

H U Investments Limited

St Martins

Inspection report

3 Joy Lane
Whitstable
Kent
CT5 4LS

Tel: 01227261340

Date of inspection visit:
15 August 2018
16 August 2018

Date of publication:
13 November 2018

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

This inspection took place on 15 and 16 August 2018 and was unannounced.

St Martins 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 care provided, and both were looked at during the inspection. St Martins accommodates up to 30 people in one adapted building. The building is an older building providing large communal areas. At this inspection, 23 people were living at the service. People who used the service were older people with a range of care needs including diabetes, dementia and reduced mobility.

The registered manager worked at the service each day and was supported by a deputy manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected St Martins in March 2017. This was a focussed inspection, looking only at the key area of 'Effective', which was rated as 'Requires Improvement'. This was because the registered manager and staff had limited knowledge of their responsibilities about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). At that inspection, the required improvement was made and the service received a rating of 'Good'. The last comprehensive inspection was completed in October 2016. At that inspection, except for 'Effective', the service received a rating of 'Good' for each key area as well as an overall rating of 'Good'.

People and their visitors told us were happy with the care and quality of service provided. However, at this inspection there were three breaches of regulation and two other areas identified that required improvement. This is the first time the service has been rated Requires Improvement.

Medicines were not always managed safely, PRN protocols for medicines to be taken as and when needed required updating, there was no guidance to distinguish medicines that needed to be taken at times outside of the usual medication rounds, medicines to be returned to the pharmacy were not handled in line with the service's policy and skin creams were kept insecurely in people's bedrooms. Storage of creams in people's rooms had not been risk assessed and the temperature at which the creams were kept was not monitored as required.

The building was adapted to meet people's needs. Staff completed checks on the environment and equipment, these helped to ensure people were safe. However, the safety certificate for the fixed electrical wiring at the service had expired and there was no record whether electrical work noted as requiring urgent remedial attention had been addressed.

A complaints procedure was in place and was under review to include pictorial prompts to make it easier for some people to use. However, we found a complaint received had not been recorded in line with the service's policy.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check that appropriate action had been taken. The manager was aware that they needed to inform CQC of important events in a timely manner, however, they had not always done so.

Staff were recruited safely, however, some decisions about the employment of staff, although considered, were not always recorded. This is an area identified for improvement.

Pre-assessments for people moving to the service were comprehensive. Potential risks to people's health and welfare were identified, however although staff were knowledgeable about people's conditions, there was not always guidance for them to refer to. This is an area identified for improvement.

Staff knew how to recognise the signs of abuse and knew how to report any concerns they may have. They were confident the manager would deal with the concerns appropriately. The manager had reported concerns to the local safeguarding authority and worked with them to resolve these concerns.

Accidents and incidents were analysed and measures were in place to reduce the occurrence of repeated incidents. Referrals were made to specialist services and medical professionals when needed.

People were supported to have maximum choice and control of their lives and in the least restrictive way possible. Policies and systems in the service supported this practice.

People told us that staff were kind and encouraged them to be as involved as possible in their care and, where people wanted to, they took part in a wide range of activities.

People were supported to express their end of life wishes. Staff were aware of people's religious beliefs and received training to support people at the end of their life and keep them comfortable.

The culture within the service was open and transparent. Staff meetings enabled discussion of care practice and how staff could work towards improvement. Staff felt supported by the registered manager and service provider and received regular training and supervision.

People told us their rooms were clean and tidy. Communal areas were clean and odour free, staff used personal protective equipment when required to protect people from infection.

The registered manager attended training and local forums and worked with the local commissioning group and safeguarding authority to ensure people received joined up care.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the services can be informed of our judgements. The provider had conspicuously displayed the rating in the reception area of the service and on their website.

At this inspection three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. You can see what action we have asked the provider to take at the end of the report.

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 safe.

Medicines were not always managed safely and records of returned medicines were incomplete.

Environment, equipment and fire safety checks had been regularly undertaken, however, an electrical safety certificate was out of date and there was no evidence urgent remedial work to electrical wiring was completed.

There were sufficient staff to meet people's needs, however, some processes around their recruitment needed to be improved.

Accidents and incidents were recorded and investigated; learning took place to reduce risks of future occurrences.

People were protected from abuse and discrimination.

People were protected from the risk of infection. □□

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received training and support to enable them to carry out their roles effectively.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

Staff understood the importance of gaining consent and giving people choice.

People were provided with a range of nutritious foods and drinks.

