

St Martins Care Home LTD

# St Martins Care Home Ltd

## Inspection report

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Date of inspection visit:  
11 November 2021

Date of publication:  
23 December 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 Care Home is a residential care home providing personal care for up to 15 people aged 65 and over, at the time of the inspection 10 people were living there. Some people living at St Martin's Care Home were living with dementia and others had high dependency needs due to reduced mobility.

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

This was a focussed inspection that considered Safe and Well Led.

People were not always protected from the risks of infection. The home environment did not always provide people with a well maintained, clean and secure place to live in. People were exposed to environmental risks, COSHH chemicals were not safely stored and personal care products were stored in an outside building that was damp and unclean.

Medicines were well managed. We found a system that ensured medicines were stored appropriately and administered in line with people's prescribed needs.

People received support when needed and there were enough staff to make sure people's needs were met in a timely way.

The provider's governance systems were not effective. There was a lack of provider and registered manager oversight in the maintenance and safety of the home environment. The provider's systems failed to identify that care and treatment was not always provided in a safe way. Steps had not been taken by the provider or registered manager to ensure that guidance to keep people safe from COVID-19 was followed effectively by staff.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 2 March 2020) where there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations. We will describe what we will do about the repeat requires improvement in the follow up section below.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 January 2020. Breaches of legal requirements were found. The provider completed an action plan to show what they would do, and by when, to improve safe care and treatment and good governance.

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.

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.

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 remained at requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Martins Care Home on our website at [www.cqc.org.uk](http://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 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 premises and equipment and good governance 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 Care Home Ltd

## Detailed findings

### Background to this inspection

#### The inspection

This was a focussed inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we could 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 team consisted of two inspectors 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 Care Home 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.

#### 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 including the action plan that they sent to us. We sought feedback from the local authority and health professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, registered manager and care workers. We carried out observations of the care that people received.

We reviewed a range of records. This included three people's care records and four medication records. 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 remained the same.

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.

### Staffing

At our last inspection the provider had failed to protect against the risks associated with staffing levels and staff knowledge. There was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us that they were happy with the support they received. We saw that people had support when they needed and there were enough staff to respond in a timely way. One person said, "You press the button they [staff] are in the bedroom straight to you." Another person told us "Response [of staff] here is not bad at all."
- The registered manager used a dependency tool to calculate the amount of care staff needed to safely cover shifts in the service. The registered manager told us that if they felt an increase in staff cover was needed the provider would provide the extra staff.

### Assessing risk, safety monitoring and management;

- Risks related to the environment and premises were not consistently identified and assessed. Where risks were identified and assessed, actions were not always taken to mitigate them.
- Outbuildings and sheds used for storage of essential supplies were damp, dirty and a safety hazard. They were poorly maintained and could pose a risk to people or staff who may enter them, due to being overstocked and floors were uneven and a trip hazard. There were no risk assessments or actions taken to mitigate these risks.
- There were inadequate levels of security to ensure the safety of people living at the home. The gate that provided access to the rear of the building, whilst having a padlock, was not adequately secured to the hinges designed to hold the gate in place allowing unrestricted access to the rear of the building.
- At the rear of the home, one person's bedroom had an external door which poorly maintained. The door latch was broken and did not provide an appropriate level of security to the person in this room. This door was accessible to visitors to the home.
- During our inspection we found the external room had COSHH (control of substances hazardous to health) chemicals in was not locked. The registered manager told us they were aware the door on this room had warped and was not able to be locked. This was in an area of the garden that was accessible to people. This presented a risk people who lacked capacity could ingest the chemicals causing harm or injury. There were no risk assessments or actions taken to mitigate these risks.

### Infection control

- The outbuildings used to store continence aids and PPE (personal protective equipment) was not suitable, it was not a clean, dry or hygienic storage environment. We found three open packets of continence products stored in an area open to moisture and dirt. Staff confirmed the products were intended for use in providing personal care which posed a risk of cross contamination to people.
- There was inadequate provision to ensure domestic and clinical waste was managed in line with current legislation and guidance (Healthcare waste: appropriate measures for permitted facilities, environment agency 2020). There were black bags in the garden area. The registered manager could not tell us what was in the bags, but confirmed, they should have been in the waste bin for collection. Staff used a yellow bin for clinical waste. The bin did not have functioning lid which meant this waste was not being disposed of safely. This meant people could be exposed to bodily fluids and a risk of infection.

The above concerns show a breach of Regulation 15 (Premises and equipment) of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014

