

Revive Health Care Ltd

St Martins

Inspection report

42 St Martins Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

St Martins is a residential care home providing accommodation and personal care to up to 21 people. At the time of our inspection there were 15 people living the service. The property is a 2-storey building with a large rear communal garden.

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

People were at risk of infection due to poor infection control practices. Premises and equipment were not clean or hygienic and staff were not clear on their responsibilities. People were at risk from health and safety concerns which had not been identified or acted upon in a timely manner.

Whilst people told us they felt safe, risks had not always been assessed or monitored. Whilst attempts were made to reduce risks, the actions had not been clear or co-ordinated. Identifying and reporting of risks, issues and concerns were unreliable and inconsistent. Where issues had been highlighted action was slow to be taken. The provider did not have the appropriate policies and procedures in place to guide staff on how to deliver person centred care in line with latest legislation and best practice guidance.

Medicines were administered safely and in line with people's wishes. People were supported to eat and drink enough to maintain a well-balanced diet. People were supported by trained and experienced staff who were recruited safely. Safeguarding systems and processes were in place and people were protected from the risk of abuse, harm and neglect.

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.

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 this service was good (published 23 February 2023).

Why we inspected

The inspection was prompted in part due to concerns received about health and safety concerns related to the premises and fire safety. A decision was made for us to inspect and examine those risks.

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.

We received concerns in relation to the health and safety of the premises. As a result, we undertook a

focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement

We have identified breaches in relation to safe care and treatment and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

St Martins

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

The inspection was carried out by 1 inspector, a specialist nurse advisor, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Martins 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 7 June 2023 and ended on 8 June 2023. We visited the location again on 3 July 2023 to ensure they were meeting the action plan they had submitted to the CQC.

What we did before the inspection

We reviewed information we had received about the service since the it had come under new ownership. 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 11 people and 1 relative of people who used the service about their experience of the care provided. We spoke with 5 members of staff including the registered manager, director senior care assistant, domestic staff, and kitchen staff. We also spoke with 1 professional who worked with the provider.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Our findings - Is the service safe? = Requires Improvement

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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; Learning lessons when things go wrong; Staffing and recruitment; Preventing and controlling infection

- The environment and systems in relation to water safety had not been upgraded or monitored by the provider following a water risk assessment completed in October 2021.
- The provider's risk assessment and audit process did not include a system to ensure such checks were completed, therefore safety issues had been left unnoticed.
- Checks of the building and equipment safety were completed; however, where issues had been identified no action had been taken. For example, some bedrooms and sluice room did have a supply of hot water.
- People were at risk of scalding. For example, a communal bathroom had a hot water temperature of above 60 degrees despite thermostatic mixing valves (TMV) being installed. A TMV carefully mixes hot and cold water to control hot water outlet temperatures to safe levels.
- The provider did not follow or meet national guidance in relation to infection control which placed people at risk of infection and PPE was not always disposed of correctly or safely.
- Staff were not clear on their responsibilities which had resulted in areas of the home being not being cleaned consistently or robustly. For example, we found dirt, debris and staining in people's bedrooms and in communal areas.
- Equipment and aids were found to be dirty and non-operational. For example, in a communal bathroom we found a broken tap and broken tile beading with sharp edges which presented a risk of skin tears.
- There was not always enough competent staff on duty to ensure people were supported safely. Staff had received the required mandatory training however competency were not completed following this training. For example, checks were not completed to ensure staff knew how to support people with manual handling and mobilising safely.
- The provider's dependency tool failed to ensure people received their care safely and in a timely way. Staff were deployed on capacity rather than care or social needs. When the registered manager was not available, staffing levels were not increased to cover their absence. This meant that people were at risk of not receiving their care safely or in a timely manner.

At a follow up visit completed 3 July 2023 the provider had taken a proactive approach to ensuring the risks identified had been mitigated and people were safe from the risk harm in relation to scalding and water management.

The provider failed to ensure that risks relating to staffing levels and competencies as well as the health and

safety of the home were identified and acted upon, including to prevent and control the risk of infection. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Staff were recruited safely. Pre-employment checks, such as seeking references and DBS checks, were carried out.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

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

Using medicines safely

- People received their medicines safely and in line with their wishes.
- For medicines which were administered 'as needed', further detail was added to medicine administration charts to show when and how to administer. This ensured staff had clear instructions to ensure the safe and appropriate administration of these medicines.
- Medicines were stored correctly and disposed of safely. Staff kept accurate medicine records. Regular medicines reviews and risk assessments took place. This ensured people remained as independent as possible and received their medicine safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect.
- Staff were knowledgeable about the risks of abuse and knew how to report this to the relevant organisations such as the CQC and local authority.
- People we spoke with told us they felt safe living at the home. One person said, "I feel safe knowing that there is always someone around and I don't have to be on my own."

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider did not meet the needs of people through adaptation, design and decoration of the premises.
- People living at the home, some of whom had dementia were not fully supported to remain as independent as possible. For example, there was no dementia friendly signage to help people locate different areas of the home.
- Throughout the home there was evidence of chipped woodwork and paint work to areas such as windowsills and skirting boards. Where flooring had been replaced this had left gaps between connecting floors. This meant people were at risk of falls from trip hazards that had not been identified.
- One person said, "I would like to sit outside in the garden, but we need new furniture, [registered manager] is looking into it."
- Furniture and bedding within people's room were of poor quality and showed signs of damage. One relative said, "I wanted to bring my [Relatives] own furniture when they moved in, but this wasn't allowed."

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

- Comprehensive assessments were completed and regularly reviewed. People's required outcomes were identified and staff were given guidance on how to support people.
- Falls assessments and diabetic care plans contained personalised guidance for staff to identify risks and changes to people's conditions. Staff were supported by information on when and how it was appropriate to seek additional professional guidance.
- A staff member said, "We review care plan monthly, but they can be updated daily. We respond to people's changing needs, this ensures people are always well cared for."

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. All staff were supported with a rolling training programme which was relevant to the conditions that people at the home were living with.
- Staff told us they felt supported by the registered manager. One staff member said, "I am so passionate about my role. We make do with what we have but people never go without, and the manager always will listen to our concerns."
- A family member told us their relative was happy and well cared for and had a trusting relationship with staff that was engaging. They said, "[Relative] has banter with staff, especially the cook."

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

- People were supported to eat and drink enough to maintain a balanced diet. Staff were knowledgeable about people's likes and dislikes and people were offered a choice.
- Kitchen staff were aware of people's dietary requirements and strived to provide good quality meals with a variety of options for people to choose from. The cook spoke to people to obtain their daily meal preferences and feedback about their experience.
- A relative told us their loved one had been supported well and had managed to gain weight since being admitted to the service.

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

- The provider had systems and processes for referring people to external services, which were applied consistently, and had a clear strategy to maintain continuity of care and support.
- Staff spent time with people discussing their care options. People were supported within communication appropriate to them and options and decisions were discussed and recorded within people's care plans.
- A professional who worked with the provider said, "Staff are very knowledgeable and responsive to people's needs, people have received positive outcomes from staff supporting with recommendations."

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had made the appropriate applications for DoLS, however, they had experienced delays in receiving those outcomes. The registered manager ensured applications were chased at regular intervals and people and families were updated on progress.
- Where delays had been experienced appropriate best interest decisions had been used and implemented to ensure effective and timely good quality care was delivered.
- Where legal authorisations were in place the provider was meeting these conditions and staff were knowledgeable about the MCA and people's rights.

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 good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving 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

- The systems and processes to monitor quality and safety did not protect people from the potential risk of harm. The provider had not identified all the shortfalls in the expected care standards found during this inspection.
- Governance in the service was not reliable and effective. Minimal audits were in place and they had not fully identified or addressed some of the issues we found during inspection. For example, infection prevention and control and water management risk assessments.
- The provider did not have up to date policies and procedures in place. For example, there was no policy covering the use of CCTV with the home and consent for use had not been sought appropriately. The IPC policy contained out of date guidance, specifically in relation to COVID19.
- The provider had no oversight of staffing levels or requirements and did not support the registered manager with issues that were raised. For example, where redecoration works and health and safety issues had been identified and reported to the provider, no action had been taken.
- Staff were not clear about their roles. For example, domestic staff were requested to complete health and safety checks due to the lack of an appropriate responsible person, such as a maintenance person. No additional training or support had been provided which had resulted in concerns and issues being unidentified and acted upon.
- The provider's cleaning schedules were not effective and not always fully completed meaning risks were not identified and cleanliness within the home was poor. There was no record of deep cleaning within home and staff lacked understanding regarding how to complete this task.
- The provider's dependency tool had not been used effectively to reflect the required number of staff to meet people's needs. This had resulted in staff deputising for the registered manager in their absence without additional staff to support people with their care needs.
- The registered manager acknowledged daily checks, such as the manager's walkaround and flash meeting with staff which are an opportunity to identify issues and gain staff feedback; were not documented or acted upon. This meant concerns around staff competency checks, infection control and health and safety were not identified or addressed.

The provider failed to ensure that risks relating to governance and oversight of the service were identified. Relevant audit and risks assessment of the premises and environment did not identify significant health and

safety and infection prevention control issues that were identified on the inspection. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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; Working in partnership with others

- The registered manager had understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Where issues had occurred, referrals had been made to the CQC and the local authority in a timely manner.
- The registered manager and staff worked well with other professionals and timely referral were made to ensure best outcomes for people.
- A professional who worked with the service felt that staff had the time to spend with people to identify changes in their conditions and follow up appropriately ensuring good and safe outcomes for people.