The premises were designed and decorated to meet people's needs and wishes. □□

Good ●

Is the service caring?

Good ●

The service was caring.

Staff took the time needed to communicate with people and included people in conversations.

Staff spoke with people in a caring, dignified and compassionate way.

Staff supported people to maintain contact with their family.

People were treated with kindness, respect and dignity.

Is the service responsive?

The service was not consistently responsive.

There was a complaints system and people knew how to complain, however a complaints process was not displayed and a complaint had not been dealt with in line with the services policy.

People's care and support was planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences.

People were supported to take part in activities that they chose.

The service was not supporting anyone at the end of their life. Care plans included information about people's known wishes.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Regular audits and checks did not ensure the service was safe and running effectively.

There was a registered manager. Although, they understood their regulatory responsibility, they had not submitted all statutory notifications as needed.

People, their relatives and staff were positive about the registered manager. Staff felt they were approachable.

The service demonstrated a learning culture with staff given opportunity for progression and professional development.

Requires Improvement ●

The service worked effectively in partnership with other organisations and agencies.

St Martins

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned in response to concerns received and to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 15 and 16 August 2018 and the inspection was unannounced. The inspection team consisted of one inspector and an assistant inspector.

We met and spoke with 11 people who lived at the service, we observed some people's care, the lunchtime meal, some medicine administration and some activities. We spoke with four people's relatives. We inspected the environment, including the laundry, bathrooms and some people's bedrooms. We spoke with three care staff, housekeeping and kitchen staff as well as the head of care, deputy manager, registered manager, and a service provider director.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

During the inspection we reviewed other records. These included staff training and supervision records, five staff recruitment records, medicine records, risk assessments, accidents and incident records, quality audits and policies and procedures.

We displayed a poster in the communal area of the service inviting feedback from people, relatives and staff. Following this inspection visit, we did not receive any additional feedback.

Is the service safe?

Our findings

People told us they felt safe living at St Martins and had confidence in the staff who supported them. People said they thought there were always enough staff on duty. One person commented, "I get everything that I need or want on time." Another person said, "There's no problem with staffing" and "You have familiar faces doing the same thing, which is reassuring." A visitor told us, "There are always plenty of staff on duty."

Although people and visitors commented positively about the safety of the service, areas were identified where the service provided was not always safe.

Medicines were not always managed safely. Some people needed to receive their medicine outside of the usual medication round times. This was because the medicine needed to be given a minimum amount of time before eating and required the person to rest in a particular position. However, no distinction was made on medicine administration records (MAR) that the medicine should be given at a particular time. While staff were knowledgeable about the administration of this medicine, the information recorded on MAR charts was not accurate because it did not record the correct time of administration.

Skin creams were stored in drawers in people's bedrooms, including people living with dementia. No risk assessments were in place to consider if this practice was safe, for example, if the cream was flammable or dangerous if ingested. Additionally, the temperature at which the cream was stored was not monitored. It is important that some creams are stored within a particular temperature range to ensure active ingredients remain effective.

The service's policy required spoiled medicines (dropped, refused or spat out) to be individually bagged, identified and recorded on a returned medicines inventory to the pharmacy. However, staff had run out of bags and multiple tablets were kept in a jar. The tablets were not identified and could not easily be identified and added to the returns inventory. This presented a risk that medicine could be unaccounted for and misused.

PRN medicines are medicines that are taken as and when they are required, this may include pain relief and laxatives. PRN protocols are intended to provide guidance for staff about when these medicines should be given and what to do if they do not have the expected effect. We found a number of PRN protocols which had not been updated to reflect changes to the medicine being administered. For example, where the medicine name had changed, but the dose and frequency of administration had remained the same.

Professional contractors had undertaken safety checks on gas and electrical supplies, appliances and equipment. This included special baths, the lift and hoists which had been routinely serviced along with fire-fighting equipment and emergency lighting. However, the certificate for conformity of the wiring with the building (Electrical Installation Condition Report) had expired in April 2018. Additionally, when this report was completed five years earlier, it identified that some remedial work to earthing of light switches in some bedrooms and a corridor was urgently required. We discussed this with the registered manager and provider, they were not aware the certificate had expired and were not able to confirm if the remedial work

had been completed.

