

# Cornwall Care Limited

## St Martin's

### 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 well-led?

Requires improvement



### Overall summary

We previously carried out a comprehensive inspection on 24 February 2015. At which time breaches of legal requirements were found. This was because medicine records were not always accurate. Some medicines which had been administered had not been recorded. Also, one person had missed their prescribed medicine on one occasion, because the late provision of this medicine meant there was insufficient time before the next dosage was required.

At our previous inspection healthcare records were not always being completed. For example where a person's nutritional and hydration needs had needed to be monitored, there were gaps in their records. Where meals were refused over a four day period, there was no evidence as to what action had been taken. The person's

fluid intake was not being recorded regularly as instructed in the care plan. There were no calculations taking place to measure what amounts of fluid the person had received each day.

During the comprehensive inspection in February 2015 we found the service had not responded to areas of concern relating to healthcare monitoring records during an internal audit. This meant action had not been taken to improve records reporting on a person's healthcare needs.

After the comprehensive inspection the registered provider wrote to us to say what they would do to meet

# Summary of findings

the legal requirements in relation to the breaches. As a result we undertook a focused inspection on 9 July 2015 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Martins on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

St Martins is a care home with nursing for up to 40 predominately older people. The majority of people were living with dementia. Some people had physical or sensory disabilities. At the time of the focused inspection on 9 July 2015 there were 34 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

At this focused inspection we found the registered provider had made improvements to medicine procedures to ensure they were safe. Medicines were being administered at the right times as prescribed. Records were accurate and complete.

Care records showed improvements had been made to ensure records were reflective of what the people's needs were and how and when intervention was taking place. Food and Hydration records had been reviewed. Improvements had been made to make sure the amounts recorded were accurate and reflected what the person had eaten or drank and how much. This provided staff with much more accurate information to make judgements on a person's wellbeing.

The way internal audits were managed and acted upon had been reviewed. A recent audit had identified some weight monitoring records were unclear. Immediate action was taken by the registered manager to rectify this, by speaking with staff and carrying out more frequent audits of weight monitoring records. Revised audit processes had improved the way actions were addressed. This ensured the process was more robust.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found action had been taken to improve the safety of the service.

Medicines were being administered at times to meet people's needs.

Medicine records were being completed according to the person's administration instructions.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires improvement**



### Is the service effective?

Healthcare records were complete and regularly audited to ensure people's health needs were being appropriately monitored.

There was evidence of consistency in the improvements made to monitoring and responding to people's nutrition and hydration. We have therefore revised the rating for this key question to 'Good'.

**Good**



### Is the service well-led?

We found action had been taken to improve how the service was led.

Where issues had been identified during healthcare audits, interventions had taken place to ensure people's needs were being responded to.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well led at the next comprehensive inspection.

**Requires improvement**



# St Martin's

## 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 to check whether the provider is 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 undertook an unannounced focused inspection of St Martins on 9 July 2015. This inspection was completed to check that improvements had been made to meet legal requirements after our comprehensive inspection on 24 February 2015. We inspected the service against three of the

five questions we ask about services: is the service safe; is the service effective and is the service well-led? This is because the previous concerns were in relation to these three questions.

The inspection was carried out by an inspector and a pharmacist inspector.

Before our inspection we reviewed the information we held about the service. This included the action plan submitted by the service informing us of what steps they would take to meet the legal requirements.

We spoke with the registered manager and two staff members.

We looked at five care files relating to monitoring people's nutrition and hydration needs. Twenty-three medicine records and records associated with the safe management of medicines.

# Is the service safe?

## Our findings

At the comprehensive inspection on 24 February 2015 we found the management of medicines was not always safe. For example, some medicines which had been administered had not been recorded. One person had missed their prescribed medicine on one occasion, because the late provision of this medicine meant there was insufficient time before the next dosage was required.

This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection of 9 July 2015 we found that the provider had taken action to address these shortfalls.

Medicines were given to people safely, and people were asked if they needed any medicines prescribed to be taken when necessary, for example pain killers.

Medicines were stored safely. There was a separate refrigerator for medicines needing cold storage, and records were available to show that the temperature of the fridge was being monitored to make sure that medicines were stored correctly and would be safe and effective for people. There were suitable arrangements in place for the storage, recording and destruction of medicines that required stricter controls. These medicines require additional secure storage and recording systems by law.