- The registered manager explained a recent outbreak of COVID-19 meant some staff were unable to work. To ensure that there was adequate staff cover and to avoid the use of agency staff some staff temporarily lived in the home, a week at a time, to reduce the potential impact of frequent staff changes and mitigate the risks of the spread of COVID.
- The registered manager had worked under the guidance of the local IPC (Infection Prevention and Control) team and the local authority during the recent outbreak of COVID in the home. However, we were not assured that all guidance was being followed or correctly interpreted. For example, we observed care staff wearing protective gloves as part of their PPE. Whilst this is the guidance for when personal care tasks are being undertaken, staff did not always change their gloves when they provided support to people. This meant that they were increasing the risks of cross infection due to contact with numerous people without changing their gloves. The registered manager told us they understood the current guidance, however we found that what they told us and the practices in the home did not reflect current infection control guidance. Following the inspection, we informed the local authority of the concerns regarding the registered managers understanding of infection control.
- Staff had access to sufficient PPE (Protective Personal Equipment) and we observed care staff wearing PPE at all times when interacting with people in the home. Staff we spoke with had knowledge of infection control, but, did not identify that some practices in the home were not in line with current government guidance.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Visitors were required to provide evidence of a negative LFT (lateral flow test) and PPE and hand gel available on entry to the home. Some internal and external areas of the home were not clean or hygienic.
- 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 somewhat assured that the provider was using PPE effectively and safely. Staff wore full PPE and had training from the IPC team on COVID-19. Some practice not reflective of current guidance, for example knowing the appropriate use of protective gloves.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The storage of continence aids poses infection risk due to being stored in damp and unclean environment outside. Areas of the home were not clean or hygienic. There were gaps in cleaning schedules



and no system to ensure effective oversight or management of infection control in the home.

- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Audits not effective to oversee and mitigate IPC risks. Poor management of infection control in the home.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. There was a business continuity plan however there are shortfalls in the specifics related to COVID19 including process for new admission or enhanced cleaning protocols.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We have signposted the provider to resources to develop their approach.
- The provider and registered manager told us they had taken steps to ensure people's ongoing safety at the service following our inspection. People's care products were moved back into the home and appropriately stored. A lock had been fitted to the area COSHH was stored and we were informed of plans for work to commence on the security concerns highlighted during the inspection.
- People's care records contained risk assessments and care plans that reflected their needs. We found details on providing pressure area care to a person who was at risk of developing pressure sores. This person's care plans reflected the support they needed to manage this risk. However, the information in one person's care plan regarding managing aspiration risks did not contain all the information needed to manage this risk. Information displayed on the person's door did not match what was in the care plan or what staff told us. We raised this with the registered manager, they told us they would update the care plan immediately.

#### Learning lessons when things go wrong

- The registered manager and provider had not made the improvements to address the issues identified from the last inspection or learnt from them. A warning notice that was served following the last inspection on 21 January 2020 had not been fully met. Actions that needed to be taken to address concerns over the storage and management of confidential information and the security and maintenance of the building had not been taken. There was no clear system to ensure that lessons were learnt when issues were identified.

#### Using medicines safely

- There were systems to ensure that safe medicine practice was followed. People received their medicines in line with their prescription.
- One person told us that medicines were given safely, saying, "They [staff] always watch me take it."
- Medicines were stored safely and securely. Prescribed medicines were prepared into individual blister packs by the pharmacist before they were delivered to the home. A senior member of staff told us they checked the medicines received against the prescription to ensure no mistakes had been made by the pharmacist.
- Medicines were given to people by trained staff. Staff told us they were only able to administer medicines once they had completed medicines training and been observed in giving medicines safely.

# 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.

At our last inspection the provider's systems and processes had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service user and others. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection in January 2020 we identified that the quality monitoring systems in place had not ensured the provider had oversight of the service. Whilst some improvement had been made, concerns highlighted during the last inspection had not been addressed. For example, systems continued to fail in monitoring the safety and maintenance of the building.
- Systems had not always identified risks to the health and welfare of people. For example, risks of infection from inadequate storage of personal care products had not been identified.
- Governance and audit systems were not completed and there was no overview of actions taken to monitor or implement cleaning regimes. Not all areas of the home were maintained to an acceptable level of hygiene or cleanliness.
- Systems did not ensure that confidential and sensitive information containing personal details were stored in line with GDPR (General Data Protection Regulation) legislation. Personal information was stored in unsecured outside buildings. It was identified during the inspection in January 2020 that confidential information was not stored securely.

The provider's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service user and others.

This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager spoke of their commitment to address the identified breaches in the

regulations and drive the necessary improvements forward. Following the inspection, we continued to receive confirmation of actions taken to do so.

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

- People told us that they were happy living at the home. One person said, "'Oh yes, I can recommend it here, hospitality good, friendly people, food very good.'" Another person said, "'I'm happy enough here, I get treated very well.'"
- People said that they were able to speak with the registered manager if they needed to. One person when asked about the registered manager said, "Yes, they [registered manager] are pleasant, if I need to talk to somebody they would.'
- We saw care staff and the registered manager took time to make conversation with people. Staff and the registered manager told us of their efforts to provide the best care for the people living at St Martins Care Home and how they made effort to make it feel as homely as they could.
- Staff we spoke with said the registered manager was supportive and approachable. One member of staff said, "They [registered manager] has a heart of gold. There are things that need doing here, but you can't question the drive and motivation to get this home back to a good standard."

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 understood their responsibility to tell CQC of important events and incidents.
- The registered manager and provider were open to constructive feedback about the shortcomings in the service they provided and told us they were committed to addressing the concerns we had raised during the inspection.

Working in partnership with others

- The registered manager had engaged with and sorted support from the local authority, health agencies and IPC teams.
- Where required the registered manager had involved different health professionals including Speech and Language Therapy (SALT) and district nurses to ensure that people's health needs could be met.

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 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to ensure the environment was clean, secure or properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service user and others.