The provider had failed to consistently manage medicines safely and ensure the premises were safe. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Otherwise, people received their medicines safely, on time and staff signed records to confirm it had been given. MAR charts included a photograph of the person with a list of any known allergies and showed most medicines had been administered as prescribed. There was a clear audit trail that showed action to be taken in the event of any errors, including medicines retraining and fresh competency tests for staff. A policy and process was in place for people who received their medicines covertly (disguised in food or drink). Other records confirmed when medicines were received at the service and the amount held in stock. The registered manager had identified occasional delays in receiving some medicines from the pharmacy and had arranged a meeting to include the pharmacy and prescribing GP to address this. Following our concern about creams being kept in people's bedrooms, the registered manager immediately ordered secure storage containers and thermometers so that the storage temperatures of creams could be recorded.

Checks were completed to ensure staff were of good character and suitable for their role. Checks included a full employment history, two written references and an interview. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS checks help employers make safer recruitment decisions to prevent unsuitable people from working with people who use their services. However, where DBS checks showed a caution or conviction, although risks had been explored, there was no written record of the decision or assessment of risk to help inform the decision-making process. We discussed this with the registered manager and provider and were satisfied a process was in place, however, this had not always been recorded. This is an area identified as requiring improvement.

People felt there were enough staff and they responded to call bells quickly. One person said, "It doesn't take long" and another person said, "The other day one of the other residents tried to come into my room. I pressed the call bell and very quickly two night staff came to deal with things." Staff were evident throughout the service and mindful of people who needed more frequent or specific support. Call bells were answered quickly, when people asked for support to use the toilet they told us staff responded promptly. Where people needed support to mobilise, the required number of staff, using the correct equipment, supported people safely. Staffing numbers were continuously reviewed set against people's needs. Rotas showed the number of staff on shift during and in the weeks before our inspection met the necessary levels assessed. The registered manager had recruited staff and reduced the number of agency staff used. The registered manager made sure people received care from staff who knew them well and worked with them often.

Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. They were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse. Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to bullying and harassment. These had been updated since our last inspection.

A system was in place for staff to report any accidents or incidents and discussion with staff confirmed they knew how to do this. The registered manager had oversight of these records and learning from incidents and accidents was shared at staff and handover meetings.

Fire safety equipment such as extinguishers, emergency lighting and the fire alarm system had been routinely checked and maintained. All staff had received fire safety training and those we spoke with could point out fire exits and assembly points. Checks protected people against the risk of hot water scalding by ensuring hot water outlets remained within a safe temperature range.

There was a business continuity plan in place which contained details of how the service should respond in an emergency. Each person had a personal emergency evacuation plan (PEEP), these gave details of the persons physical and communication needs, to support them to be evacuated safely.

The service was clean and free from unpleasant odour. Cleaning schedules were followed by domestic staff to maintain cleanliness. Staff followed the provider's infection control policy, staff were observed using personal protection equipment such gloves and aprons when appropriate.

Is the service effective?

Our findings

People were complimentary about the food and said they were regularly asked for their feedback about the meals. Comments from people included, "We've always had good food." People said that if they requested particular food they were given it. One person told us, "I like fruit and salad and I get fruit with my breakfast." People said they had enough food and were given plenty of drinks throughout the day, including cold drinks, tea, coffee and biscuits. A relative told us, "The food looks delicious" and "Mum enjoys the food very much."

People's nutritional needs had been assessed, recorded and reviewed regularly. People who were assessed to be at a high risk of malnutrition or dehydration had a record of their food and fluid intake. People's weight had been monitored regularly in conjunction with a nutritional screening tool. If staff had any concerns appropriate referrals were made and records showed people had been referred to a dietician and speech and language therapy if they had difficulty swallowing food or were at high risk of choking.

A cook and kitchen assistant were on site seven days a week. The provider used a seasonal four weekly menu and meals freshly prepared each day. People were offered choices of meals and we saw people could make additional food choices such as, sandwiches and omelettes. Kitchen staff were aware of people's food preferences, allergies and specialist diets were catered for, such as diabetic or fortified food. One person required a soft diet and liked their food to be plated up in the shape of a flower; we saw the person received their meal as requested. Staff confirmed people's cultural needs were catered for in relation to their nutrition.

Lunch was relaxed and sociable, people had asked for tables to be more spread out and arranged in smaller groups, rather than confined solely to the dining area, their request was accommodated. People chatted and laughed with one another and staff. Staff offered a variety of hot and cold drinks to people with their meal, condiments were also available on each table.

People's needs were assessed prior to the receiving a service, either as a permanent admission or for a period of respite care. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment. Each person's care plan outlined the specific support they required such as, specific cultural beliefs and the support required from staff to maintain this. There were equality and diversity policies in place for staff to follow, this helped staff promote people's equality, diversity and human rights.

