

ASD Unique Services LLP

St Marks

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

St Marks is a residential care home providing personal care for up to 7 people. At the time of inspection there were 7 people living there. The service provides support to autistic people and people with learning disabilities and mental health needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and/or who are autistic.

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

Right Culture:

Audits were carried out and where shortfalls were identified they were promptly addressed. We identified areas where records could be more detailed, for example, clearer advice in care plans, daily records and documentation related to fire drills.

People's relatives felt that there was good communication, and they were kept informed and equally could contact the service if they had any concerns.

Right support:

People told us they felt safe living at St Marks, and we observed through their interactions with staff that they were relaxed in their company. Safeguarding concerns had been responded to promptly.

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.

Right Care:

There were enough staff to meet people's needs and wishes. Emphasis had been placed on ensuring that staff had the skills, knowledge, and experience to meet people's needs. People received their medicines safely.

People were supported to participate in activities of their choice. People told us they enjoyed what they did and had regular opportunities to attend activities such as swimming, clubs, pubs, shopping, and restaurants. Everyone was supported to have an annual holiday or days out if that was their preference, 3 people had just returned from a trip to the Isle of Wight.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 5 July 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Marks on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# St Marks

## 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

St Marks is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Marks is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager worked at the service at least 1 day a week and was available by phone and email for the rest of the week. However, there was also an assistant manager with day-to-day responsibility for the running of the service.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because

the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we held about the service and the service provider. We looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

#### During the inspection

We spent time observing how staff interacted with people to help us understand the experience of people living at the service. We spoke with the registered manager, the assistant manager and 4 staff members. We looked at a range of records relating to the home, which included records relating to health and safety, and the management of the home. We spoke with 3 people's relatives and received correspondence from another person's relative. We received correspondence from 3 health and social care professionals. We looked at 4 people's care plans, audits, training data, 2 staff recruitment records, quality assurance records and meeting minutes. We have continued to seek clarification from the provider to validate the evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at St Marks. Some people were not able to tell us how they felt but we observed people to be relaxed and content in their surroundings.
- Staff had received training on safeguarding, and they were able to tell us what constituted abuse and how they would report matters if needed. When safeguarding concerns were identified these were reported appropriately to the local authority for investigation and any learning as a result was addressed promptly.
- When asked if they felt their relatives were safe at St Marks, a relative told us, "Yes, without a shadow of a doubt." Another said, "Yes, he is safe, they look after him the best they can. I would know if he was unhappy." A third told us, "The management always keep me informed if anything unforeseen happens that I need to know about."

Assessing risk, safety monitoring and management

- Staff were clear about what to do in the event of a fire. At the time of inspection records related to fire safety could not be located. These were sent to us after the inspection. Records demonstrated that regular fire safety tests were carried out in line with guidelines. We sought further information from the assistant manager about records held in relation to fire drills. (see well led section).
- Staff were clear about how people should be supported and risks to people's safety were managed well. For example, if there were risks to people's health and wellbeing, there were specific guidelines of actions to support people and the service worked with professionals to ensure guidance was clear and met people's needs.
- People at St Marks lived in a safe environment because the service had good systems to carry out regular health and safety checks including electrical appliances safety. Water temperatures were monitored regularly.
- The maintenance tracker was used to identify areas that needed repair or refurbishment. Some items were attended to quickly and other areas needed additional planning as some people found refurbishment stressful. Arrangements were being made to refurbish two of the bathrooms during August 2023.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People were assumed to have mental capacity to make their own decisions. Where there was reason to believe they lacked mental capacity, an assessment had been carried out. If specific decisions then needed to be made for example, in relation to dental care, best interests' meetings had been arranged to seek the views of people's relatives and professionals. Records were kept of the outcomes.
- We saw that people were encouraged to make choices, for example in relation to what they wanted to eat and drink and what activities they wanted to take part in. Staff told us they always sought agreement from people before carrying out any support and we saw this during our inspection.

#### Staffing and recruitment

- There were enough staff on duty to meet people's needs and there were on call procedures for staff to gain advice and support if needed outside of office hours, and at weekends. There was a staff vacancy for approximately 20 hours weekly. These hours were covered with staff doing overtime, relief staff or using regular agency workers.
- Staff had received training appropriate to their roles and to ensure they could meet the specific needs of the people living at St Marks. This included training on autism and positive behavioural support.
- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. Medicine checks were carried out by a senior on a weekly basis and the manager also carried out a monthly audit. Where shortfalls were identified, actions were taken to address matters promptly.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief or anxiety. There were protocols that described when they should be used. Most people were able to say if they were in pain and there was guidance to explain how others might indicate rather than say they were in pain.
- There were safe procedures to ensure medicines were correctly ordered, stored, and given appropriately. There was information to guide staff on how each person liked to receive their medicines. Staff had received training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or



managed.

- We were assured that the provider's infection prevention and control policy was up to date.

There were no restrictions on visitors and people were able to receive visits from friends and families.

Learning lessons when things go wrong

- The service had systems to support them to learn from mistakes. Monitoring was in place to ensure that where possible lessons were learned to prevent incidents reoccurring. Records were kept of all incidents along with information about what had been happening before that might have triggered the incident. This helped to plan activities going forward.
- If a more serious incident occurred, a debrief was held with staff. These looked in detail at what led to the incident and how it was dealt with to determine if there were other ways that could have been used should a similar incident occur.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The home's quality assurance system had not identified that care plans needed further review to ensure that they were up to date and accurately described the way support should be provided. For example, for one person in relation to shaving, it stated, 'every member of staff does it differently,' but did not expand to say how the person would want to be shaved.
- Daily records were not detailed and were repetitive. Records stated what people had done, but did not demonstrate that people had made choices, that they enjoyed what they had been doing, and that progress with goals was recorded. Whilst we saw staff engage appropriately with people and offer choices, the wording used in records did not always demonstrate this.
- In relation to mental capacity, some of the questions assessed were quite broad and did not therefore reflect that people might have capacity to make some decisions. For example, someone may be able to make decisions in relation what they wore and what time they got up or went to bed. These were not always recorded.
- The quality assurance system had not identified that records of fire drills did not demonstrate that drills had been evaluated. The home's policy for evacuation at nighttime provided limited advice and guidance for staff. The above are areas that require improvement.
- There was a positive atmosphere and staff felt supported and happy to work at the service. We observed staff supporting people with kindness and care. There was a friendly banter between people and staff, and we also saw through people's facial expressions that they were enjoying these interactions.

Following the inspection, we received copies of the home's amended fire evacuation plan at nighttime and the fire evacuation plan had been amended to allow for more detail to be recorded.

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

- All staff attended regular supervision meetings and staff told us they found these useful. A staff member told us, "We work as a team and use each other's strengths in the best possible way, we all have different responsibilities, and this helps each day to flow well."
- A range of audits were completed on a regular basis for example in relation to medicines, infection control and health and safety. Where shortfalls were found there were action plans to address these.
- A relative told us that their relative, "Gets on well with [assistant manager,] she is good at her job and understands everyone's ways." Another relative told us, "[Person] is looked after well as all the staff know

him and understand him."

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

- The majority of staff told us they were able to raise issues in staff meetings. However, minutes of meetings read like a list of instructions, they were not written in a person-centred way and the wording used on occasions could be perceived as being disrespectful. We discussed this with the management team who advised that the minutes were typed up during the meetings. They advised that typing up the minutes after the meeting with time to consider the wording would address this matter.
- There were mixed responses to the annual relatives' survey. Two were very positive and two raised issues that were of concern to the relatives. There was no formal system to document the actions taken in relation to the survey, but the registered manager told us that they had responded to each of the relatives individually and we saw some documentation to confirm this. A relative said they would like to receive a regular newsletter with updates about the organisation and the home. Another told us, "Overall I'm very happy, [Keyworker] knows [relative] really well." Over the course of the inspection surveys were carried out to seek the views of staff and visiting professionals. The results had yet to be analysed.
- People had opportunities to attend house meetings and social skills meetings every week. At the house meeting they talked about matters such as menus, planned refurbishment and activities. We observed a social skills meeting and saw that people were given the opportunity to share how they were, and staff also brought up topics for group discussion. If people had topics that they did not want to share openly they advised to speak with their keyworkers. Most people were able to say who they would speak with if they had a concern.
- A relative told us, "I'm very pleased with the care. It's one of the best establishments in the county, especially in lockdown. The staff go beyond the call of duty."

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

- The registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest, and transparent with people and others in relation to care and support.
- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required. People's relatives told us they were kept informed of any changes in the health or wellbeing of their loved ones.

Continuous learning and improving care

- There were systems to ensure that staff received opportunities to increase their knowledge and skills. The registered manager described a range of ways that they and the staff team keep abreast of changes. They attend autism conferences. The provider listens to a wide range of podcasts and ensures that staff have access to those relevant to the service.
- A number of staff had attended a bespoke course where staff had the opportunity to be on a 'sensory bus' and experience what it is like to be in a world of sensory distortion. Staff confirmed this had been a valuable experience. The registered manager and assistant manager attended a two-day course on mental health first aid, which they found very valuable. It gave insight into various conditions and gave advice about how to get support in a crisis.

Working in partnership with others

- The service worked in partnership with others to support people in the best way they could. A nurse recently completed an annual health check for people at the service. The registered manager told us they had good links with the nurse and could seek advice and guidance as needed to support people.

- A health and social care professional told us there was, "Good leadership, [registered manager] has a wide network that she calls on to enable resident needs."
- A social care professional told us, "Excellent communication via telephone and email. The home seems to be well managed. Equally any observations or concerns we have around [Person] have been well received and welcomed."
- A health professional told us, "The [assistant manager] is particularly organised. Whenever we attend, the home appears to be clean and organised, and staff have awareness of up-to-date issues with the residents. The client group can be quite challenging, and they are very good at making adjustments to accommodate this in order to enable their clients to access appropriate care."