St Martin's Residential Homes Ltd

St Martins

Inspection report

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Coventry
West Midlands
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Tel: 02476621298

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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 inspection took place on 1 March 2017 and was unannounced.

St Martins provides care and accommodation to a maximum of 16 older people. The home is located in Coventry in the West Midlands. On the day of our inspection there were 14 people who lived at the home. The home provides care and support to older people and people who live with dementia.

The service was last inspected on 23 May 2016 when we found the provider was not meeting the required standards. We identified a breach in the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not ensure there were sufficient number of suitably qualified, competent and skilled staff to meet people's care and welfare needs. Staffing levels also impacted on the availability of staff to provide the support people needed to take part in interests and hobbies that met their individual needs and wishes.

We gave the home an overall rating of requires improvement and asked the provider to send us a report, to tell us how improvements were going to be made to the service. The provider sent us an action plan which detailed the actions they were taking to improve the service. The provider told us these actions would be completed by 24 May 2016.

At this inspection on 1 March 2017 we checked to see if the actions identified by the provider had been taken and if they were effective. We found sufficient action had been taken and there was no longer a breach in Regulations of the Health and Social Care Act 2008.

Staffing levels had been improved. There were enough staff on duty to respond to people's needs and to keep people safe and protected from risk. Increased staffing also meant during quieter periods of the day, staff were able to support people with activities that met their individual needs and interests. The registered manager and director of the service were addressing this through a joint project with a health care professional.

The service had a registered manager who had been in post since September 2016. This is a requirement of the provider's registration. 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 provider had developed systems to gather feedback from people and relatives and used the feedback received to improve the service provided. Audits to monitor the quality and safety of the service were being regularly completed and were effective.

People were supported with their medicines by staff who were trained and assessed as competent to give

medicines safely. Medicines were given in a timely way and as prescribed.

The provider conducted pre-employment checks, prior to staff starting work, to ensure their suitability to support people who lived in the home. Staff told us they were not able to work until these checks had been completed. Staff completed training the provider considered essential to meet people's needs safely and effectively.

The registered manager understood their responsibility to comply with the relevant requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Improvements had been made in the completion of mental capacity assessments which were detailed and decision specific. Care workers gained people's consent before they provided personal care and knew how to support people to make decisions.

People told us they felt safe living at St Martins and staff understood how to protect people from abuse. Risks related to the delivery of care and support for people who lived at the home had been identified and staff understood how these should be managed.

Staff respected and promoted people's privacy and dignity. People were encouraged to maintain their independence, where possible. People told us care workers were caring and knew how people wanted their care and support to be provided.

People who lived at the home were supported to maintain links with friends and family who could visit the home at any time.

Care workers completed an induction when they joined the service and had their practice regularly checked by a member of the management team. However, staff files did not contain information to show staff inductions were linked to the Care Certificate. The director of the service was taking action to address this. Staff felt supported by the management team.

People were encouraged to eat a varied diet that took account of their preferences and received the support needed to maintain their health and wellbeing. People had access to a range of health care professionals when they needed.

People and relatives were involved in planning and reviewing their care, where appropriate. Care records contained relevant up to date information for care workers to help them provide the care and support people required.

Everyone we spoke with told us the management team were available, supportive and approachable. Complaints were managed in line with the provider's procedure.

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 told us they felt safe and there were enough staff available to provide the support needed to help keep people safe and protected from risks. The provider's recruitment process meant risks to people's safety from unsuitable staff were minimised. Staff understood how to protect people from avoidable harm and abuse and had a good understanding of the risks associated with people's care. Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff completed an induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected; important decisions were made in their 'best interests' in consultation with health professionals. People were supported to maintain good health and a nutritious diet which met their preferences. People accessed healthcare services to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were happy with the care and support they received from staff who were caring and thoughtful. Staff understood how to promote people's rights to dignity and privacy at all times. People were encouraged to maintain their independence and make everyday choices which were respected by staff. People were able to maintain links with family and friends.

Is the service responsive?

Good

The service was responsive.

People were supported and encouraged to take part in activities that met their individual needs and wishes. However, staff did

not always have the time needed to provide support with activities. The director was taking action to address this. People and their relatives were involved in the development of care plans and care plan reviews. Care records provided staff with the information they needed to respond to people's physical and emotional needs. Complaints were managed in line with the provider's procedure.

Is the service well-led?

Good

The service was well led.

People and relatives spoke positively about the way the home was managed. Staff were supported to carry out their roles by the management team who they considered approachable and responsive. The provider had effective systems to review the quality and safety of service provided and to make improvements where needed.

St Martins

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 was 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 inspection took place on 1 March 2017 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experiences of using, or caring for someone, who uses this type of care service.

Before our visit we looked at the 'Report of Actions' the provider sent to us after our last inspection in May 2016. This detailed the actions the provider was taking to improve the service.

We looked at information received from statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS. The local authority commissioners had no concerns about this service.

During our visit we spoke with nine people who lived at the home and three relatives of people to obtain their views about the service provided. Nine of the 14 people who lived at the home were not able to tell us, in detail, about how they were cared for and supported. This was because they were living with dementia. However, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us in detail.

We spoke with five staff members (including a senior care worker, care workers and kitchen staff) and two social care students who were on a placement in the home. We also spoke with one of the directors of the service, the registered manager and deputy manager.

We reviewed three people's care records to see how their care and support was planned and delivered. We

checked three staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We also looked at other records related to people's care and how the service operated; including medicines checks, food and fluid monitoring charts and checks management took to be assured that people received a good quality service.

Good

Is the service safe?

Our findings

At our last inspection on 23 May 2016 the provider breached Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. This was because there were not enough staff on duty at all times of the day to meet the needs of people who lived at the home. This meant staff did not always have the time to support people in the way they needed to help keep people safe and protected from risks.

Following our inspection in May 2016 the provider sent us an action plan outlining the actions they would take to ensure there were sufficient staff to support people when required.

During this visit we checked whether the provider had completed the actions they said they would take. We found the actions had been completed and saw improvements had been made.

When we asked people and relatives about staffing levels we received mixed responses, including, "Not always no, they could do with more.", "Yes, I think there are enough staff on.", And "I think there are enough staff for my needs."

Despite the mixed comments we received from people and relatives we observed staff were available to support people at the times needed throughout our visit. We saw care staff had time to sit and chat with people and were available in communal areas to support people when needed. When people activated their call bells to request assistance staff responded in a timely manner.

On the day of our visit we arrived at the home at 7.45 am so we could review the number of staff available to support people during the night time. We found there were two night care staff on duty to support the 14 people who lived at the home. From 8.00 am onwards people were supported by three care staff, including a senior care worker. The deputy manager was also rostered to work alongside care staff. We reviewed the homes staffing rota for a four week period. This confirmed staffing levels consistently reflected those we observed during our visit.

Staff told us staffing levels had improved. One care worker said, "Staffing levels have gone right up. It's working well." Another commented, "Even if someone goes off sick the rota is covered. We never work short. They added, "On the odd night we have agency staff on." The deputy manager confirmed the home 'occasionally' used agency staff to cover unplanned staff absences. They said, "We use the same staff member from the agency to ensure consistency for the residents [People]. They [Agency staff member] know all the residents [People] which is important."

The registered manager told us they 'constantly' monitored staffing levels to ensure they reflected people's needs. They gave the example of discussions which were taking place with a local authority social worker about the 'variable dependency needs' of one person who was living at the home on a temporary basis. They told us, "When [Person's name] is not well they need a higher level of monitoring. This has the potential to reduce the availability of carers to support the other residents [People]. So we are looking at the resident's needs and the possibility of additional staffing."

We found the provider was no longer in breach of the Regulation.

People we spoke with felt safe living at St Martins and were confident in the staff who provided their care and support. Comments from people included: "Yes, I am safe there is nothing to worry about.", "It's very safe, no intruders or anything like that and my things are safe to." And, "Oh yes, the ladies [Staff] keep you safe." Relatives agreed. One told us they were confident their family member was safe because staff were available in the home day and night.