People's health was monitored and when needed health care professionals were involved to make sure people remained as healthy as possible. Each person had a specific care plan which detailed the support they required to manage any specific health conditions. Tools such as Waterlow assessments (to assess the risk of people developing pressure wounds) and a malnutrition universal screening tool had been used to identify when people required more support. Some people were living with healthcare conditions such as diabetes or epilepsy and staff were aware of guidance in place.

Care plans tracked the progress of pressure areas or wounds. There was evidence of good practice which had resulted in the reduced severity of pressure areas; checks of air mattress and cushion pumps ensured they were correctly set and these settings corresponded with people's current weights. Where needed, repositioning records showed people were supported to move when they should have been to help relieve pressure on their skin. Any new pressure areas, deterioration, or skin conditions were reported to the registered manager immediately and referrals made to the district nursing team as needed.

People's pain was assessed regularly and PRN medicines offered as needed. Where people showed behaviour that could challenge, records of incidents helped staff and external professionals understand and develop strategies to better support people. Staff monitored people's physical and mental health and took prompt action when they noticed any changes by reporting changes to senior staff who in turn contacted health or social care professionals. People told us staff reacted quickly if they were unwell and this view was shared by visiting relatives we spoke with.

Staff had the skills and experience to deliver effective care and support. People told us they felt the staff were well trained and knew how to meet their needs. One person commented, "Staff have lots of training" and "The other day they had first-aid training." Another person told us "All the staff I've met definitely have the skills and abilities needed." A relative said, "Everything that I have seen suggests staff have the skills, knowledge, competency to do their job." The provider had a number of courses which they considered mandatory, the registered manager held responsibility for ensuring the staff were trained. The registered manager used a training matrix to ensure staff had received the training they required. There was an ongoing programme of training which included face to face training, mentoring, online learning and competency assessments. People could be assured that staff supporting them were trained and had their competency assessed.

New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role. For example, administering medicines and admission and discharge processes. New staff worked alongside experienced staff and were supported to complete 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, The Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.

Care staff told us they felt supported by the registered manager and received regular individual and occasionally group supervision. Staff received an annual appraisal, which gave them the opportunity to reflect on the previous year and set goals for the forthcoming year.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Restrictions could include, for example, bed rails, lap belts, stair gates, restrictions about leaving the service and supervision inside and outside of the service. 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 were being met.

The registered manager, management team and the care staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). All staff had been trained to understand and use these in practice. People told us they were asked for their consent prior to any care or support tasks, and they were offered choices throughout the day. The registered manager had carried out MCA assessments with people and/or their relatives for less complex decisions such as, personal care needs and medicine management. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests.

The registered manager understood their responsibility for making applications to the local DoLS team, when a person was being deprived of their liberty. Records showed that applications had been requested. A tracking system was used to monitor any authorisations made and whether any conditions were in place.

St Martins is a large converted house enclosed gardens. The building had been adapted to meet people's needs including the installation of a lift and specialist bathing equipment. There were areas where people could meet with their relatives privately and where activities could take place. People could access the garden and hand rails helped people to move around the building. The building was maintained and clean, signs were used to identify the toilets and other rooms to help people find their way around.

Is the service caring?

Our findings

People and their visitors were positive about the care and support they received. Comments included, "There is no problem with staff at all, they're very good and helpful," "Staff are not rude" and "Oh yes, staff are caring." A relative said, "I love the way that staff kneel down to the residents' level to talk to them."

There was a person-centred culture at the service. Staff knew about people's background and interests, their preferences, likes and dislikes and their hopes and goals. Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. Most people said they knew about their care plan and were involved in writing it. Staff sat with one person and talked them through their care plan as they had been unsure if they had seen it.

Staff supported people in the way they preferred. People looked comfortable with staff and responded well to interactions with them. Staff related with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner. Staff treated people with kindness and compassion. One person commented, "Staff are friendly to visitors and residents."

Staff were aware of people's spiritual and cultural needs. The minister of the local church visited people living at the service. People were encouraged to decorate their rooms with personal items such as photos and ornaments that were important to them.

People told us, and we observed that staff were respectful and knocked on bedroom and bathroom doors before entering. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. Staff made sure bedroom and bathroom doors were closed when they were giving personal care.

