

Qualia Care Limited

# St Marys Nursing Home

## Inspection report

St Marys Road  
Moston  
Manchester  
Lancashire  
M40 0BL

Tel: 01617111920

Date of inspection visit:  
11 July 2023  
18 July 2023

Date of publication:  
10 August 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

St Mary's Nursing Home is a care home providing nursing care for up to 74 younger and older people, people living with dementia and mental health needs and people living with a physical disability or sensory impairment. At the time of the inspection, there were 37 people living at the home.

St Mary's Nursing home is an adapted building which specialises in residential and nursing care. There are three floors named St Mary's, St Alexius and St Josephs.

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

St Mary's Nursing Home is operated by Qualia Care Limited. Qualia Care Limited has been placed into administration and the administrators have appointed a healthcare management company to operate the care home during the period of administration. The provider, Qualia Care Limited remains legally responsible for the delivery of the regulated activities at this location.

There had been improvements to health and safety of the home. Ongoing work was being undertaken to ensure the improvements both in the building and in the care provided were sustained and continually improved. Any risks to people were identified and mitigation guidance provided for staff to follow.

Care plans and risk assessments captured peoples' care requirements and gave guidance for staff to support each individual safely. We made a recommendation for families to be involved in reviewing care records to ensure they were accurate. Complaints were acknowledged and responded to. Relatives felt confident to raise any concerns they had with the management team.

People felt safe living at the home. Relatives confirmed staff safely cared for their relation and staff were kind and caring. Staffing levels were sufficient to meet the needs of people currently living at the home. Staff were recruited safely and felt supported by the management team. Staff were confident in recognising and reporting any safeguarding concerns they may have. Medicines were safely managed.

People, relatives and staff felt the management team were approachable and responsive and had improved the home. The manager was working with other professionals to embed and sustain quality improvements. Staff were continually updated with any changes to people's health and well-being and about the management of the home.

A manager was in post. The manager was working for healthcare management company and was in the process of applying for registration with the Care Quality Commission (CQC).

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](http://www.cqc.org.uk)

#### Rating at last inspection

The last focused inspection of this service was rated good (published 18 April 2023).

#### Why we inspected

The inspection was prompted in part due to concerns received about the management of complaints, staffing levels and visiting arrangements. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Mary's Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# St Marys Nursing 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

The inspection team consisted of 2 inspectors. An expert by experience contacted the representatives of people living in the home by telephone. 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 Mary's Nursing 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. St Mary's Nursing Home is a care home with 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 manager in post working for healthcare management company. They were in the process of applying for registration with the Commission.

## Notice of inspection

This inspection was unannounced.

## What we did before the 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. 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 to plan the inspection.

## During the inspection

During the inspection we spoke with the manager, the deputy manager, and the area manager. We spoke with 2 nurses, 2 activities coordinators and 3 care workers. We also spoke with 3 people living at the home and 11 relatives by telephone. 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 a range of records including 3 peoples care records, 6 medication records, 3 recruitment records of newly recruited staff as well as complaints, quality assurance records and records relating to accidents, incidents and safeguarding's.

# 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 has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Reviews of the homes health and safety had been conducted which had identified several key areas for improvement. All urgent work had been undertaken to ensure the home was safe.
- Risks to people were assessed and actions for staff to take to keep people safe was recorded in care records.
- Staff were aware of how they should support people safely. For example, staff could describe safe techniques when moving and handling people and knew those people who were at risk of choking and how they should be supported with eating and drinking.
- People told us they felt safe at the home and relatives confirmed this.
- A staff member told us, "We have everything handed over to us. The team leader goes through everything."

Systems and processes to safeguard people from the risk of abuse

- People living at St Mary's Nursing Home were safeguarded from the risk of abuse.
- Staff were confident to report any concerns they may have and confirmed they had undertaken training in safeguarding vulnerable adults.
- Relatives spoken with, and their families felt staff provided safe care. Comments included, "The staff are lovely." and "[Name] is safe."
- A staff member told us, "I treat everyone like my Mum. If I saw anything, I would tell them (managers)."

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. Any conditions related to DoLS authorisations were being met.
- Where people were unable to make decisions for themselves and didn't have a legal representative to support decision making, an advocate was sourced to provide support.

### Staffing and recruitment

- Staff were recruited safely, and appropriate pre-employment checks were completed to check new employees' suitability for the role.
- Staffing levels were satisfactory. We observed staff had the time to care for people effectively.
- Staff spoken with felt there was enough staff on duty. We received mixed feedback from relatives about staffing levels but there was no evidence the current staffing levels impacted negatively on people's care.

### Using medicines safely

- Medicines were safely managed.
- We checked the stock levels of medicines for 6 people which were correct.
- Staff received medicines training and competency checks to ensure they understood the importance of administering medicines safely.

### 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

- We were assured there was no restrictions on visiting at the home. People, their relatives and staff confirmed this. One relative told us, "I can visit anytime including mealtimes."

### Learning lessons when things go wrong

- