

St Martins Care Home LTD

# St Martins Care Home Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement**



Is the service effective?

**Good**



Is the service caring?

**Good**



Is the service responsive?

**Good**



Is the service well-led?

**Good**



# 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 11 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

Improvements had been made since the last inspection to improve some of the safety of the home environment. However further improvements were still needed, furniture that posed a risk of falling onto people had not been secured and had not been identified as a safety issue until the inspection.

People received their medicines in line with their prescribed needs. However, where medicine patches were used the recording of where the patches were sited was unclear, leading to an increased risk of people receiving too much medication.

People's care and support was person-centred and reflected people's preferences. Staff provided care that was respectful of people's dignity, privacy and human rights. People's care plans were personalised and reflected people's own individualities and interests as well as their specific health needs.

People were protected from the risks of COVID-19 by effective infection control procedures. Staff had training in relation to COVID-19 and had access to sufficient supplies of personal protective equipment (PPE). The registered manager and provider ensured that infection control procedures reflected current government guidance.

Staff had the training, skills and knowledge to meet people's needs and preferences. Staff told us that they felt supported in their roles and where additional training or support was identified as being needed this was provided.

People were referred to health professionals when needed. Health professionals were positive about the support from the management and staff in achieving positive outcomes for the people in the home.

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.

There was increased governance and oversight of risks and of people's care and support. People and staff were positive about the management of the home.

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 22 December 2021) and there were 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 we found improvements had been made and the provider was no longer in breach of regulations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Martins on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** 

# St Martins Care Home Ltd

## 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 Health and Social Care Act 2008.

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 2 inspectors.

#### Service and service type

St Martins is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Martins is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 October 2022 and ended on 14 October 2022. We visited the location on 6 October 2022.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

During the inspection we observed the care and support people received throughout the day. We spoke with 4 people about their experience of the care and support provided. We spoke with 6 members of staff including the registered manager, team leaders, care staff, Infection prevention and control (IPC) lead and activity co-ordinator.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We also looked at 2 staff files in relation to recruitment and staff supervision, and records relating to the governance and management of the service.

#### After the inspection

We reviewed information received during and following the inspection. We contacted 2 health professionals including a district nurse and a doctor to ask for their feedback.



# 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 stayed 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, Preventing and controlling infection

At our last inspection the provider had failed to ensure the environment was safe and hygienic. COSHH (control of substances hazardous to health) chemicals were not securely stored and were accessible to people that used the service. There was a breach of Regulation 15 (premises and equipment) 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 15.

- Wardrobes in people's rooms were not secured to the wall. This left people at risk of the wardrobe falling onto them. As soon as this was raised with the registered manager, they contacted the provider and arranged for someone to secure the wardrobes. The provider confirmed this had been completed the morning following our inspection visit.
- The registered manager and provider had reviewed how effectively the space in the home was used and had increased the amount of secure storage. This meant that all COSHH was now stored securely, and personal care products were stored in a clean and dry environment.
- The cleanliness of the environment was well maintained and there was an infection control lead who took day to day responsibility to ensure the home environment was kept clean and hygienic. They said, "I make sure all the rooms are as they should be and deep cleans done every month of bedrooms." Good infection prevention and control practices were reinforced throughout the service by the registered manager, who prompted and reminded staff of their infection control responsibilities.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.

- 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.

#### Visiting in care homes

There were no restrictions to visiting at the time of the inspection.

- People had comprehensive care plans and risk assessments. Staff told us that these contained the relevant information needed to provide safe care. When we spoke with staff what they told us matched what was in the care plan. For example, one member of staff was able to tell us about the specific positioning of a person needed to reduce the risk of choking when having food or drinks.
- Following the last inspection there had been an inspection carried out by the fire service and this had highlighted actions that the provider needed to take to become compliant with fire regulations. Improvements had been made and a subsequent re-inspection by the fire service confirmed the provider had taken appropriate action.
- There were systems to support people in the event of an emergency. Each person had a personal emergency evacuation plan which contained information about how best to support them during an evacuation.