People told us they were supported to be as independent as possible. One person made their own dentist and solicitor appointments and went to see them on their own. A relative told us, "Mum makes her own bed if she wants to." One person who washed independently told us, "I am never left in the bath on my own for long periods of time." Another person commented, "If people get up, staff wait to see if they are ok and help them if they start to struggle." People said staff made sure their walking frames were always close to them and drinks were always close to their hands. People were supported to move around the service as independently as possible. We observed staff supporting people to walk around with mobility aids such as walking frames. Staff were patient with people and allowed them to go at their own pace. They talked with people as they walked and reassured them and reminded them to use their equipment. People felt staff listen to their views and felt comfortable speaking with them.

When people, who were less independent, had to attend health care appointments, they were supported by staff who knew them well and could help health care professionals understand their communication needs.

Some people required additional support to communicate. Staff used some signs and symbols to help people's understanding where possible, for example, in relation to food choices. There were also pictures displayed of the staff who worked at the service.

Staff spent time with people and gave them the support they needed. People could choose if they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted and were supported to have as much contact with family and friends as they wanted to, some people had mobile phones so they could contact family whenever they wanted to. People and relatives told us they could have visitors when they wanted.

Staff told us people who needed support to communicate their needs or choices were supported by their families, care manager or an advocacy service. Information about advocates and how to contact them was readily available. An advocate is someone who supports a person to make sure their views are heard and their rights upheld to ensure that people had the support they needed.

The registered manager was aware of the General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Suitable arrangements were made to ensure private information was kept confidential. Written records containing private information were stored securely when not in use. Computer records were password protected and only available to those with a right to see them.

Is the service responsive?

Our findings

People told us staff responded to their needs. One person said, "If I ask for something, staff see if they can do it." Another person said, "Staff are very responsive and amenable to my needs." They added, "Staff respond to changes and how people are feeling daily." People said there was a good variety of activities, which took place most days.

There was a policy about dealing with complaints and information informing people how to make a complaint was displayed. However, upon reviewing the complaints log, it was evident a complaint received had not been recorded or replied to. Discussion with the registered manager and provider found the circumstances leading to the complaint were subject to ongoing external investigation and it was their intention to provide a response when this process was complete. However, receipt of the complaint should have been logged together with any interim responses given.

The provider had failed to establish and operate effectively an accessible system for receiving, recording, handling and responding to complaints. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had care plans in place, which provided guidance and information for staff to support the person and meet their needs. Care plans were reviewed regularly and information was reflective of the person's current needs. For example, where one person's mobility had declined, care records were clear about the number of staff they required to support them. A relative told us, "The staff observe and note any changes in my mother and then inform me." They added, "Staff then respond to any changes and review and update mother's care plan." Staff told us the management completed care assessments before a person moved in, care plans were then developed and updated when people's needs changed. Families members were able to remotely access their relatives' care plans, via an electronic system. This enabled instant access to get real time information about care delivery and support. This information is password protected which continues the services' ethos of openness and transparency.

Care plans contained guidance about how to support people with specific tasks, such as washing or showering and how they liked to be supported to go to bed. When people needed support with moving and handling there was detailed information regarding the type of hoist and sling they needed and how staff should support them. This information had been compiled with the help of an occupational therapist. Care plans also contained information about people's likes and dislikes and things that were important to them. Health plans detailed people's health care needs and involvement of any health care professionals. Each person had a healthcare plan, which contained details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. When able, people were encouraged to be involved in the content of their care plan and where possible family or friends were asked to assist.

Staff knew people well and could describe the care and support people required. At the beginning of each shift, staff attended a verbal handover. Staff gave information about the care and support each person had received that shift and any concerns they may have. This was recorded on a handover sheet. People told us

that staff supported them in the way they preferred.

Staff recognised when people were becoming frailer and nearing the end of their lives. Staff had received training to be able to support people at the end of their lives. They worked with nurses, GP's and palliative care specialists to support people to be as comfortable as possible. People had been asked about their end of life wishes and staff supported people to make sure their wishes were recorded. Medicines required to support people at the end of their life were stored safely and were available when needed. People's medicines were reviewed to make sure they remained appropriate. Staff were aware of people's cultural and spiritual needs regarding their end of life needs.

