

Knightingale Care Limited

Martin Hall Nursing Home

Inspection report

High Street
Martin
Lincoln
Lincolnshire
LN4 3QY

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Martin Hall Nursing Home is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The care home can accommodate 36 people in one purpose-built building. Included in the 36 beds are 12 transitional beds which are used to support people transfer from hospital to home.

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

Staff had access to personal protective equipment. However, we found staff were not consistently adhering to best practice guidance in the use of PPE. The service was clean and there were effective cleaning schedules in place being followed by the housekeeping staff.

Quality monitoring systems were in place.

Arrangements were in place to manage and administer people's medicines safely.

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.

The risks to people's care were assessed and measures were in place to mitigate these risks. Environmental factors had also been risk assessed.

People were supported with adequate numbers of staff. Staff had received training for their roles. New staff were recruited safely.

Staff knew how to keep people safe from abuse and were confident to raise concerns with the registered manager or external agencies. When required, notifications had been completed to inform us of events and incidents.

Staff were supported to raise issues and kept informed of changes to practice.

People and their relatives knew how to raise a complaint and would feel confident to do so if needed.

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

Rating at last inspection

The last rating for the service was good, published (18 May 2018).

Why we inspected

We received concerns in relation to staff practice. As a result, we undertook a focussed inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

The overall rating for the service was good. 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.

Follow Up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Martin Hall Nursing 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.

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Martin Hall Nursing 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.

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

We visited the service on one occasion. We gave the provider 18 hours' notice of the inspection. This was due to the COVID-19 pandemic to ensure we had prior information to promote safety.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority team 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 a nurse, the registered manager and the regional manager. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at a variety of records relating to the management of the service including policies and procedures.

After the inspection

Following our visit we spoke by telephone with the relatives of three people, who used the service, about their experience of the care provided. We also spoke with two members of care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training records, quality audits and staffing rotas.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The registered manager told us they were fully recruited and did not have to use bank and agency staff to cover shifts. During the inspection we saw no evidence of people waiting for care or of staff being unable to respond to people's needs. Staff told us there were usually enough staff to meet people's needs.
- Staff told us they had received training since being employed at the home. The training matrix confirmed staff had received training on a range of issues.
- There were safe recruitment processes in place to ensure people were supported by suitable staff. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made for new staff. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

Using medicines safely

- Guidance for 'as required' medicines (PRN) was in place.
- Where people required their medicines to be administered without their knowledge, in food (covertly) we saw appropriate advice had been sought.
- Medicines were administered safely and in a timely manner.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. We found that risks to people's safety and the environment had been assessed. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks.
- People had personal emergency evacuation profiles in place.

Preventing and controlling infection

- Arrangements were in place to protect people from the risks of infection. Staff had access to personal protective equipment (PPE). However, we observed four occasions when staff members did not follow best practice guidelines, this presented a risk of cross infection. We spoke with the registered manager about this who told us they would address the issues.
- Care plans were in place for people in the event of a Covid 19 outbreak. This is good practice to ensure the home is prepared for an outbreak.
- The home was clean and well maintained. Regular checks had been carried out to ensure cleaning regimes were effective.
- Staff had received training with reference to preventing infections and working within the pandemic.

Systems and processes to safeguard people from the risk of abuse

- Where the registered manager had been made aware of any safeguarding concerns, they had worked with the local authority safeguarding team to investigate and learn from events. Using supervisions, handovers and external training providers to support ongoing learning.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns and information available in the office supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

Learning lessons when things go wrong

- Incidents were identified, recorded and action taken to keep people safe. The registered manager ensured that all accidents and incidents were recorded. This allowed the registered manager to monitor the action taken to keep individuals safe.
- The registered manager monitored the trends in areas such as accidents. This allowed them to identify if there were any patterns which could be addressed through a change in people's care plans.

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 good. At this inspection the rating remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits were in place and actions had been carried out following audits. A programme of refurbishment had taken place which improved people's environment and access in the building.
- Where people were unable to consent, capacity assessments were in place.
- Care plans were updated to reflect people's needs.
- Arrangements had been put in place to provide staff with specific roles and responsibilities. This ensured issues were addressed and taken forward. For example, a member of staff had been appointed as a 'Covid champion'.
- Monitoring and analysis of issues such as people's weights and falls were undertaken each month, and actions staff needed to take to support people were communicated to them.
- Surveys had been put in place to monitor and improve people's experiences of care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt supported by the registered manager.
- Most relatives we spoke with felt the communication was good and they felt able to raise issues. They told us the registered manager and staff regularly contacted them and would always inform them of any concerns.
- We observed where issues were identified at the inspection the registered manager had addressed these in a timely manner.
- Staff we spoke with told us there were arrangements in place to update them and facilitate discussion. The registered manager had put in place arrangements to have regular meetings with staff. One member of staff told us they had raised an issue about insufficient staff at night and this was listened to and acted upon.
- Arrangements had been put in place to maintain contact with people's relatives, for example, use of electronic devices and telephone calls. In addition, the provider had put in place Covid safe arrangements to facilitate visiting when the current lockdown was lifted.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities to inform us of significant events at the service as they are required by law to report to us.
- We saw that a complaints policy was in place and relatives were aware how to make a complaint if required.

Working in partnership with others

- We saw evidence of referrals being made to external agencies including doctors, dietitian and the falls team.
- The registered manager told us they worked collaboratively with other agencies, for example, the local GP practices and pharmacy.