#### Using medicines safely

- People had risk assessments around medicines to assess the level of support they needed to ensure they had their medicines safely. However, one person had just commenced a medicine patch to deliver pain medicine. This patch needed alternating sites on the body to reduce the risk of having too much medicine. The recording in the medicine administration records (MAR) of where the patch was sited was inconsistent. We raised this with the registered manager, they immediately took steps to ensure this was accurately recorded in future.
- Staff had training in medicines before they were able to administer medicines. There were comprehensive policies and procedures to ensure that people received their medicines safely.
- Medicines were stored safely and securely.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems to safeguard people from abuse. Where concerns were identified the safeguarding authority were notified along with CQC.
- Staff knew what to look for regarding abuse and felt supported to raise any concerns they may have about the people they were supporting.
- The provider had a safeguarding and a whistleblowing policy to ensure staff could report any concerns in a confidential manner. Staff told us that they felt confident to blow the whistle if they felt they had to.

#### Staffing and recruitment

- We looked at 2 staff recruitment files and found appropriate checks were carried out prior to employment.
- The provider followed safe recruitment systems and processes. Comprehensive checks were made on prospective new staff which included checks on staff through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People told us there was enough staff. One person said, "Staff are ready if you need anything, or if I have any questions, any old time, day or night. You can have a cup of tea when you want."
- We saw when people needed assistance staff were around to respond. There were also times when staff stopped to chat with people and spend time with them outside of task based activities.

#### Learning lessons when things go wrong

- The provider had systems to learn lessons and identify actions to improve the service when things went wrong. There had been good progress on actions identified during the last inspection. Actions had been taken to improve the management of COSHH and the service was maintaining improved cleanliness and hygiene. The registered manager told us that since the last inspection they had reflected upon how to improve the management and oversight of the service, and as a result was effectively delegating tasks to staff. They felt this had a positive impact on the running of the service.
- The management team had oversight of any accidents, incidents or concerns to ensure there was a system to identify any actions to follow up and reduce the risks of reoccurrence. Any actions or trends were discussed and shared with staff through staff communications and staff meetings.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Although there had been some progress in the layout of the home environment areas of the home still required redecoration. For example, some flooring had been replaced, but there were still areas of the home with worn flooring and carpeting and old doors and furnishings. The registered manager told us they had identified the need for, "Substantial redecoration" and that they were working with the provider to get this work done.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with healthcare professionals to make sure people's health needs were met. People's care records showed that timely referrals to health professionals had been made, and advice followed. One example was a new admission who required nursing input to treat their sore skin. This had been referred immediately upon identifying the concern.
- One health professional said, "They are very good at working with us and following any instruction." Another health professional said, "They get in touch straight away if there are any concerns."

Supporting people to live healthier lives, access healthcare services and support

- People enjoyed the food and mealtimes. We saw that mealtimes were a sociable time for people with staff being attentive to people's needs and the support they needed.
- Staff supported people to maintain a balanced and healthy diet of their choice and were knowledgeable about people's special dietary needs and preferences.

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 MCA 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

- People's had care and support delivered in line with the principles of the mental capacity act and best

practice guidance. One person told us, "They never tell me what to do or not do." All staff had received training around the mental capacity act and understood people's rights to make choices and supported people to make decisions. A member of staff said, "Sometimes [person's name] doesn't want a cooked meal at lunch, so [they] will have sandwiches instead and a cooked meal at tea-time."

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

- There were comprehensive pre-admission assessments of people's needs and choices and these were written into people's care plans and risk assessments.
- Care plans detailed people's needs and wishes and what support was needed to meet their needs. It included relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- Staff told us they received training, support and supervision to enable them to carry out their roles safely. Where staff had a particular interest this was encouraged and additional training sought. One example was a member of staff who had shown interest with tissue viability so was taking the lead when district nurses visited and was looking to attend additional training. One member of staff said, "The manager is so supportive of allowing us to develop and will look online to see what we can attend."
- New staff completed an induction upon commencement of their employment. This meant they had additional support, supervision and training before commencing their full duties as care staff.

# 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 our last inspection we rated this key question requires improvement. People's confidential information was not always stored securely. People were not always treated with dignity. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity, Supporting people to express their views and be involved in making decisions about their care

- People and relatives were complimentary about the care and support provided. One relative when asked about caring said, "It's good. Staff are very friendly, they keep her clean, her hair done. They take care of her nails." A person living at St Martins said, "The staff are lovely, the whole lot of them."
- People' individual characteristics were respected by staff, and we saw that people were treated with dignity and respect. One member of staff said, "Quite often [person] wakes up, wants his full cooked breakfast, he's asked for certain foods in the shopping, he's a person in his own right."
- All staff had training on equality, diversity and human rights and understood their responsibility to treat people in line with these principles.