An activities organiser was employed at the service, they completed a monthly newsletter which contained details of organised events such as trips out to the seaside for ice cream, shopping trips or musical entertainers. Garden parties had been arranged and people told us how much they had enjoyed them. Children from a local school visited the service weekly during term time. The registered manager described how the children and people at the service had formed close mutual bonds and the enjoyment this brought to people and the children. One person told us, "I like to join in with as many activities as possible, they organise a lot here." People said local schoolchildren had recently come in to visit them, which they had really enjoyed. One person told us, "The activities coordinator gives us questionnaires to fill in to find out what activities we would like. If I asked for a particular activity, they would do it." Another person commented, "You are not overlooked here because of your age, you are included in everything." During the inspection, some people took part in making and baking cheese straws and there had been an afternoon tea party. Everybody's birthday and national events were celebrated with a buffet, card and present. The service accessed a private hire, wheelchair accessible, mini bus to help with transport arrangements for future outings. The service has also created and introduced its own dementia workshop with supporting advice from the Alzheimer's Society, to further improve relative's knowledge and understanding of the challenges residents face.

Staff understood the importance of promoting equality and diversity. People could meet their spiritual needs by attending a regular religious ceremony if they wished to do so. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

Is the service well-led?

Our findings

People told us they thought the service was well-managed. One person said, "I think the home is run very efficiently although I have nothing to compare it to, I've never been in a home before." A relative told us, "I think the home is very well-managed, I think they do a very good job, it's not an easy job to do, exceptional."

However, at this inspection we identified new breaches of Regulations. Processes used to monitor and evaluate the operation and quality of service provided were not suitably robust and needed to be strengthened. In doing so, this would ensure progress made was sustained and the service improved.

Greater oversight was needed to ensure the safety of the service was consistent and met with best practice. For example, records of returned medicines were not wholly accurate and storage of some medicines had not been effectively assessed to ensure it did not present a risk to people. Ineffective oversight had failed to ensure the certificate relating to the safety of the electrical wiring in the building was in date. Management were unable to provide any evidence or assurance that urgent remedial work to aspects of the wiring, identified as unsafe over five years ago, had been remedied. Auditing processes had failed to identify any of these shortfalls and consequently no plan was in place to address them. While a complaints policy was in place, the service had not adhered to it as records of complaints were incomplete and no information was displayed for people or visitors about how to make a complaint to the service or external authorities.

The failure to effectively assess, monitor, record and improve the quality of service to people is a breach of Regulation 17 of the health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from further harm. However, the registered manager had not ensured all notifications were submitted when required. This is a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

The registered manager made sure staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff.

There was a positive and open culture between people, staff and management. All staff we spoke to told us they were clear about their roles and who they were accountable to. They felt they all worked well as a team, all staff told us they felt proud of the service. Throughout the inspection, the registered manager and staff were open to different ideas we discussed. Their responses showed they were keen to develop and improve the service, so they could meet people's needs safely and effectively.

There were a range of newly updated policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. The registered manager demonstrated a working knowledge of people's needs. During the inspection we observed that people, staff and visitors engaged well with the registered manager, who was open and approachable.

Arrangements were in place to support people who lived in the service and their relatives to suggest improvements to their home. These included being invited to attend regular residents' meetings at which people were offered the opportunity to give feedback about their experience of living in St Martins. People, their relatives and staff completed surveys about their view of the home. There were a number of examples of suggested improvements. Where menu and activity suggestions were made, these were quickly put into effect. A monthly newsletter kept people and their relatives updated with forthcoming activities and other news about the service.

The service worked in partnership with other agencies. There were examples to confirm the registered manager recognised the importance of ensuring people received 'joined-up' care. This was demonstrated when working in partnership with health care professionals, such as the mental health team, care managers and speech and language therapists. The registered manager and key staff attended workshops where they met with other service providers to receive training about national initiatives in the provision of good practice. The service actively worked with the local community, extending invitations to events and celebrations held at the service.

The registered manager worked proactively to keep staff informed on equality and diversity issues. They had discussed wellbeing, equality and diversity with staff and had arranged for LGBT training to take place to ensure staff were sufficiently informed to uphold the diversity values expected of them.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The most recent CQC report was displayed in the service and a link to the latest report was on the provider's website in line with guidance.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Commission without delay of the result of a request made pursuant to Part 4 of Schedule A1 to the Mental Capacity Act 2005 Act.</p> <p>Reg 18 (1)(2)(c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the safe management of medicines or that the premises used by the service provider are safe to use for their intended purpose.</p> <p>Regulation 17 (1)(2)(e)(f)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered person had not operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated.</p> <p>Regulation 16 (2)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider had not established and operated effective systems to assess, monitor and improve the quality and safety of the services provided.

17 (1)(2)(d)(f)(g)