

# St Martin's Residential Homes Ltd

## The Leys

### Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**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 accommodation and personal care to a maximum of 33 people. At the time of inspection 13 people were using the service.

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

The judgement of this service takes into account the previous breaches and ratings in each domain.

Risks to people had not consistently been identified and mitigated. At this inspection people were at risk from fire and unsafe food storage. Records evidenced risks associated with scalding.

Medicine management required improving. Staff did not also have the required information needed to administer medicines as prescribed. For example, as required medicines did not always have protocols in place.

Unexplained injuries had not consistently been investigated or a cause identified.

Care plans had not been consistently reviewed to ensure all the information was reflective of people's needs. Some care plans held conflicting information within them and not all were person centred.

Recording of care tasks was not consistent. Staff had not always recorded the reason a task had not been completed. For example, if a person refused or if staff had just not completed the task.

People told us activities were limited and they did not have much to do. People and their loved ones were supported to stay in contact throughout the COVID -19 pandemic.

Referrals were made to health professionals and staff supported people to access appointments as required.

People were supported by staff who knew them well, had sufficient training and who had been safely recruited. People were complimentary about staff, people told us they felt safe and staff were kind.

Staff wore the appropriate personal protective equipment (PPE) and the cleaning schedules evidenced people's bedrooms and communal rooms were cleaned regularly.

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.

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 10 February 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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 COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### 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 discharge our regulatory enforcement functions required 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 fire safety, food safety, medicines and governance at this inspection.

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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service remains 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 six months to check for significant improvements.

This service has been in Special Measures since 28 January 2020. During this inspection the provider had not demonstrated that improvements have been made.

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 rating, 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.

## 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 safe.

Details are in our safe findings below

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

Details are in our well led findings below

**Inadequate** ●

# 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.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant manager and care workers.

We reviewed a range of records. This included five 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.

# 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 now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Systems and processes to safeguard people from the risk of abuse

At our last three 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)(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; however, they were insufficient and were still in breach of regulations.

- People were not protected from fire risks. We found fire safety concerns that had been identified in a 2018 external fire report, still had not been rectified. For example, warped fire doors, holes in the ceiling that could allow fire to spread and ineffective door smoke seals. The provider put risk assessments in place after the inspection.
- People were at risk from unsafe food storage. We found the storage of food in the fridge, freezers and cupboards was inappropriate. For example, we found unwrapped raw frozen chicken next to unwrapped precooked bread in the freezer. Fresh vegetables were found, being stored with mouldy vegetables. This put people at risk of food poisoning.
- People were at risk of scalding. Water temperature checks evidenced at times the water was recorded at above the Health and Safety Executive (HSE) recommended temperatures. We saw no actions logged to reduce the water temperatures at these times.
- Medicine management required improvement. Medicine administration records (MAR) were not always consistently or appropriately completed. For example, transcribing had not been completed in line with best practice and did not always contain the required information. This meant there were no assurances medicines were always given as prescribed.
- Staff did not always have protocols to follow for people's 'as required' [PRN] medicines, to understand why, how and when to give the medicine and the dosage required. When PRN medicines were administered staff had not always recorded the reason why. This meant the effectiveness of the PRN medicines could not be monitored.
- Unexplained bruises and injuries had not always been investigated or monitored to identify the possible cause. We found one person had incidents of bruising and cuts and another person had a skin tear recorded. There was no potential cause logged or an investigation completed for the person with the skin tear.

The provider had failed to ensure risks to people's health and safety had been assessed and done all that is practical to mitigate those risks. The provider had failed to ensure the proper and safe management of



medicines. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments had been completed for equipment, health needs and people's care needs, and strategies implemented to support staff in knowing how to mitigate these risks.
- People at risk of skin damage had mitigation strategies in place and recorded.

#### Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as 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 adults, to help employers make safer recruitment decisions.
- Staff and people told us, and we observed, there were enough staff to meet people's needs. One person told us, "There are enough staff, I like a shower in the morning and staff always have time for that."

#### Preventing and controlling infection

- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded including actions taken. This was reviewed by the registered manager to identify trends or patterns and to ensure lessons were learnt.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff did not always have the correct information to ensure care was delivered. For example, we found one person's care plan had conflicting information regarding their fluid consistency. Another person's care plan stated they required a pressure cushion; however, this had not been put in place as the registered manager thought this need had changed.
- People's oral health care needs were assessed, and care plans detailed what support a person needed and how staff should meet this need. However, we found three people who either regularly refused or the records were unclear if oral care tasks were completed. These records did not have actions identified to ensure people's oral hygiene was maintained.
- Assessments were carried out in conjunction with the person themselves, their family where appropriate, and any professionals involved in the person's care and support.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to ensure systems robust enough to demonstrate people's nutritional needs were effectively managed. This placed people at risk of harm. This was a breach of regulation 14 (Meeting nutritional and hydration needs) 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.

- People told us, the food was "excellent" and "very good." People had a choice of meals and drinks offered.
- People at risk of dehydration or malnutrition had this need met. We found staff recorded people's food and fluid intake appropriately and any concerns were recorded and escalated to management.
- People at risk of weight loss were regularly weighed to ensure changes to their diet could be implemented as required. For example, fortified food and fluids or additional supplements.
- Staff told us they had the time to support people with any eating or drinking needs.

Staff support: induction, training, skills and experience

- All staff completed an induction which included full training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- The staff training records confirmed they received training appropriate to their roles and responsibilities.
- Staff were confident in their roles and the training provided covered all areas of their jobs.

- Staff we spoke to stated the training and support was 'good.' One staff said, "yes [we complete training], we also have our competencies assessed and watch other staff to learn."
- Staff received regular supervisions and annual appraisals. One staff member told us, "I have supervisions, and everyone is very supportive."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support from health care professionals as and when needed, such as GPs, speech and language therapists and occupational therapists.
- Relevant health information regarding people was recorded in their care records.
- Staff knew what action to take in an event of an incident or emergency.

Adapting service, design, decoration to meet people's needs

- Areas of the home had signage in place, to help people navigate the building.
- People's bedrooms were personalised and decorated to individual preferences.
- The service provided equipment to support people's independence and to meet people's personal care needs.
- The provider had ensured radiators were covered and windows had restrictors on them to maintain people's safety.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed appropriately and if a person lacked the capacity to make a certain decision a best interest meeting was held.
- People told us they were asked for their consent and tasks were explained by staff.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff were kind and caring. However, the provider's systems and processes did not always support person centred care and risks had not all been mitigated to ensure people were safe.
- People told us staff respected their privacy and dignity. One person said, "They [staff] always knock on my door and let me know what they are doing."
- One person told us how staff supported their independence, and how equipment was used to ensure they could mobilise safely.
- Staff asked people for consent before completing personal care tasks.
- We saw staff interacting with people in a patient manner and promoting independence.
- People told us they felt safe with staff. One person said, "Of course I'm safe, everyone has been really nice, staff are helpful and look after me well and I'm comfortable."
- People used words such as, "Kind, caring and good", when describing staff. People stated if they used their call bell staff would respond promptly. One person told us, "Staff always come when I press it [call bell]."
- People had a 'This is my Life' booklet. This contained information of a person's history, family, relationships and previous work history. This information supported staff to get to know people.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to attend regular meetings. When people had made suggestions, these had been actioned.
- People we spoke to told us they were involved in their care plan and making choices. One person said, "I was involved in telling them what I wanted and liked. Staff now know me well." Another person told us, "I get help with washing and dressing, I don't mind if it's a man or woman."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection the provider had failed to ensure systems were in place or robust enough to demonstrate people's care was person centred. This was a breach of regulation 9 (Person-centred care) 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.