The provider protected people from the risk of abuse and safeguarded people from harm. Care staff regularly attended safeguarding training which included information about how people may experience abuse. One staff member explained how completing the training had made them feel confident in their ability to recognise signs of abuse.

Staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. They knew their responsibilities were to report their concerns to the registered manager so they could be referred to the local authority safeguarding team. Care staff told us they were confident the registered manager would deal with any concerns 'immediately'. One said, "If nothing was done there is a whistleblowing policy. I feel confident to use it." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

We asked the registered manager about their responsibilities to notify us when there had been any concerns raised about the safety of people. This was because we had not received any safeguarding notifications since our last inspection. The registered manager demonstrated a clear understanding of their responsibilities and told us they would also follow the local authority procedures to ensure people were safe whilst safeguarding concerns were investigated. During our visit we did not see any information which suggested a safeguarding referral was required.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff starting work at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at the service until all pre-employment checks had been received by the registered manager.

The registered manager had identified potential risks related to each person who lived at the home, and care plans had been written detailing the actions needed to manage or reduce identified risks. For example, one person was at risk because their skin was 'fragile' and could easily become damaged. The risk assessment detailed how this risk could be reduced by ensuring the person had specialist equipment to sit and sleep on. We observed staff supported the person to use this equipment during our visit.

Another person was at risk, and posed a fire risk to other people and staff, because they had smoked cigarettes in their bedroom. The person's risk assessment included information and advice from the local fire officer and instructed staff to ensure fire retardant bedding was in place. Staff were also required to undertake regular checks when the person was in their bedroom and to ensure the person did not have a cigarette lighter. The assessment showed these actions had been discussed and agreed with the person. Staff told us, and we observed, they followed the instruction detailed in the assessment.

Care workers demonstrated they had a good knowledge of the risks associated with people's care and how

these were to be managed. One care worker told us, "All the risk assessments are in the care files. If anything changes then we are told at handover and we read the new assessment."

The premises and equipment were safe for people to use. The registered manager ensured fire, water and electrical checks were carried out within timescales to ensure people's safety. Equipment such as hoists were maintained by the company which supplied the equipment.

The provider had plans to ensure people were kept safe in the event of an emergency or an unforeseen situation. Emergency equipment was checked regularly. Weekly fire tests had been completed and staff knew what action to take in an emergency. We saw each person had a personal emergency evacuation plan (PEEP) which staff could refer to in the event of an emergency. These plans gave staff and the emergency services information about the level of support and equipment a person may need to evacuate the building safely. However, PEEP's were kept in people's individual files which were securely stored in the registered manager's office. This meant staff, or emergency workers, would not be able to access the information needed quickly in an emergency situation. We discussed this with the director and registered manager who told us they would relocate PEEP's to a secure area by the fire alarm panel.

Records of accidents and incidents were completed and the action taken was recorded. The deputy manager told us they completed a monthly review of all accidents and incidents reports to identify any patterns or trends. This meant action was taken, when needed, to respond to patterns of risk and to minimise the potential for a reoccurrence.

We observed people received their medicines in a safe way and medicines were kept securely while this was carried out. Medicine administration records (MARs) were in good order and demonstrated that people were given their medicines as prescribed. The registered manager and deputy manager regularly completed audits of MARs to make sure people continued to receive their medicines as prescribed. Records confirmed any issues identified during medicines audits were discussed in one to one meetings with care workers and actions were agreed.

Where people were prescribed their medicines on an 'as required' (PRN) basis, we found guidance for staff on the circumstances in which these medicines were to be used. Where people were prescribed topical medicines that were to be applied directly to the skin, clear directions were available to ensure staff knew where and when creams and lotions were to be applied.

People received their medicines from staff who had completed medicines training. Staff told us, and records confirmed, staff's competencies were assessed by a member of the management team to ensure they had the skills needed to administer medicines to people safely. One staff member said, "I had medication training with the pharmacist and was observed three times before I was signed off to give them (Medicines)." They added, "Now I get checked every three months to make sure I'm doing it right." This ensured care workers continued to have the skills and knowledge need to administered people's medicines safely.

Good

Is the service effective?

Our findings

During our last inspection we identified shortfalls in the completion of fluid and food charts. This was because charts had omissions or had not been completed. These charts were for people who needed to receive a specific amount of food or fluid each day to maintain their well-being and health. The provider acknowledged our findings and said they would be introducing 'daily checks'.

At this visit we found improvements had been made.

Care staff updated nutritional and fluid charts at hourly intervals, as a minimum, including a running total so it was easy to see if a person was not drinking or eating enough. Care records showed one person was instructed by their GP to drink a maximum of 1400 mls of fluid a day due to a health condition. The person's fluid chart showed this advice was being followed. One staff member told us if a chart indicated a person was not eating or drinking enough the person's GP was contacted for advice. Another explained any changes relating to a person's nutritional needs were discussed at shift handover and the person's care records were updated, including information held in the kitchen.

People received food and drink which met their needs. The majority of people told us the food was good and varied. Comments included: "The food is very good. Well I enjoy it anyway.", "The food is pretty good sometimes.", "The food is very good. Excellent." And, "The meals are absolutely wonderful I would say five star…."

We observed the breakfast and lunch time meal service. Tables were set with cutlery, condiments and napkins and the menu was displayed. People were given a choice of drinks and asked if they wanted an apron to protect their clothes. Meals were well presented and looked hot and appetising. Where people needed assistance, staff supported them in a discreet and sensitive way, for example we heard staff telling people, "There is no hurry. You take your time." And "Would it help if I cut your meat for you?" The atmosphere during meal service was relaxed and there were enough staff to support people when needed. People and staff chatted comfortably together. Staff were attentive and observant. For example, a staff member observed a person about to get up from the dining table having only eaten a small amount of their meal. The staff member sat by the person and chatted with them whilst encouraging the person to eat. Another person chose not to eat their lunch. A care worker was heard suggesting the meal could be placed in the fridge. The staff member said, "Then I can get it for you later if you fancy it." and the person agreed.

The cook had good knowledge of each person's dietary needs and preferences. They explained some people needed a soft diet or thickener added to their drinks to reduce the risk of choking. This reflected the information recorded in people's care records following visits from speech and language therapists (SALT). SALT provide advice where people have difficulty with eating, drinking and swallowing. The cook told us they understood the importance of ensuring meals were appetising and well presented. They said, "When I make pureed meals I blend each part separately… You wouldn't want it all mushed together so we take the care to make it presentable."

Care staff told us they had been inducted into the organisation when they first started work. This included completing training the provider considered essential to meet the needs of people who lived at the home and working alongside experienced staff. Care staff told us in addition to completing the induction programme they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

The registered manager told us the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours expected from care workers within a care environment to ensure they provided high quality care and support. However, induction records we reviewed did not clearly show links to the Care Certificate standards, or the process in place for new staff to have their practice assessed, in line with requirements of the Care Certificate. The director told us they would speak with the homes 'training provider' to ensure this information was available.

On-going training was planned to support staffs' continued learning. The registered manager maintained a training record which showed staff training was up to date. Care staff spoke positively about the training they received which they said had given them the skills and knowledge to do their job. One staff member said, "I've done all my training, it covers everything and we have to renew it each year." Records showed training was also linked to people's specific needs which enabled staff to support people effectively. For example, staff had recently received training to increase their knowledge about a specific mental health condition so they support a person living with the condition more effectively.

People and relatives expressed confidence in the knowledge and skills of staff who worked at the home. One person said, "They [Care workers] know all about me and the different help I need." Another person told us, "Staff do know what they are doing definitely." One relative who was a regular visitor to the home told us care staff knew how to support their family member and understood the level of support their family member needed.

People told us they were supported to maintain their health and obtain healthcare advice, because other health professionals, such as the GP and dentist, visited them at the home. One person told us, "My doctor comes to see me if I need them." During our visit one person appeared to be distressed and anxious. The person's care file detailed the approach and action staff should take when the person displayed these types of behaviour. We observed staff followed these instructions.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The registered manager understood their responsibilities under the Act. Care records contained information about people's capacity to make decisions and showed MCA assessments had taken place as required. These assessments were detailed and decision specific. For example, whether a person had capacity to make decisions about what clothes they wanted to wear or managing their finances independently. Details of who was involved in making the decision, and how each decision was reached were documented.

