

St Martin's Residential Homes Ltd

The Leys

Inspection report

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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

This unannounced inspection took place on the 8 August 2016.

The Leys accommodates and cares for up to 23 older persons with a range of mainly age related dependencies, including people with dementia care needs. There were 21 people in residence when we inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safe. People's needs were assessed before they were admitted to the home and regularly reviewed to ensure they received appropriate and timely care. They had an agreed care plan that reflected their individual needs. Their care plans were regularly reviewed and provided care staff with the information and guidance they needed to do their job.

People benefited from being cared for by sufficient numbers of experienced care staff that had received the training they needed to do their job safely. Care staff knew what was expected of them when caring for older people, including those with dementia care needs, and they carried out their duties effectively and with compassion.

People's healthcare needs were met and they received treatment from other community based healthcare professionals when this was necessary. People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People had enough to eat and drink and enjoyed their meals. People that needed support with eating and drinking received the timely practical help they required. People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals that was acted upon when required.

People's individual preferences for the way they liked to receive their care and support were respected. People were enabled to do things for themselves by care staff that were attentive to each person's individual needs and understood their capabilities. They received support from care staff that demonstrated that they understood what was required of them to provide people with the care they needed.

People were treated with dignity and their right to make choices was upheld. There were imaginative activities to keep people entertained and constructively occupied if they chose to participate in them.

People's views about the quality of their service were sought and acted upon. The quality of the service provided was regularly audited so that people benefitted from any improvements that were made. People and their relatives or significant others were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate action would be taken to resolve matters to their satisfaction.

People were safeguarded from abuse and poor practice by care staff that knew what action they needed to take if they suspected this was happening. There were recruitment procedures in place that protected people from receiving care from care staff that were unsuited to the job.

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 received their care from sufficient numbers of care staff that had the experience and knowledge to provide safe care.

People's care needs and any associated risks were assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received the timely treatment they needed and their medicines were competently administered and securely stored.

Is the service effective?

Good ●

The service was effective.

People received care from care staff that had the experience, training and acquired skills they needed to meet people's needs.

People's healthcare and nutritional needs were met and monitored so that other healthcare professionals were appropriately involved when necessary.

People benefited from being cared for by care staff that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People received their care from care staff that encouraged them to do what they could for themselves, enabling them to retain as much independence as their capabilities allowed.

People were individually involved and supported to make choices about how they preferred their day-to-day care. Care staff respected people's preferences and the choices they were able to make about how they received their care.

People's dignity was assured when they received personal care and they were treated with kindness and compassion.

Is the service responsive?

Good ●

The service was responsive.

People's needs were reviewed regularly so that they received the appropriate and timely care they needed.

People had care plans that reflected their individual needs and how these were to be met by the care staff.

People were listened to and care staff acted upon what they had to say.

Is the service well-led?

Good ●

The service was well-led

People received care from care staff that had the managerial support and guidance they needed to carry out their duties.

People benefited from receiving their care in a home that was effectively and conscientiously managed.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements to the service.

The Leys

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.

This unannounced inspection was carried out by an inspector. The inspection took place on the 8 August 2016.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We took into account people's experience of receiving care by listening to what they had to say. During this inspection we spoke with five people who used the service, as well as two visitors. We looked at the care records of five people. We spoke with the registered manager, two directors, and three care staff. We looked at three records in relation to care staff recruitment and training, as well as records related to quality monitoring of the service by the provider.

We undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas.

Is the service safe?

Our findings

At our last inspection in August 2015 we found that improvements were needed to ensure that people's care and support was consistently provided in a safe way. At this inspection we found that the provider had taken timely action to improve this area of care.

People's care needs were safely met by sufficient numbers of experienced and trained care staff on duty. Care staff had the time they needed to focus their attention on providing people with safe care. People were not rushed and they received timely and attentive care when they needed it.

People were safeguarded by robust recruitment policies and procedures against the risk of being cared for by unsuitable care staff. Appropriate checks were carried out under the disclosure and barring service [DBS] to confirm new care staff were suitable to work in a care home. References were obtained from previous employers to verify the applicant's employment history. Checks were also made to ensure care staff were legally entitled to work in the United Kingdom, that they were of good character and were physically and mentally suited to do the job.

People's needs were regularly reviewed by care staff so that risks were identified and acted upon as their needs changed. Risk assessments were included in people's care plans and were updated to reflect changes to their care and the actions that needed to be taken by care staff to ensure people's continued safety.

People's medicines were safely managed and they received their medicines as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by care staff.

People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Care staff knew what they needed to do to raise their concerns if they suspected or witnessed ill treatment or poor practice and they had received safeguarding training. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. The provider and care staff team worked co-operatively with the Local Authority to ensure people's safety and notifications relating to people's safety, such as accidents or incidents were made to the appropriate authority.

People were assured that regular maintenance checks were made on essential equipment used by care staff, such hoists, to ensure people received safe care. Care staff were also trained on the safe use of equipment.

Is the service effective?

Our findings

At our last inspection in August 2015 we found that improvements were needed to ensure that people consistently benefited from receiving effective care. At this inspection we found that the provider had taken timely action to improve this area of care.

