

Assistwide Limited

# St Martins Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

St Martins Residential Home is a care home providing personal and care to 16 people with mental health needs. At the time of the inspection there were 12 people living in the home.

The home is situated on a residential street and accommodates people over three floors with stair access to each floor. There is a lounge, dining room and garden with seating areas.

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

Systems in place to monitor the quality and safety of the service were not always effective. They did not identify all of the concerns we raised during the inspection. CQC had been notified of all but one incident as required. Systems were in place to gather feedback from people and people told us St Martins was a nice place to live.

Although individual risks to people had been assessed, risks in the environment were not always managed appropriately and people were at risk of avoidable harm. Not all safe recruitment practices were recorded and we made a recommendation about this in the main body of the report. There were enough staff to provide support to people when they needed it and staff were knowledgeable regarding safeguarding procedures.

Staff felt well supported and told us they had completed several training courses recently. However, these records were not available to view as they had been sent off for validation. We made a recommendation regarding the maintenance of training records in the main body of the report.

Care plans were in place that people had been involved in developing. However, some plans required updating to ensure they reflected people's current needs. A complaints procedure was available, and people knew who to talk to if they had any concerns.

People had been involved in decisions regarding the recent redecoration of the home. Consent to care and treatment was sought and recorded. 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. People enjoyed the choice of meals available to them and could prepare their own drinks and snacks throughout the day.

People were positive about the support they received and told us they got on well with the staff and that staff always protected their dignity and privacy.

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 1 August 2018).

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.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to Regulation 12 (risk management within the home) and a continued breach of Regulation 17 (the governance of the service) at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 not always responsive.

Details are in our responsive 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 Residential 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.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

St Martins is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 all the information we had received regarding the service since the last inspection. We sought feedback from the local authority quality team. 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 five people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care worker, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, staff training records and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a professional who regularly visited the service.

# 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 required improvement. At this inspection this key question has remained 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.

Assessing risk, safety monitoring and management

- The call bell system was not adequately maintained, and records showed it required replacement. The registered manager told us people who lived in the home were mobile and the call bells were used infrequently. They confirmed the system did not work in many of the bedrooms and they were waiting for the provider to replace the system.
- The fire alarm was not checked each week to ensure it remained in full working order. Although it was checked regularly, if the maintenance person was not present in the home on a Monday, the alarm did not get tested as required.
- Water temperature checks were not in place to ensure water was maintained at safe temperatures to avoid scalds or the risk of legionella developing. New paperwork had been completed to record checks, but none had been completed at the time of the inspection.
- Chemicals were not always stored securely within the home and were accessible.

Lack of effective risk management is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Individual risks to people regarding their needs had been completed and measures were in place to minimise those risks.

Staffing and recruitment

- Not all safe recruitment checks were evident in the staff records viewed. There was no photographic identification available, one person had gaps in their employment history and another person's file did not include a reference from their previous employer.

We recommend the provider reviews its recruitment practices and makes changes to ensure all safe recruitment practices are followed and recorded.

- All staff had undergone a Disclosure and Barring Service check to help ensure they were suitable to work with vulnerable people.
- There were always enough staff on duty to meet people's needs. One person told us, "There is always staff around if you need anything."
- We saw that when people had an appointment they needed staff to attend with them, additional staff were on duty to accommodate this.

## Preventing and controlling infection

At the last inspection the provider was in breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as actions identified on an external infection control audit had not been addressed.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15.

- The registered manager had been working on an action plan to address concerns identified in the infection control audit and those we checked had been completed.
- An Environmental Health Inspection, completed in May 2019, had identified areas that required improvement. The registered manager had acted to address these areas.
- Liquid soap and paper towels were available in communal hand washing areas in line with infection control guidance.
- The home appeared clean and domestic staff were on duty six days each week to help ensure the home remained clean and tidy.

## Using medicines safely

- Staff had not undergone a competency assessment to ensure they were able to administer medicines safely. This was discussed with the registered manager and they sourced an assessment and began completing these with staff on duty before the end of the inspection.
- Medicines were stored in a locked clinic room and the temperature was monitored and recorded. A locked box was available if any medications required refrigeration, but this was not required at the time of the inspection.
- Records of medicines administered were maintained. All but one of the stock balance checks we completed were correct.
- Protocols were in place for medicines prescribed as and when required (PRN), but they could be more detailed to ensure they were administered consistently.
- A health professional told us staff liaised well with GP'S and pharmacists if there were any changes to people's medicines.
- People were able to administer their own medicines if assessed as safe to do so and one person had recently began administering their own medicines. Regular safety checks were in place to ensure this was completed safely.

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

- Staff were knowledgeable about safeguarding procedures and how to report any concerns they had. We saw that appropriate referrals had been made to the Local Authority safeguarding team.
- People told us they felt the support they received helped to keep them safe. One person told us, "I am happy and safe here."
- A policy was in place to help guide staff in their practice.