Where people had been assessed as having 'fluctuating' capacity (may not be able to make a decisions at

one point in time, but may be able to make the same decision at a later point in time) records provided staff with the information they needed to know when to support people to make decisions. For example, one person's capacity to make decisions was affected when they became anxious. Care staff were instructed to consider the possibility of delaying the decision until the person had regained capacity. This meant staff had information to hand to support them in working with people whose capacity to understand might be compromised.

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). The registered manager told us 11 people who lived at the home had restrictions on their liberty because people were not able to leave the home independently.

Records showed DoLS applications had been approved by local authority who are the supervisory body. Information about restrictions on people's liberty were recorded in care records so staff had a clear understanding of who had a DoLS in place and what safeguards had been approved that staff needed to work within. Staff demonstrated they understood and followed these safeguards. One care worker explained if a person was not 'safe' to leave the home on their own but wanted to go shopping the staff member would accompany them.

Staff had completed MCA training and understood they could only deliver care and support with people's consent. One care worker told us, "Asking residents [People] if they are ready for us to help them is important." They explained if a person declined the offer of support, "We respect that and go back later to ask again."

We saw this happen in practice. We heard a staff member ask a person, "Are you ready to get up [Person's name]?" The person replied, "Not just yet." The care worker said, "OK, I will come back in a while." We saw the care worker return later to check if the person was now ready to be assisted to get out of bed.

Good

Is the service caring?

Our findings

People were happy with the care and support they received at St Martins. People told us staff were caring and thoughtful. One person said, "The staff are very caring and friendly they make sure you are alright." Another person told us it was because of the staff that they had 'always been happy' since living at the home. When discussing the attitude and approach of care staff with relatives, comments made included, "They are excellent; the girls [Staff] are absolutely fantastic and so caring towards my brother. I can't fault them.", And "Staff are friendly and approachable."

Staff were aware of people and took practical steps to ensure they were comfortable. A member of staff noticed the temperature in the lounge had reduced so they asked people if they were feeling cold. Some people said they were. The staff member asked for the heating thermostat to be checked whilst they went and collected blankets. They returned with blankets which they offered to each person. The care worker was observed gently tucking blankets around people's legs and checking they were feeling warmer. We heard one person say, "Thank you. That's lovely."

Care staff were calm and reassuring to people who were distressed or anxious, and used appropriate touch to comfort people and show affection. For example, one member of care staff sat gently stroking a person's hand and gave the person verbal reassurance because they seemed to be upset. The person appeared to relax and respond positively to this.

Care staff asked people how they were feeling, and if they needed anything. We observed one care worker approach a person in their bedroom. The staff member said, "Are you ok? You seem a little down. Perhaps we could look at your photo album. I know you like to do that." When we passed the room later we saw the person was chatting and smiling with the staff member as they looked at the photographs and reminisced.

People told us staff supported them to maintain their independence. One person said, "They [Staff] allow me to be independent, yes they do." Staff understood the importance of supporting and encouraging people, where possible, to maintain their independence. One care worker told us, "It's important not to take people's independence away, just because they live here doesn't stop them being who they are. [Person's name] is able to feed herself but she has bad pain in her arms and some days she can't lift the fork. On those days we sit and help her but we can't assume that she can't feed herself at all."

Some people who lived at the home were unable to tell us about the care they received. Throughout our visit we observed staff addressed people in a kind and considerate manner, and communicated with them as individuals. One staff member explained how staff learnt about people's facial expressions and body language to assist them to understand what the person was trying to communicate. They told us, "This is really important if people can't voice their opinions."

People told us their dignity and privacy was respected by staff. One person said their dignity and privacy was respected because care workers ensured the person's 'bits' were covered when providing support with personal care. A relative told us, "I have been here when they have changed mum and the staff were kind

and very respectful." We observed staff knocking on people's doors and announcing themselves before going into people's rooms. One member of staff said, "Personal care is always done in a private room. The door is shut and I ask the person how they want to be supported." They added, "I never leave people exposed, I cover them…" Staff spoke discretely and quietly to people regarding personal care routines, to respect people's privacy.

People were given choices about how they lived their lives and received support in line with their preferred routines. Staff respected decisions people made. For example, we saw some people were up when we arrived, and other people were still in bed. Some people were eating breakfast in the dining room, and other people were eating breakfast in their room, which was their preference.

Staff told us they enjoyed working and caring for the people who lived at St Martins. They recognised caring for people was important, with one staff member explaining, "I love the way we look after people, as if they were one of our family." Another staff member told us, "I find my job very rewarding."

People made choices about who visited them at the home. One person said, "My visitors can come whenever they like. No problem." A relative told us they were always made to feel welcome when they visited. They added, "It seems they [Care staff] have been my friends for years."

Feedback documented by a health professional who had visited the home read, "I was made to feel welcome. Helpful and informative staff." We saw people had visitors join them at the home during our inspection. Visitors were made to feel welcome, and used the communal areas of the home as well as people's bedrooms to meet. This helped people maintain links with family and friends.

Good

Is the service responsive?

Our findings

At our last inspection people and relatives told us opportunities for people to take part in activities which they enjoyed and were reflective of people's individual interests were limited. The provider acknowledged this was an area where improvement was needed. They told us this was being addressed through 'joint working' with an occupational therapist and a local authority contract monitoring officer to develop personalised activity programmes.

During this inspection we saw 'meaningful activity programmes' were being developed. An occupational therapist was working with people who lived at the home and was part way through a 12 week 'project' to develop individual activity programmes. The registered manager explained once the activity programmes were completed a 'Cognitive stimulation therapist' (CST) would work with people and train staff to undertake specific activities which reflected people's interests. CST's work with people to increases their cognition through activities such as using numbers and word association. The registered manager told us, "I am very proud that this project is happening in the home." They added, "This will help us to provide the activities that people want."

When we asked people and relatives about the opportunities the home provided to engage in activities they enjoyed, we received mixed responses. For example, one person told us they enjoyed joining in quizzes and listening to music. Another person told us at times they were 'bored' because there was nothing to do. Another said, "I like it when the singer comes." A relative told us they observed people 'just sat' in the lounge with nothing to do. The relative though this was because staff did not always have time to 'do activities'.

However, records confirmed and staff told us they supported people with individual and group activities depending on people's preferences. One staff member said," Resident's [People] don't always want to take part in a group activity like dominoes, cards, and bingo so we ask them what they would like to do and base the activity on that." The care worker gave the example of one person who enjoyed watching 'boxing' DVD's. They explained the person used to be a professional boxer and really enjoyed watching the DVD's and talking about the boxing matches. Staff told us 'the range of activities in the home' had improved since the new registered manager took up post. One staff member said," [Registered managers name] arranges lots more, a singer comes once a month and we have students who help."

On the day of our visit two students from a local college were in the home supporting people with individual and group activities. For example, we observed one student spent time with a person in their bedroom chatting. The person told us they enjoyed 'having a chat.' On another occasion we observed a student sitting next to a person reading the newspaper aloud which generated a two way discussion about 'current events'. People told us they enjoyed the time the student's spent in the home. One person said, "They are lovely and friendly and it's good to talk." The registered manager told us, "The students have been a marvellous asset in helping to further develop activities plans."

Whilst we observed staff spending time with people most of the activities we observed were led by the college students. Staff told us, "We try to make time to do one - one activities, it is easier in the afternoons

because it is quieter." And, "We have a little more time now but we can't always do activities every day." We asked the registered manager and director how they planned to maintain the level of activity when the student's placement ended, The director told us, they were looking at the different ways this could be achieved, including the possibility of employing an additional staff member.

People told us they were happy with the way their care and support was provided. One person indicated their satisfaction by responding to our question with a smile and thumbs up sign. Another person said, "I get everything I need. I am happy." Relatives agreed. One explained this was because care staff had a good understanding of their family member's needs and preferences. They added, "Staff look after mum really well."