Respecting and promoting people's privacy, dignity and independence

- People's personal information was managed sensitively and stored securely.
- People's right to privacy and dignity was respected. One person said, "Staff are always discreet when you need personal attention."
- We saw staff took their time to ensure that people were treated with dignity and respect. It was not made obvious to other people when staff were attending to a person's care needs.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. There was a lack of activity for people using the service. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People were treated by staff as individuals and care and support was tailored to ensuring people were supported as they liked. One person said, "They treat you in a personal way. Spot on. They're pleasant, nice. They look after you very well."
- As well as activities as a group, for example when they had entertainers in, people also benefited from staff taking time to engage with people on a one to one basis. One member of staff said, "It's quite nice because there's not so many residents, so you get that time. If I worked in a home with 40 residents, I think I'd get a bit flustered. I like the one to one and the intimacy here. I can sit in a chair for half an hour and talk to [person] and ask about how their kids are doing."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood people's individual communication needs. Time was taken by staff to ensure that they could effectively communicate with people. Where needed information was available in a variety of formats to assist people with their understanding.

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

- People had access to the complaints process. People felt they would be supported to raise concerns, one person said, "I would tell the lady in charge, I'm not one to not say anything."
- There was a comprehensive complaints procedure that ensured complaints were received and actioned in a timely manner.

### End of life care and support

- Staff were not currently providing end of life support, however, where known people's end of life wishes were recorded in their care records.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- At the last inspection in November 2021 we identified that the quality monitoring systems in place had not ensured the provider had oversight of the service. For example, governance systems had failed to monitor the safety and maintenance of the building. Not all areas of the home were maintained to an acceptable level of hygiene or cleanliness. There was a breach of Regulation 17 (Good Governance) 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 17.

- The improvements needed to keep people safe that had been identified on the last inspection had been made. The registered manager had effectively delegated tasks to other senior staff to assist with the governance and oversight of the service.
- There were now additional mechanisms for auditing and checking of the safety of the home environment. We had identified that wardrobes needed to be secured, the registered manager took an immediate review of what was being checked on the environmental audit.
- Systems to ensure that areas were clean and hygienic and met the requirements for infection control were now effective. The infection control lead understood their role and how this fitted into the overall governance of the service.
- There were systems to measure any trends in risks or incidents. For example, where people had falls this was recorded and reviewed monthly to identify any factors that may be impacting upon the risks to people.

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

- People told us that they were happy living at the home. One person said, "I can't wish for better. Please do not move me anywhere else."
- People said they regularly spoke with the registered manager and that they would always take time to come and check how they were getting on."
- Staff we spoke with said the registered manager was supportive and approachable. One member of staff said, "You can't fault her [manager], she works really hard to get things right and has absolute belief in this place." 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."

- A relative told us, "Although no surveys, we have regular contact with [registered manager]." The registered manager told us that by maintaining regular contact with families they were able to gather feedback on an ongoing basis.
- People told us that they felt involved in their care and that the staff and the registered manager were always asking how they were and if they were happy with things in the home.

#### Continuous learning and improving care

- The registered manager told us that they were always looking for ways to improve the care given and aimed to be the best at what they did. Since the pandemic and last inspection staff roles had become more defined and staff were taking more responsibility in having oversight of people's experiences of care. One example was the role that a senior member of staff was talking with the district nurses. This had included taking more of a role in changing the dressings for a person with sore skin. This staff member told us how they felt a sense of achievement in learning and then applying techniques to effectively manage this person's dressings.
- The registered manager had also identified areas from the last inspection that needed attention and together with the provider had achieved a positive inspection from the fire service and also a five star food hygiene rating from environmental health, both areas were identified as risks in the last inspection.

#### 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 worked to ensure transparency and honesty throughout the service. They contacted other agencies with any concerns or at times when safeguarding incidents had occurred. Staff told us they felt supported to raise concerns and knew how to whistle-blow and how to raise concerns with the local authority and CQC.

#### Working in partnership with others

- The provider worked in partnership with other professionals and agencies, including healthcare and the local authority.
- Feedback from the health professionals we spoke with was positive about how the management and staff worked and engaged with them.