

St Martin's Residential Homes Ltd

The Leys

Inspection report

63 Booth Rise
Boothville
Northampton
Northamptonshire
NN3 6HP

Tel: 01604642030
Website: www.midlandscare.co.uk

Date of inspection visit:
13 January 2021

Date of publication:
09 February 2021

Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

The Leys is a residential care home that can provide care and support for older people and people living with dementia. The service is registered to provide personal care to a maximum of 33 people. At the time of inspection 14 people were using the service.

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

We found continued issues with management oversight. Audits had not identified the concerns raised during the inspection.

Information documented on people's needs required improvement. We found missing information within care plans, and not all risk assessments had been completed. Care plans required reviewing and information logged consistently. Some risk assessments needed implementing.

Documentation of care tasks was inconsistent. We found gaps in the recording of safety checks, repositioning checks and the recording of people's nutritional and hydration needs.

Medicine management required improvement. We found not all information had been documented. People received their medicines by trained staff.

People were supported by staff who had been safely recruited, appropriately trained and who knew them well.

People were protected from abuse by the systems and processes implemented. Staff understood how to recognise abuse and how to report it.

Complaints, suggestions and feedback had been appropriately managed and actions implemented to improve the service.

People were protected from infections. Staff wore appropriate personal protective equipment (PPE) and cleaning schedules were in place to ensure the service was clean and hygienic.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 24 March 2020) and there were multiple breaches of regulation.

The provider completed an action plan and had conditions put on their registration following the last inspection.

At this inspection enough improvement had not been made and the provider was still in breach of regulations 12 and 17. Other areas had improved and the provider was no longer in breach of regulations 13 and 18.

This service has been in Special Measures since 19 March 2020.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to requires improvement. This is based on the findings at this inspection.

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.

We have found evidence that the provider needs to make improvements.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Leys on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Requires improvement'. However, we are keeping the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check

for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

The Leys

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

This inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We phoned the service before entering the building to support the service and us to manage any potential risks associated with Covid-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and nine relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people's risks were being assessed and managed appropriately. This was a breach of Regulation 12 (1) (2.a) (2.b) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made some improvements. However, they had not made enough improvements and were still in breach of regulations.

- Not all risks had been fully documented or considered. For example, one person who had a diagnosis of epilepsy did not have this information recorded in their care plan or have a risk assessment completed. People at risk of constipation did not always have sufficient information recorded to ensure staff understood their risk. Staff had not recorded for one person who was at risk, any bowel movements for 16 days. We saw no evidence of health care being sought. This put people at risk of harm.
- Risk assessments that were completed contained strategies to reduce potential harm. However, staff had not consistently followed these strategies. For example, safety checks for people who could not use their call bell were not consistently recorded. People at risk of pressure damage did not have reposition checks recorded in line with their individual needs.
- People who were at risk of dehydration and malnutrition did not have their food and fluids recorded consistently. Records did not include the optimum amount of fluids required, the total amount of fluid consumed and if food had been fortified.

We found no evidence that people were harmed. However, these issues were a continued breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of care staff deployed to meet peoples assessed care and support needs. This was a breach of Regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made improvements and was no longer in breach of regulations.

- Staff were recruited safely. Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks, including references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Staff received appropriate training for their roles and responsibilities. However, the registered manager

has recognised the need for training in behaviour that challenges. This training had not been completed at the time of inspection.

- Staffing levels were appropriate to meet people's needs. Staff told us they felt they had enough staff to keep people safe. One Staff member said, "The team pulls together, and it all goes well. We have not been short staffed, but some days are busier than others."

Using medicines safely

- Medicine management required improvement.
- Not all protocols for 'as required' [PRN] medicines contained sufficient details for staff to follow. Staff had not consistently recorded the reason for giving a PRN medicine. For example, a PRN protocol for Diazepam only stated to give 'for agitation', therefore the reason for administering this medicine was recorded as agitated. No other information was evidenced regarding how the person presented, what behaviours were shown and if the medicine had any effect. The registered manager agreed to update all PRN protocols immediately after the inspection.
- Staff responsible for administering people's medicines had received training and understood what to do if a person refused their medicine.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure service users were protected from abuse and improper treatment. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made improvements and was no longer in breach of this regulation.

- Systems and processes were in place to protect people from abuse. Unexplained bruising had been investigated and recorded appropriately.
- Staff received training on safeguarding and understood how to recognise and report abuse.
- Relatives told us their relative felt safe. One relative said, "I've never had any questions about [persons] safety at all. Staff are close by, I've found them [staff] attentive people, I'd give them nine out of ten for safety, it's very good." Another relative told us, "I think [person] is completely safe."

Preventing and controlling infection

At our last inspection the provider had failed to ensure that procedures relating to infection control had been followed. This was a breach of regulation 12 (1) (2) (h) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made improvements and was no longer in breach of regulation 12 (2) (h).

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and trends and patterns were identified to support learning and to make changes as appropriate. For example, the registered manager looked at times and places of falls and put strategies in place to mitigate these risks.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made some improvements, however they had not made enough improvements and were still in breach of regulations.

- We found continued issues with management oversight of records and monitoring of risk. These were all identified at the previous inspection. Although improvements had been made in these areas there were still concerns found.
- Systems and processes to ensure effective oversight of the service required improvement. Audits had not identified the issues found relating to conflicting or wrong information within care plans or risk assessments. For example, people's health needs were not always documented fully to support staff to understand people's individual needs.
- The registered manager did not have systems in place to identify when support and care was not delivered consistently. Audits had not identified the issues found relating to gaps in recording. For example, people who required targeted fluid amounts or specific food due to potential health issues and people who required repositioning at prescribed time frames did not always have this need met. People continued to be at risk from potential harm.

We found no evidence people had been harmed. However, these issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

- The registered manager agreed to update and review people's records or care and care plans immediately after inspection.
- Audits completed on the environment and health and safety had identified any shortfalls and actions were logged to rectify these issues. However, we found radiator pipes sticking up from the floor that could pose a risk to people. The registered manager agreed to contact the provider to rectify this risk.

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

- Complaints were appropriately recorded and managed. Relatives told us when they had concerns these were listened to and the concerns rectified. One relative said, "I've not made a complaints, but I would talk to them, they are very approachable and would listen."
- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

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

- People and their relatives were asked for feedback on the service. A relative told us, "Yes I'm asked for feedback. It happens about once a year." Another relative told us, "They ask if we are happy and we are."
- Staff received supervisions and there were regular staff meetings. Minutes of meetings evidenced the registered manager asked staff for suggestions and feedback on the service and suggestions were acted upon. Staff told us they felt supported and all staff worked well together.
- People's communication needs were met. Information was made available in different formats to meet individual needs. For example, easy read, large print or pictorial.

Continuous learning and improving care. Working in partnership with others

- The registered manager sent an action plan detailing the actions they were taking in response to the feedback given from the inspection.
- The registered manager and staff were all open and transparent throughout the inspection.
- We saw evidence of referrals being made to external agencies including, doctors, dietitians, speech and language therapists and the falls team. Staff had sought support when appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure people's risks were being assessed and managed appropriately. This was a continued breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p>