

Marton Care Homes Ltd

# St Helens Care Home

## Inspection report

6 Manor Road  
St. Helen Auckland  
Bishop Auckland  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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 Helens Care Home is a care home providing nursing and personal care to older people, people living with dementia, people with mental health conditions and people who misuse drugs and alcohol. The home accommodates up to 40 people across two units in one adapted building. One of the units specialised in providing care for people living with dementia. At the time of the inspection 36 people were living at the service.

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

People spoke positively about the care they received. Staff treated people with dignity and respect. We saw lots of examples of kind and caring interactions during our visit.

Medicines were managed safely. Risks to people were assessed and addressed. Staffing levels were monitored, and staff were safely recruited. People were safeguarded from abuse. Effective infection prevention and control systems were in place.

Staff received training, supervisions and appraisals. 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 environment had been adapted to meet people's needs.

Care was personalised and regularly reviewed. A range of activities took place, which people enjoyed. The provider had a complaints process which was shared with people and relatives.

Good governance systems were in place. The registered manager and provider monitored the service to see if improvements could be made. Feedback was sought and acted on.

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

This service was registered with us on 1 June 2020 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 13 December 2019.

### Why we inspected

This was a planned inspection to give the service a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

#### 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.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# St Helens Care 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

One inspector and one Expert by Experience carried out this inspection. 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 Helens 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.

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 the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people and one relative about their experience of the care provided. We reviewed a range of records. This included three people's care records and three medication records. We spoke with eight members of staff, including the registered manager, nursing, domestic and care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training, complaints, safeguarding and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse. Staff received safeguarding training and said they would immediately report any concerns they had.
- People and relatives said staff were kind and attentive. One relative told us, "They keep [named person] safe. If there's a problem they do something straight away."
- Accidents and incidents were monitored to see if lessons could be learnt to keep people safe.

Assessing risk, safety monitoring and management

- Risk to people were assessed, addressed and regularly reviewed. Recognised tools were used to monitor risks to people. One person said, "My risks are managed."
- The building and equipment was monitored to ensure it was safe to use. Required test and safety certificates were in place.
- Systems were in place to support people in emergency situations.

Staffing and recruitment

- Staffing levels were monitored to ensure enough staff were deployed to support people safely. One member of staff told us, "We have enough staff."
- The provider's recruitment process reduced the risk of unsuitable staff being employed. This included seeking references and carrying out Disclosure and Barring Service checks.

Using medicines safely

- Medicines were managed safely and people received these when needed. One person told us, "I get my tablets on time."
- Medicines were safely and securely stored. Staff received training in medicines management.

Preventing and controlling infection

- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People's support needs were assessed before they started using the service to ensure appropriate care was available.
- Needs and choices were regularly reviewed to ensure people received effective support.

Staff support: induction, training, skills and experience

- Staff received training to ensure they had the knowledge and skills needed to carry out their roles. This included induction training for newly recruited staff.
- Supervisions and appraisals took place regularly. Records showed these were open and supportive meetings at which staff could raise any support needs they had.

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

- People were supported with eating and drinking. Care plans contained information on people's dietary needs and preferences.
- People's nutritional health was monitored to ensure they maintained a balanced diet.
- People spoke positively about eating and drinking at the service. One person told us, "The food is good, there's a choice."

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

- Staff worked effectively with a range of external professionals to monitor and promote people's health and wellbeing.
- People told us they were supported to access healthcare services such as GPs and community psychiatric nurses.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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.

- People confirmed they were asked to consent to their care.
- Where people were unable to consent, best interest decisions had been appropriately made and recorded.
- DoLS were effectively applied for and monitored.

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

- The service was adapted for the comfort and convenience of people living there. For example, the unit for people living with dementia had pictorial signs on the doors of all the rooms to help people orientate themselves.
- People's rooms and communal areas were adapted to their needs and preferences.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives said staff supported and treated them well. Comments included, "The staff are marvellous" and, "They are definitely caring."
- We saw kind and caring interactions between people and staff during our visit. Staff clearly knew people well and had professional but friendly relationships with them.
- People were made to feel valued as individuals. This included helping people to maintain relationships that were important to them.

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

- People were involved in making decisions about their care. Staff regularly asked people how they were and whether they needed anything. We saw staff asking people how they were doing throughout the inspection.
- Staff supported people to express their views. People were involved in reviews of their care and took part in resident meetings. One person told us, "I'm always involved in meetings."
- People were supported to access advocacy services where needed. Advocates help ensure that people's views and preferences are heard.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were polite and sought permission before assisting people. One person told us, "They ask for consent."
- Independence was promoted and people were encouraged to do as much as safely possible for themselves. A relative told us, "[Named person] has as much freedom as possible."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received personalised care that met their assessed needs and preferences. Staff involved people and their relatives in planning care. One relative told us, "If I have suggestions, they are all taken care of."
- Regular reviews took place to ensure care was responsive to people's changing needs or choices. One person told us, "They are good, they listen to me."
- Systems were in place to ensure staff were updated on any changes to people's support needs and choices.

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 received information in the way that was most accessible to them.
- Staff communicated with people effectively and helped them to express their views.

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 supported to access a range of activities that reflected their hobbies and interests. Activity provision had been impacted by COVID-19 restrictions, but alternative activities were in place.
- During the inspection we saw people engaged in a range of social activities. One person told us, "There's something every day" and, "I never get bored."
- People and relatives said they were easily able to maintain contact with one another. A relative told us about, "Letters and telephone calls to keep us in touch."

Improving care quality in response to complaints or concerns

- Clear processes were in place to investigate and respond to complaints. The policy was made readily available to people and relatives.

End of life care and support

- Nobody was receiving end of life care when we inspected, but policies and procedures were in place to provide this should it be needed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff spoke positively about the culture and values of the service. A relative told us, "The atmosphere is like a big family."
- The provider and registered manager had regular communication with people, relatives and staff.
- People said they were happy with the support they received. One person told us, "They (staff) always look after you."

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

- The provider and registered manager carried out a number of audits to monitor and improve standards at the service.
- The registered manager was a visible presence at the service and staff spoke positively about their leadership. One member of staff told us, "[The registered manager] is lovely, really supportive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people, relatives and staff. Comments and suggestions were acted on. Responses to surveys were reviewed to see if the service could be improved.

Continuous learning and improving care; Working in partnership with others

- The service worked effectively with external professionals to ensure people received the care they needed.