Staff demonstrated they knew the people they supported and understood individual people's needs. For example, one person had experienced an 'unsettled' night and had chosen to remain in the communal lounge. We observed care staff regularly checking if the person would like a drink or something to eat and if they were comfortable. Each time the person was heard saying, "Go away." Care staff respected the person's wishes but continued to discreetly observe the person. One staff member told us, "This is usually a sign that [Person's name] is not well. So we are watching closely and we will ring the doctor." We saw the person's care records detailed this was the approach staff were instructed staff to follow. Later in the day we heard a senior care worker sharing their observations with the registered manager which resulted in the person being visited by their GP. This meant staff had a good understanding of and were responsive to people's needs.

People received care from staff who they were familiar with. The registered manager told us they had allocated each person a 'keyworker'. They explained this ensured people had a consistent named worker who was responsible for overseeing the person's care. One staff member told us, "As a keyworker I make sure the resident [Person] has everything they need, all the care plans are up to date and the family know they can come to me if they want to talk."

People and relatives were involved in planning their care and support needs. One person who had moved into the home for a 'short stay' told us, "They [Staff] asked about me and what things I like to do." We saw the person's preferences and needs were recorded in their care records. A relative told us, "I was involved in [Person's name] care review." The relative added they were able to speak with staff or the registered manager about their family member's care at other times, if needed, when they visited the home. The registered manager told us an important part of their role was, "Ensuring residents and relatives can talk to me about their care so we make sure we get it right."

Care records provided staff with the information they needed to meet people's needs in the ways people chose. We reviewed three people's care records which were personalised with information about people's life history, family relationships, needs, preferences and dislikes. They also informed staff about people's physical and mental health, hobbies and interests, including 'enjoyable memories'. For example, information on one person's file told staff about a 'childhood' holiday which the person enjoyed recollecting. Care plans had been reviewed at monthly intervals, or sooner if a person's needs had changed. Staff told us they 'always' read care plans because they contained the information they needed to support people effectively. This meant staff had the necessary information and knowledge to ensure people's preferences and needs were at the centre of the care and support they received.

Care files were securely stored so people could be confident their personal information was kept private.

Staff told us, and we observed, there was a verbal handover at the start of each shift. This ensured staff were

updated about any changes to people's health or care needs. For example, staff coming on duty were informed a visit from a GP had been requested for one person. Staff explained information was also recorded in the 'communication book', so staff could review or check information if needed. One care worker told us a member of the management team updated any staff member who had been absent from work due to leave or sickness. They told us this ensured they were aware of any changes in people's needs or changes within the home."

We looked at how the service responded to people's complaints. We saw information in communal areas informing people how they could complain, and how their complaint would be managed. There was also information about who they could contact if they were not satisfied with the outcome of their complaint. We saw the service had received one complaint in 2016. Records confirmed this had been responded to according to the complaint policy and procedure.

Good

Is the service well-led?

Our findings

People and relatives were positive in their comments about the service provided and the way St Martins was managed. One person described the service they received as "Brilliant". They told us, "I wouldn't change anything." Another person told us they had no complaints and would "Recommend the home'. A relative commented, "I can't fault them [Home]. The relative added they believed the home was "Run well."

At our previous inspection in May 2016 we identified checks to assess and monitor the quality and safety of the service had been completed but were not always effective. This was because audits were not sufficiently detailed and had not identified inaccuracies and gaps in medicine, food monitoring and care records.

During this visit we found improvements had been made.

Records confirmed the registered manager and provider, regularly monitored and audited the quality and safety of the service provided. This included daily checks of nutritional charts and monthly checks of care records to ensure they continued to accurately reflect people's needs. Daily and monthly medicine audits ensured people received their prescribed medicines. Observations of staff performance ensured staff followed the provider's policy and procedure.

