

Assistwide Limited

# St Martins Residential Home

## Inspection report

63 St Martin's Lane  
Wallasey  
Merseyside  
CH44 1BG

Tel: 01516399877

Website: [www.richmondresidentialhome.co.uk](http://www.richmondresidentialhome.co.uk)

Date of inspection visit:  
21 April 2021

Date of publication:  
20 May 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Martins Residential Home is a care home providing accommodation and personal and care to 16 people with mental health needs. At the time of the inspection there were 14 people living in the home. The home is situated on a residential street and accommodates people over three floors with stair access to each floor. There is a lounge, dining room and garden with seating areas.

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

Whilst we had noted some improvements within the service, the systems in place to monitor the quality and safety of the service were not always effective. They did not cover all aspects of the service and did not identify the concerns we highlighted during the inspection. The manager acted quickly to address the issues raised during the inspection.

Risks regarding the environment and facilities had been assessed and most were well managed. However, the gas certificate had recently expired; we raised this with the provider who ensured this was addressed straight away. Risk assessments had been completed to assess individual risks to people and records showed how these risks should be managed. Personal emergency evacuation plans were in place, to ensure people could evacuate the home in the event of an emergency.

People told us they received their medications when they needed them. However, records regarding medication administration were not always maintained accurately as stock balances were not always correct. The manager created a new audit tool to help improve this. Staff had received training and had their competency assessed and medications were stored securely.

People and their relatives told us the home was a safe place to live. Staff had completed safeguarding training and knew how to raise any concerns they had. There were sufficient numbers of safely recruited staff available to support people when they needed it.

Infection prevention and control (IPC) was managed well in the home and effective systems were in place to minimise risks regarding COVID-19. Staff had completed infection control training, had access to adequate supplies of personal protective equipment (PPE) and a COVID-19 testing programme was in place.

The manager was aware of events and incidents that needed to be notified to CQC and had submitted notifications appropriately. Feedback from people and their relatives regarding the service provided was positive. Regular meetings enabled people to provide their feedback and have their voices heard. The manager and staff team worked with other health professionals to ensure people's needs were met and made relevant referrals when required to ensure people's safety.

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 requires improvement (published 30 July 2019). At that inspection continued breaches of regulation were identified, as risks were not always managed safely and systems in place to monitor the quality of the service were not always effective. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation regarding the management of risk. However, further improvements were required to ensure the provider had effective systems in place to monitor the quality of the service and they were still in breach of regulation regarding this.

### Why we inspected

This was a planned inspection based on the previous rating. 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 COVID-19 and other infection outbreaks effectively.

### 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 have identified breaches in relation to the governance 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 five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Martins Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission as they had recently left the service, however a senior member of staff had stepped up to become the acting manager. The provider is 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and 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 received feedback from four people living in the home and two relatives about their experience of the care provided. We also spoke with five members of staff, including the acting manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at three files in relation to staff recruitment and training. A variety of records relating to the management of the service were also reviewed, including accidents, safeguarding information and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed additional records provided after the site visit.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 the last inspection, the provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the environment was not always safely maintained. At this inspection, we found that the issues raised at the last inspection had been addressed and the provider was no longer in breach of regulation.

- The environment was safely maintained to minimise risks to people.
- A new call bell system had recently been installed and records showed that regular checks were made on the building and facilities to ensure they remained safe. However, the gas certificate had expired shortly before the inspection. The provider took immediate action and a new certificate was provided following the inspection.
- Risk assessments had been completed to assess people's individual risks and records showed how these risks should be managed.
- Personal emergency evacuation plans were in place, to ensure people could evacuate the home in the event of an emergency.

### Using medicines safely

- Although medications were stored securely in people's rooms, records regarding their administration were not always accurate.
- The stock balance of two medications did not correlate with the records maintained by staff when medicines were administered. The manager investigated this and advised staff would undergo further training and competency assessments to ensure records were maintained accurately. New audit tools were also created to help make improvements in this area.