- Care plans did not always contain person centred information. For example, we found one person's care plan contain two incorrect names and another person's care plan contain the wrong gender. The registered manager updated the care plans immediately. However, care plans contained information about people's likes, dislikes, communication and preferences. People told us they had been involved in the care planning documents and staff knew them well.
- When staff had not recorded care tasks, there was not always a reason for the gap in recording. Therefore, we could not be assured a person had refused or if staff had forgotten to complete that task.
- Records of activities were lacking and people told us the activities were limited. Two people's records evidenced they had not been involved or offered an activity for 14 days. One person said, "They do not offer me anything I like." Another person said, "There is not always a lot going on."
- When people had made a choice or communicated a change they wanted, this was completed by staff.
- People were supported to stay in contact with their loved ones. The service followed government guidelines on visiting during the COVID-19 pandemic.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented within their care plans. We saw staff communicating with people in their preferred method.
- The registered manager understood their responsibility to follow AIS and told us they could access information in different formats to meet individual needs. For example, easy read, large print or another language.

### Improving care quality in response to complaints or concerns

- There was information on how to raise a complaint on display.
- All complaints we saw had been investigated and responded to within the providers specified timeframe.
- Relatives, staff and people were aware of how to make a complaint. One person told us, "I have never had to complain, but I know how, and I believe they [management] would listen to me."

#### End of life care and support

- At the time of our inspection, no one using the service required end of life support.
- Details were recorded regarding a person's wishes after death. However, we found limited information regarding information for end of life care. For example, who would be there, if they wanted any music or sounds playing or if they if they wanted a priest or minister to deliver their last rites.

# 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 four inspections 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.

- The provider had made some improvements since our last inspection. However, we found the quality assurance systems and processes had not always identified or addressed the shortfalls in the service. The provider has failed to ensure adequate oversight of the service and safety of people using the service during the previous five inspections.
- Systems and processes to ensure hygiene standards were in place, but were ineffective. The provider had not identified the gaps in the cleaning schedules or the inappropriate food storage in the kitchen.
- The provider had not identified the risks to people regarding fire. Systems and processes were not in place to ensure actions had been completed from previous fire risk assessment reports.
- Audits had not identified the incorrect information we found in people's care files. For example, paperwork not relevant to the setting, wrong names or wrong gender recorded.
- Systems and processes to ensure the safety of the service had not identified the risks associated with water. For example, water flushing had not been recorded, or when the water temperature had been recorded above the HSE recommended temperature, no actions had been recorded.
- Systems and processes to ensure people were protected from harm were not always effective. For example, when unexplained bruising had been recorded without a cause, this had not been identified to ensure an investigation could be completed.
- Medicine audits had not identified when a PRN medicine had been given every day, or when protocols held information that conflicted with the current administration of medicines.
- Oversight of quality assurance required improvement. Surveys from staff evidenced staff were not consistently reading people's care plans, concerns were raised regarding oral care and staff working well together. However, we saw no action plans or strategies to mitigate risks that could occur from these issues.

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 (2)(a) (good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When audits had identified a concern or issue, we saw actions were completed to rectify the concern. For example, an infection control audit identified some wheelchairs were not being cleaned. This concern was followed up in staff supervisions and spot checks put in place.

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 had responded to previous complaints appropriately. 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.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Relatives told us, they felt involved in the care planning for their loved one and they were kept up to date by staff if any changes occurred to their relatives. Newsletters were sent to families with general service updates.
- Staff told us they felt supported and the registered manager was accessible and available to staff, people and relatives. One staff member said, "[Registered manager] is very approachable, I raised an issue and they thanked me for bringing it to their attention."
- People's relatives told us they were kept up to date if any changes occurred to their relatives.
- The registered manager submitted relevant statutory notifications to the CQC promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters that occurred at the service

Continuous learning and improving care

- The registered manager was open to feedback from the inspection and put actions into place immediately to reduce risks and mitigate the concerns we found.
- The staff had handovers to discuss people's needs, and any changes required. Staff could share ideas and suggestions to improve care.