## Learning lessons when things go wrong

- Accidents and incidents were reviewed each month to establish if there were any themes or trends and whether the risk of recurrence could be reduced.
- Records showed that staff took appropriate action following accidents and incidents, such as seeking medical advice, contacting relevant health professionals and reviewing risk assessments.
- The registered manager described how lessons had been learnt from incidents. For example, one person,



who was unsafe to access the community alone had been able to leave the home without being seen. Once they had returned safely, a keycode was fitted to the front door to reduce the risk of this happening again.

# 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 improved 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

At the last inspection the provider was in breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as some parts of the service were not appropriately maintained to meet people's needs.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15.

- The medication room had been redesigned to help ensure it was suitable for the purpose it was being used for.
- General improvements had been made both within and outside of the home. The garden fences had been replaced and painted, bins had been removed from the front of the home and carpets had been replaced.
- People's bedrooms had recently been decorated and people told us they had chosen their own wallpapers and colours.
- There was an ongoing programme of redecoration in place.

Staff support: induction, training, skills and experience

- Staff told us they were well supported in their roles. Records showed that regular supervisions and appraisals were completed.
- The record of staff training was not up to date. The registered manager told us, and staff confirmed, that they had completed several training workbooks recently. However, the records had been sent off for validation and the registered manager had not kept a log of what had been sent. They told us the training matrix would be updated once the certificates had been received. Last year's training matrix had not been retained, however it was viewed at our last inspection to evidence mandatory training had been completed.

We recommend the provider review and updates its practice to ensure accurate records regarding staff training are maintained.

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

- Staff worked effectively with other health and social care professionals to help ensure people's healthcare needs were met. Visits from these professionals, and any advice provided, was clearly recorded in people's

care records.

- People told us staff supported them with their health needs when required. They contacted the GP if they were unwell and accompanied them to medical appointments if needed. Staff were knowledgeable regarding people's health needs.
- Completed hospital transfer forms were in place to provide essential information should people have to attend hospital.

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

- Pre-admission assessments were completed by the registered manager before people moved into the home. This helped to ensure staff were aware of and could meet people's needs.
- Plans of care were developed based on these initial assessments and then developed further as staff got to know people and how they preferred to be supported.
- The registered manager printed and displayed any best practice information received, so staff had access to this to inform their practice.

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

- People were positive about the meals provided and told us they always had a choice and were regularly asked about the food and if they wanted anything different. A menu was available, and people told us there were alternatives available if they did not want the meals on offer that day.
- A breakfast bar had been installed in the dining room. This enabled people to make drinks and snacks independently. A fridge was regularly stocked with people's preferred items, so they could access snacks at any times. We saw this facility being used regularly throughout the inspection.
- People's specific dietary requirements were known and catered for.

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.

- There was nobody living in the home at the time of the inspection that required a DoLS application to be submitted.
- People were not unnecessarily restricted in their daily practices. We observed people coming and going from the home as they chose throughout the inspection.
- People's consent to their care and treatment had been sought and recorded in their care files.
- Staff told us they always asked people for their consent before providing any support and people we spoke with confirmed this.

# 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 now improved 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

- People told us staff treated them with kindness and respect. One person said, "I like the staff and the other residents, we all get on well together" and another person told us, "Staff are lovely, they always do their best."
- Staff knew people living in the home well; how they wanted to be supported and any preferences they had. Staff used this knowledge to create care plans that reflected people's needs and wishes.
- Staff spoke warmly of the people they supported and language they used in records about people was respectful. One staff member told us, "We are there to support people and care for them like you would your own family."
- We observed positive, warm and familiar interactions between staff and people living in the home throughout the inspection.
- Staff understood how to best communicate with each person, including when people required additional support due to hearing or visual impairment. This information was reflected in people's care plans.
- There was an equality and diversity policy in place and people told us they were not discriminated against.

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

- People were provided with a copy of the service user guide when they moved into the home. This provided information regarding the service and what people could expect. This helped people make decisions regarding their care.
- People were consulted regarding their plan of care and had been supported to make decisions in relation to this. When required, support from advocacy services was arranged for people who did not have friends or family available to support them with decision making.
- People could make choices about how they spent their day told us they could do as much or as little as they wanted to. We saw people spending time in their rooms, watching television and chatting in the lounge and going out into the community for a variety of reasons throughout the inspection. Some people chose to have a lie in, whilst others were up and out of the home early.
- Regular meetings and an annual survey helped the registered manager to gather feedback from people and understand their views of the service.

Respecting and promoting people's privacy, dignity and independence

- Records containing people's private information were stored securely.
- Steps had been taken to encourage people to have more independence within the home since the last

inspection. For instance, people could make their own breakfasts, drinks and snacks in the dining room. One person told us this was, "Much better."