People's needs were met by care staff that were effectively supervised and had their job performance regularly appraised. People received care and support from care staff that had acquired the experiential skills as well the training they needed to care for older people with a range of needs, including those with dementia care needs. New care staff had received induction training that prepared them for their duties. People received timely care from care staff that were organised. Care staff went about their duties purposefully in an organised manner so that people consistently received their care when they needed it.

People had enough to eat and drink and enjoyed their meals. Food was served hot and for people unable to help themselves their meal was presented on their plate in an appetising way. People that needed support with eating and drinking received the timely practical help they required without compromising their dignity. Care staff helped people that needed support with eating at a pace that suited them.

People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals that was acted upon when required. The care staff kept daily records of people's foods and fluid intake and people's weights were closely monitored. Nutritional guidance was sought and followed from the relevant healthcare professionals in response to significant changes in people's weight.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions. 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. Care staff acted in accordance with people's best interests. Care staff were mindful that they needed people's consent, or where appropriate their representative's consent, when they provided care and they acted upon that.

People received appropriate healthcare treatment from community based professionals that visited the home, such as GPs and community based nurses. Care staff acted upon the advice of other professionals that had a role in people's treatment. Suitable arrangements were in place for people to consult their GP.

Is the service caring?

Our findings

At our last inspection in August 2015 we found that improvements were needed to ensure that people consistently benefited from receiving a service that was caring. At this inspection we found that the provider had taken timely action to improve this area of care.

People received their care from care staff that conscientiously carried out their duties and made sure people felt valued as individuals. People's individuality was respected by care staff that directed their attention to the person they engaged with. Care staff used people's preferred name when conversing with them and used words of encouragement when providing support.

People's dignity and right to privacy was protected by care staff. People's personal care support was discreetly managed by care staff so that people were treated in a dignified way. Care staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs. They responded promptly when people needed help or reassurance and they knew when people were in pain or suffering discomfort and acted to alleviate that in a timely way.

People received care and support from care staff that had a good knowledge of their needs. Care staff showed an interest in people's lives and understood what was important to them. Care staff knew about people's backgrounds and treated them with kindness.

People's visitors were made welcome. A visitor said, "They [care staff] go out of their way to make me feel relaxed when I visit [name of relative]. That's important to me and I can't fault their kindness. [Name of relative] is always saying how nice they [care staff] all are."

People's bedrooms were personalised with their belongings and mementos they valued and had chosen to have around them. The home had recently been refurbished and the living environment throughout was 'homely' and comfortably furnished in a style that the people living there liked and that enhanced their experience of being in a caring environment.

Is the service responsive?

Our findings

At our last inspection in August 2015 we found that improvements were needed to ensure that people consistently benefited from receiving a service that was responsive. At this inspection we found that the provider had taken timely action to improve this area of care.

People's care plans were reflective of people's needs and the actions care staff needed to take to provide them with timely care. People that were still able to make some decisions about their care had been involved in planning and reviewing their care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them. Where a person's ability to say how they preferred to receive care had been compromised by their dementia then their advocates were consulted to ensure the person's best interest was upheld.

People benefited from receiving care from care staff that responded promptly if they needed attention, so they were not left in discomfort or at risk. People were encouraged to make choices about their care and how they preferred to spend their time. People had a range of activities that included organised 'events' or that were on offer on a daily basis. These activities suited people's individual likes and dislikes. People could freely choose to join in with communal activities if they wanted to.

People, or their representatives, were provided with the verbal and written information they needed about what to do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Is the service well-led?

Our findings

At our last inspection in November 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3): 'Good Governance'. The provider had not always ensured the service was well led whenever the registered manager was absent from the home. At this inspection we found that the provider had taken timely action to improve this area of care.

People benefited from receiving care in a home that was competently managed on a daily as well as long term basis. The registered manager had the necessary knowledge and acquired experience to motivate the care staff team to do a good job. Care staff said there was always an 'open door' if they needed guidance from the registered manager, or from any of the senior care staff. The care staff team worked well as a team and were very supportive of each other so that people could rely upon receiving attentive care. Care staff said there was a positive culture that inspired teamwork, that the effort and contribution each care staff member made towards providing people with the care they needed was recognised and valued by the registered manager and provider.

People were assured of receiving care that was regularly audited to ensure good standards were consistently achieved and sustained. People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and provider. These audits included checking that all care staff were consistently adhering to good practice guidelines and were following the procedures put in place to protect people from poor care.

People's care records were fit for purpose and had been reviewed on a regular basis since our last inspection. The registered manager checked that the content accurately reflected people's needs and the care provided. Records relating to care staff recruitment and training were also fit for purpose. They reflected the training and supervision care staff had received. Records relating to the day-to-day management and maintenance of the home were also kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been updated since our last inspection to reflect best practice and to provide care staff with the current guidelines they needed.

People were regularly asked if they were happy, relatives were consulted when they visited, and survey questionnaires were used to find out if there were aspects of the service that were unsatisfactory. The registered manager kept the Care Quality Commission (CQC) informed of events and incidents that needed to be reported. They also worked cooperatively with health care professionals and commissioners involved in monitoring the care of people that used the service.