### Staffing and recruitment

- There were enough staff available to meet people's individual needs. One person living at the home told us there were always at least three staff on during the day and another person said, "I feel safe as the staff help me out."
- We reviewed staff rota's which showed staff were supported by regular staff and no agency staff were used. However, the rotas were not always accurate, as they did not include a recently recruited staff member who had commenced employment and there was an error regarding one staff member's recorded shifts. The manager told us this was a recording error and rotas had been updated.
- Staff were safely recruited. Records showed that all necessary checks were made to ensure staff were

suitable for the role.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from potential abuse. Staff had completed training and there was a policy to guide them in their practice.
- People and their relatives told us the home was a safe place to live. One person told us, "I feel safe as the staff help me out" and another said, "This is a very safe environment and you have only got to ask for things and [staff] will supply it."

Preventing and controlling infection

- Infection prevention and control (IPC) was managed well in the home and effective systems were in place to minimise risks regarding COVID-19. One person told us, "The home has done all that they can to keep everyone safe living together."
- We were assured that the provider was preventing visitors from catching and spreading infections. Procedures were in place in line with government guidance.
- We were assured that the provider was admitting people safely to the service and in line with current guidance. Staff used PPE effectively and regular testing was available for people using the service and staff.
- The provider was promoting safety through the layout and hygiene practices of the premises. New hand sanitiser stations had been installed and improvements made within the home to help ensure IPC risks were minimised.

Learning lessons when things go wrong

- Accidents and incidents were effectively monitored and managed by staff.
- Records showed appropriate action was taken in response to any accidents and incidents. The manager reviewed this information to ensure lessons were learned and steps taken to prevent recurrence, when necessary.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

### Continuous learning and improving care

At our last inspection the provider's systems to assess and monitor the quality and safety of the service, were not always effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that enough improvement had not been made and the provider was still in breach of regulation regarding this.

- Although audits were in place that covered several areas of service provision, they were not always effective in identifying necessary improvements.
- The audit that included gas safety, did not highlight that the gas systems were due an annual check and so the certificate had expired. There were no medication audits in use. The manager had identified this and developed an audit tool, but this had not been completed at the time of the inspection.
- The provider visited the service regularly and was involved in the upkeep and maintenance of the home. However, evidence regarding their oversight of other aspects of the home, was not robust.
- The action plan being worked through to make improvements in the home, stated weekly checks were made on the stock balance of medications. We found that these were not all in place and those that were did not identify the issue we highlighted regarding the inaccurate stock balance of two medications.

Lack of effective systems to monitor the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture of the service helped ensure good outcomes for people.
- Feedback regarding the quality of service people received was positive. One person told us that they had no concerns, but that "If I have any problems, I can go to someone." Another person said, "[Staff] make you feel like it is your home so you can talk to the staff if you have a problem."
- People living in the home had opportunity to provide their feedback regarding the service through regular resident meetings. One person told us, "We have a resident's meeting every month, but I can also talk privately."
- Measures had been taken during the COVID -19 pandemic to facilitate people having contact with their relatives.

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

- Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Records showed that family members were informed in the event of accidents or incidents and relatives confirmed this. One relative told us, "Staff call so I am kept informed" and another said, "The home gives great care, they get in contact with me, they normally tell me if there are any problems".
- Staff told us that they would not hesitate to inform the manager of any issues or concerns they had.

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

- There was no registered manager in post, but an acting manager had been appointed and the provider was in the process of recruiting a new manager.
- A range of policies and procedures were in place, however we found that not all the policies provided accurate and detailed information to guide staff in their practice. This was raised with the manager and an updated copy was provided following the inspection.
- The manager was aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.
- The ratings from the previous inspection were displayed as required.
- People and their relatives told us the home had continued to run smoothly during the change in management of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager worked with other health and social care professionals to ensure people's needs were met.
- Referrals were made to relevant professionals when required for specialist advice and support.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems in place to monitor the quality and safety of the service were not always effective.