

St. Martin's Care Limited

# Guisborough Manor Care Home

## Inspection report

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16 May 2023

18 May 2023

23 May 2023

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14 June 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Guisborough Manor Care Home is a residential care home providing personal care to up to 63 people. The service provides support to people aged 65 and over, some of whom lived with a dementia. At the time of our inspection there were 61 people using the service. It is a purpose-built care home accommodating people over two floors on the outskirts of Guisborough.

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

Staff knew people well demonstrating good knowledge and skills in their care of people. There were not always enough staff available during busy times. We made a recommendation about the deployment of staff. Record keeping needed to be improved; a new recording tool was due to be implemented. Staff understood safeguarding procedures. Good infection prevention and control procedures were in place. Staff were recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had effective processes in place to oversee the quality of the service. They were working collaboratively with external organisations to make improvements within the care sector. Feedback was sought and used to support their governance. Staff were extremely caring and were supported by the provider to develop their skills.

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 good (published 15 February 2022).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

Follow up

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Guisborough Manor Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Guisborough Manor Care Home 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. Guisborough Manor Care Home 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 16 May 2023 and ended on 31 May 2023. We visited the location's service on 16, 18 and 23 May 2023. Two of these visits were outside of normal working hours.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service, 13 relatives and 1 visitor. We also spoke with 19 staff, including the nominated individual, registered manager, deputy manager 11 care workers, 3 ancillary workers and 2 agency care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Feedback was also shared by the North East Ambulance Service and North of England Commissioning Support about their collaborative work with the provider.

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 talk with us.

We reviewed 8 people's care records, 2 staff recruitment records and the training matrix for all staff. We also reviewed information relating to the running of 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 our last inspection we rated this key question good. The rating for this key question remains good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough staff on duty at the service, however there were not enough staff deployed at peak times on the first floor. The provider was reviewing feedback about this. Activities did take place, however people said there were not enough. Staff lacked the time to organise and deliver activities consistently.
- People were recruited safely. Staff were highly skilled, demonstrating a considerate and warm-hearted approach during their care of people. Comments from people included, "The girls [staff] are alright; we can talk to them. We have a laugh" and, "The staff look after me." Relatives said, "Staff are attentive and very nice" and, "I think they [staff] understand what [person] needs and they have conversations [with person] and yes they are respectful and listen."

We recommend the deployment of staff is reviewed to support staff working on the first floor of the service at busy times.

### Assessing risk, safety monitoring and management

- Staff knew people well and were generally able to manage the risk of harm to people. Staff required additional support to care for people who displayed behaviours associated with their dementia. Records supported staff to provide person-centred care; though there were gaps in some of the records reviewed.
- The safety of the building had been maintained. Battery operated chair sensors supported people to use communal areas and reduce slips, trips and falls caused by sensor wires. This gave people greater freedom about how they chose to spend their time.

### Using medicines safely

- Systems in place to manage medicines needed to be further improved. People received their oral medicines when they needed them. Records to support 'when required' medicines and 'variable dose' medicines were not always in place or where in place, lacked detail to support staff to determine if medicines were needed and how much of those medicines to dispense.
- Topical medicines were not administered as prescribed and did not contain dates of opening. They were not always stored appropriately. The provider had started to address the concerns with records through their own quality assurance systems. A new electronic recording keeping tool was due to be introduced.
- Staff had received training to dispense medicines safely and had regular competency checks to make sure they remained safe to do so.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed. Lessons learned were in place. Relatives said they felt reassured by staff and their communication when people were unwell or had experienced a fall.

Comments included, "They [staff] let me know promptly and let me know how [person's] doing" and, "They [staff] tell me everything."

- Staff understood their responsibilities in maintaining the safety of people and the service. They had received training and were familiar with the provider's policies and procedures.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the procedures they needed to follow to raise a safeguarding concern and had received up to date training.
- People were happy with the care they received, were very complimentary about staff and said they felt safe. Comments from relatives included, "We are happy with the care. Staff are lovely, they do what they can. We would recommend the home to other people" and, "They [staff] all seem really good and knowledgeable."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People received visits from their loved ones at a time convenient for them. A variety of communal and private areas for visiting were available.

# 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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff demonstrated kindness and compassion, supporting people to be as independent as they could be. People and relatives spoke highly of care staff. They worked well together as a team. A relative said, "It's quite friendly and caring and tailors to individual need and they take the time to get to know the residents and that's above and beyond what I've expected and safe and welcoming."
- The provider was committed to a culture of improvement. The management team were undertaking additional learning in 'Health and care management.' Care staff were supported to undertake National Vocational Qualifications (NVQs) to support their development. A Human Rights Principles Roadmap was under development to support the organisations commitment to equality and diversity. Staff had undertaken training in this area.
- The service had good links with the local community. This included community arts and singing groups, local schools and churches. The service also held a dementia café which relatives and the local community were invited to. People showed us the blankets they were knitting for a local rescue charity.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- Governance arrangement supported improvements at the service. The provider had used learning from across the organisation and external projects they were involved in to lead improvements.
- Processes were in place for staff at all levels to account for their decisions, actions, behaviours and performance. Managers understood their responsibilities, ensuring safeguarding alerts and notifications were submitted. The visibility of the management team needed to be improved across all areas of the service. The provider had started to address this during the inspection.

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

- People, relatives and staff were invited to contribute to meetings and surveys to share, listen and plan how the service was running.
- Senior staff were asked to contribute to decision making when requests for admissions were received to make sure the service could safely meet people's needs.



### Working in partnership with others

- The provider was committed to improving care and was regularly involved in research. They had piloted low level wound care and lifting cushions for people following a non-injured fall and were also involved in research projects relating to oral health and dementia. They had demonstrated an innovative approach working with organisations such as the North East Ambulance Service, Ageing Well and North of England Commissioning Support resulting in changes to practices.
- The service continued to work collaboratively with stakeholders such as the local authority, NHS infection control teams and district nurses.