- Staff always knocked on people's bedroom doors and asked if they could enter. People had a key for their own rooms and some people chose to lock their door when they were not in there.
- Care plans clearly described what people were able to do for themselves and what they may need staff to encourage or support them with.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- Care plans informed staff about people's needs, but not all plans provided clear information as to how people's needs should be met. For instance, one person's nutrition plan stated they required a controlled diet due to a health need, but it did not explain what that diet should consist of.
- When people had a specific medical condition, there was no information about the condition to help ensure staff understood the condition and how it impacted on the person.
- Not all care plans had been reviewed regularly, as one person's had not been reviewed since April 2019. This meant they may not all provide accurate information. One person's nutrition plan stated they required their weight to be monitored every month, however there were no records to show this had been completed. The registered manager told us they no longer required their weight to be monitored and the care plan was updated before the end of the inspection.
- People's preferences with regards to their care were included within their care plans, as well as information regarding their life history. This enabled staff to get to know people as individuals and provide support based on these preferences. Future aspiration plans had been completed by people, and they advised how staff could support people to achieve their goals.

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 care plans contained information about their individual communication needs. This helped ensure staff could communicate with people in ways that they could understand.
- Staff supported people to attend appointments when needed, to help ensure people could communicate effectively with health professionals regarding their needs.

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

- Some activities, such as cards and dominoes, were available within the home and people accessed activities of their choice in the community. People had access to a minibus twice per week and told us they enjoyed going out to local places on the bus. People were happy with the activities available.
- People's friends and family could visit the home at any time and records showed that when relevant, relatives were kept informed of any changes in people's needs.

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

- People told us they knew how to make a complaint if they needed to and were comfortable raising concerns with staff. No complaints had been received since the last inspection.
- A complaints policy was in place and this was on display in the home and advertised within the service user guide.

#### End of life care and support

- The service was not providing end of life care to anybody at the time of the inspection. The registered manager told us they had provided this support in the past and worked closely with other health professionals, to ensure people received the care they required at the end of their lives.
- Some staff members had completed end of life training to ensure they had the knowledge required to support people effectively at these times.

# 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 requires improvement. 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.

### Continuous learning and improving care

At the last inspection the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the systems in place to monitor the quality and safety of the service were not effective.

At this inspection we found that not enough improvements had been made and the provider was still in breach of Regulation 17.

- Although audits had been completed that covered many aspects of the quality of the service, they did not identify all the concerns we highlighted during the inspection. For instance, the issues regarding storage of chemicals, fire alarm testing and staff recruitment had not been raised.
- The maintenance audit did identify the call bell system required replacing, but this had not been rectified since January 2019 when the need for a new system was recorded.

The lack of effective systems to monitor the quality and safety of the service is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recent issues identified by external audits regarding the cleanliness of the kitchen, had been addressed by the registered manager in a timely way.

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

At the last inspection the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because they had not notified the Commission of all incidents and events that they were required to.

At this inspection we found that improvements had been made.

- CQC had been notified of all but one incident that had occurred within the home. The registered manager told us they would submit a notification about this incident following the inspection.
- The provider had a range of policies and procedures in place to help ensure staff were aware of the



expectations of their role. We saw that some of these policies required updating and following the inspection, the registered manager confirmed that this had been done.

- People living in the home and staff, knew the provider and told us they visited the home regularly.
- Ratings from the last inspection were clearly displayed within the home.

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

- The service was run by a registered manager with support from a senior carer and the provider. People were happy with the support that they received and told us they could always speak to the registered manager if they had any issues. One person told us, "It is brilliant here."
- Staff told us they felt very supported by the registered manager and were able to raise any issues they had. The registered manager and senior carer covered an on-call rota, so staff always had access to advice and support when they needed it.
- The registered manager had worked through an action plan with support from the local authority quality team.

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

- There had not been any incidents that required the service to act on its duty of candour.
- Staff told us that they would not hesitate to inform the registered manager of any issues, concerns or errors.

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

- Systems were in place to gather people's feedback regarding the service, including meetings, surveys and a complaints process.
- The registered manager told us one person had expressed an interest in helping run the resident's meetings. They were due to create an agenda with them for the next meeting.
- Staff meetings were also held to enable staff to share their views and receives updates regarding the service.

Working in partnership with others

- The registered manager and staff had effective working relationships with partner agencies. This included working with commissioners and visiting health and social care professionals. One visiting health professional told us staff always contacted them in a timely way, with appropriate queries.
- The registered manager attended training/information sessions provided by the local authority and CQC.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Risk was not always assessed or managed appropriately to ensure people remained safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place to monitor the quality and safety of the environment were not always effective.