Quality checks identified what the service did well and where improvement was needed. For example, the need for new toilet brushes was identified and the purchase had been approved by the provider. The registered manager told us they were planning to develop a "Service improvement action plan'. They said this would enable them to more easily monitor when actions had been completed and those which still needed to be addressed. These checks ensured the service continuously improved.

At our last inspection we found the views of people and relatives were not always sought about the quality of the service or how the home could improve. Formal systems such as 'resident and relative' meetings or quality feedback surveys were not in place. During this visit we found improvements had been made. For example, meetings with people [Resident] were regularly held and relatives had been invited to meet the new registered manager. Relative had also been given the opportunity to complete a 'quality' survey. To date seven completed surveys had been returned.

The provider and registered manager had acted on the feedback received to make improvements. For example, relatives had commented they found it difficult to distinguish between different staff roles. The registered manager had responded by placing a pictorial poster in the reception area which enabled staff roles to be identified by their uniform colour. The registered manager told us, "When I spoke to staff they didn't want their photographs displayed so I thought this approach would give relatives the information they needed and respect staffs views." Feedback from relatives also highlighted 'confusion' about the availability and accessibility of a manager in the home during the week. The provider had recruited a new manager to address this. The registered manager told us, "Relatives wanted a manager to be available during the week. So I work Monday to Friday. However, I am always flexible. If a relative would like to meet at the weekend or if staff need support I need to come in."

Since our last inspection the provider had appointed a new registered manager. One of the directors of the service told us the registered manager was having a 'positive impact' on the operations of the home because they were available to residents and staff on a daily basis and had the time needed to focus on making service improvements. Staff agreed. They told us they had seen improvements since the new registered manager came into post. One staff member said, "Things are more settled and organised since [Registered managers name] started."

There was clear management structure within St Martins: this included a director of the service, the registered manager, a deputy manager and three senior care staff. The registered manager and deputy manager told us they worked well together and shared an enthusiasm to drive through improvements within the service. The registered manager told us since taking up post the provider had visited the home each week and was always contactable by telephone should they need advice or support. The registered manager told us they 'valued' this support.

Staff described the 'whole' management team as supportive. Staff told us they felt able to raise any concerns with the registered manager or provider and whilst staff could not think of an example of any concerns raised they were confident the management team would respond 'immediately', if they did.

Staff told us they were supported in their roles through regular team and individual meetings (Supervision) with a member of the management team. They explained these meetings gave them the opportunity to share ideas and to discuss their individual training and development needs. One care worker told us they had used their recent supervision meeting to ask for additional training. They said, "The management team are looking into it." Minutes of the latest staff meeting in November 2016 showed a range of topics were discussed including, individual people's needs, training and activities. One care worker told us, "The staff meetings give us chance to all get together. I think they are a good. We share information."

The registered manager understood their responsibilities and the requirements of their registration, including, when appropriate, to submit notifications to the Care Quality Commission. The registered manager is legally obliged to send us notifications of incidents, events or changes involving the service within a required timescale. This means we are able to monitor any trends or concerns.

Providers are legally required to display the ratings we give them. The provider had added the rating and a link to the latest inspection report to their website. However, St Martins rating from our previous inspection was not displayed in the home. We discussed this with the provider. They told us they thought the 'rating poster' had been accidently removed and took immediate action to address this.

We asked to see a copy of the provider's statement of purpose (SOP). A SOP is a legally required document that includes a standard set of information about a provider's service. We found the SOP required updating to reflect the new management arrangements for the home. Providers are required to inform the Care Quality Commission of any changes to their SOP within 28 days of making any changes. We discussed this with the provider who gave assurance they would address this as a priority.

The provider operated an 'on call' system to support staff outside of 'normal' office hours. Staff were positive about the support they received 'out of hours'. They said this was because a 'senior person' was always available if they needed support or guidance. One staff member said, "We have a telephone number to ring if we need help when the manager has gone home. It works well."

During our visit we asked the registered manager what they were proud of about the service. They told us, "Whilst it is still early days I am already very proud of the staff, the way they pull together to give people a

happy and good life and I am proud of the improvements I have been able to put in place so far." They added, "The staff know I am here to work with them so together we can continue to make positive changes for the residents [People]."