included providing staff with important information about people's past social history and ethnicity.
- We observed staff to be friendly, warm, caring and responsive towards people. There was much laughter and jovial exchanges, showing a sense of equal partnerships between staff and people who used the service. This was demonstrated by the sound of staff and people having a sing along as lunch was finishing.

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

- People and their relatives told us they felt involved in discussions and decisions about their care. A person said, "I can't remember seeing my care plan, but I feel totally involved in my care, staff and the manager ask me how I am, do I want anything." A relative said, "The manager is really good and keeps me informed of any changes and anything we need to know. I've seen [name] care plan and I'm asked if it's okay."
- The manager arranged relative and resident meetings bi-monthly, to enable people to share their views and wishes about the service.
- Independent advocacy information had also been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection, one person was being supported by an independent advocate.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they found staff to be respectful. A person said, "The staff are polite and respectful, no one tells you what to do. They knock on my bedroom door and wait until I answer before walking in." A relative said, "The staff are all friendly and good, they treat [name] very well and respect their dignity all the time."
- Staff gave examples of how they respected people's privacy and dignity and promoted independence. People's care plans provided guidance to staff about promoting people's independence and choice and providing care in a respectful and dignified manner.
- We observed staff to be discreet and sensitive when supporting people. Staff continually offered people choices and respected and acted upon their decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Following an assessment of people's care needs, care plans were developed with the person and their relative or representative. This included people's diverse needs, preferences and routines. This information was shared with staff to support them to provide individualised care.
- Staff were knowledgeable about people's preferences, routines and what was important to them. The manager told us they had re-written people's care plans since being in post, to ensure information was detailed and reflected people's wishes. Staff told us information had improved.
- People told us they were able to live their life as they chose. A person said, "I've got freedom to come and go as I please. I use my scooter and go into town." Two people told us they smoked and were able to have a cigarette when they wished. Another person told us it was their choice of when they went to bed and got up.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication, sensory needs and preferences had been assessed and care plans provided staff with guidance of how to communicate effectively with people.
- We observed staff to have good communication and listening skills. They also responded to people's non-verbal communication such as gestures, body language and behaviours to understand people's wishes.
- Information such as the complaints procedure and service user guide had been made available in accessible formats for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us that at the time of our inspection, there were no restrictions on visitors. People were offered opportunities to engage in social activities. A person said, "I like to play bingo, I feel happy and content, the staff will sit and talk and offer things to do." A relative said, "The activities have improved, we (family) visit every day and the staff will provide an activity, there is always something going on."
- We saw a person playing games on their iPad, we observed staff support people to play bingo and in the afternoon, people enjoyed a movie and popcorn.
- The manager told us how they were trying to engage with local religious groups, to visit and support in offering pastoral care. At the time of our inspection, an activity coordinator was not employed, however the

management team told us this post would be appointed to as occupancy increased.

Improving care quality in response to complaints or concerns

- People and visitors had access to the provider's complaints procedure. People and relatives told us they had not made any formal complaints, and any concerns had been responded to by the manager quickly and effectively.
- The manager told us they had not received any complaints and any 'grumbles' had been resolved.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. However, people were supported to express their views about how they wanted to be supported towards the end of their life. Where people had expressed any views, their care plans included this information, including whether to receive medical treatment.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, the provider did not have effective systems in place to check quality and safety. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A new manager was in place who had submitted their registered manager application to CQC. They and the NI were aware of their responsibilities. The provider had displayed the last inspection ratings as required.
- The new management team had introduced new and improved systems and processes that monitored the quality and safety of the service. This included, daily, weekly and monthly audits and checks that covered all aspects of the service. These were reviewed and found to be up to date.
- An external consultant was also working with and supporting the management team to make improvements. An ongoing improvement plan was in place to drive forward and sustain improvements.
- The NI attended the service weekly and worked well with the manager. This enabled them to have oversight of the service. There were clear roles, responsibilities and accountability.
- Staff and relatives were complimentary about the management team and they told us the management team had worked hard to make changes and they were happy with the improvements. A relative said, "There are many improvements, the staff seem happier, there is more of a relaxed atmosphere. The manager takes on board any comments, they listen and act." A staff member said, "The place has come on leaps and bounds, the NI listens and pays attention. Staff and residents morale have really lifted, it's a much better place."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had made improvements to the culture and developed an open and inclusive approach. This included leading the staff team in providing person centred care, where people were at the heart of the service. The manager and NI showed great commitment in further developing the service.
- Relatives and staff reflected on the improvements made and were positive how people were being supported to achieve good outcomes. One person told us how the care from staff, had significantly

improved their safety and well-being.

- The management team and staff had a shared vision and set of values they aspired to. A staff member said, "I love my work, people who live here are inspirational. I treat people as individuals, have a non-judgemental attitude and provide the best care I can."
- The provider's PIR advised of the improvements made at the service and this matched what we found, in addition, it shared plans of current and future development and this reflected what we were told.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were aware of the provider's whistleblowing procedure and told us they would not hesitate to use this to report any risks or poor practice at the service. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying.
- Staff received regular opportunities to discuss their work and any improvements required.
- The management team had a positive and open approach when things went wrong. They learnt from incidents and strived to make improvements and were honest with people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt involved in the development of the service. An example was given how they had been involved in discussions and decisions about the new colour scheme in the communal areas.
- Bi-monthly resident meetings were arranged to enable people to share their feedback about the service and for information to be exchanged. Surveys were also frequently sent to people residents and relatives in to gain feedback about the care provided.
- Staff told us they felt more involved and valued, and how staff morale had improved under the leadership of the new management team. There were regular staff meetings.

Continuous learning and improving care

- The local authority completed an audit visit in January 2020 and areas identified from their previous audit in 2019 that required improvements had been achieved.
- We found the management team were committed and enthusiastic to continually drive forward improvements to enhance the quality of care people received. They responded immediately to any minor shortfalls identified during this inspection.

Working in partnership with others

- The management team worked with external health and social care professionals and implemented any recommendations made.
- The manager had begun to make contact and develop positive relationships with others in the local community.