The arrangements for recording medicines had improved since our previous inspection. We checked a number of medicines records. The charts were well completed showing when people had received their medicines. If any

regular doses were not given for any reason this was clearly recorded on the chart and followed up if necessary. There were new sheets in place for recording pain relief, which included the time that all doses were given. This helped to ensure that doses were given at appropriate and safe intervals. There were also charts in place to record the application of patches containing medicines, and these were being completed to show that these were checked daily and changed correctly. Any changes to people's medicines were clearly recorded on their charts, and any handwritten entries or amendments were double checked and signed by a second member of staff, to make sure they were correct. New arrangements were being introduced to record the application of creams and other external preparations, and prescriptions for these products had been reviewed with people's GPs.

A new system of regular spot checks and audits had been introduced by the manager. We saw records that demonstrated these were being completed, and any actions needed had been followed up. This showed the registered manager had taken action to ensure the management of medicines was safe for people using the service. The relevant regulation was no longer being breached and the requirements of the warning notice had been met.

The breach of regulations identified in the comprehensive inspection of 24 February 2015 resulted in enforcement action, resulting in a warning notice being issued to the registered provider. This inspection found improvements had been made in the way medicines were being managed. However, to improve the rating to 'Good' would require a longer term track record of consistent good practice.

# Is the service effective?

## Our findings

At the comprehensive inspection of 24 February 2015 we found a person's nutritional and hydration needs were not being monitored effectively. Records were inaccurate and incomplete. Where meals were refused over a four day period, there was no evidence as to what action had been taken. The person's fluid intake was not being recorded regularly as instructed in the care plan. There were no calculations taking place to measure what amounts of fluid the person had received each day.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, which corresponds to Regulation 9 (3)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection of 9 July 2015 we found that the provider had taken action to address these shortfalls.

There were no current food and fluid monitoring charts in operation at the time of this inspection visit. However we viewed a number of care records to see how the service had monitored people's food and fluid intake since the previous inspection visit of 24 February 2015.

Process's to identify where food and fluid monitoring was necessary had changed. For example regular monitoring of people's weight and skin integrity were being used as triggers for review. The review process highlighted the decision making process, as to whether a period of

monitoring would be beneficial to the person. The decision process was clear and food and fluid monitoring was carried out for an initial short term period. A further review took place to determine if continuing this process was appropriate or whether a specialist assessment should take place. We saw three of the five records had generated a request for a Speech and Language Therapy assessment (SLT). The records showed SLT therapy assessments had been carried out to assess people for specific dietary management. For example certain food types were to be used, including high calorific foods, appropriate food textures and types of supplements including hydration supplements. Records showed staff followed the instructions and in all instances people's weight had improved.

Records we looked at were complete and clearly identified not just the types of foods and fluids, but also the amounts with daily totals. This information helped staff to determine whether monitoring was improving a person's health and well-being. This demonstrated the service had improved the way people's food and fluid records were managed to ensure they were effective. Therefore the relevant regulation was no longer being breached and the requirements of the warning notice had been met.

There was evidence of consistency in the improvements made to monitoring and responding to people's nutrition and hydration. We have therefore revised the rating for this key question to 'Good'.

# Is the service well-led?

## Our findings

At the comprehensive inspection of 24 February 2015 we found the service had not responded to areas of concern relating to healthcare monitoring identified during an internal audit. This meant action had not been taken to improve records reporting on a person's healthcare needs.

This was a breach of Regulation 10(1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection of 9 July 2015 we found that the provider had taken action to address these shortfalls.

The way audits were being carried out at the service had been reviewed and changes had taken place to improve how issues were acted upon. For example an audit had identified weight monitoring was not being carried out and recorded by staff, as instructed by the senior nurse and overseen by the registered manager. The registered manager responded to this by carrying out a weekly audit

of weights and to check they had been recorded and followed up where necessary. Staff had been instructed through daily handovers and a staff meeting, about the importance of recording and responding to people's weight loss or reduced skin integrity. Records looked at during this inspection visit showed they were accurate and complete.

Developmental plans showed who was responsible for taking action and a timeframe to carry out actions where issues were identified in audits. This showed the registered manager had taken action to ensure the audit process was being responded to where necessary. The relevant regulation was no longer being breached and the requirement of the warning notice had been met.

The breach of regulations identified in the comprehensive inspection of 24 February 2015 resulted in enforcement action, resulting in a warning notice being issued to the registered provider. This inspection found improvements had been made in the way the service audited and responded to issues identified. However, to improve the rating to 'Good' would require a longer term track record of consistent good practice.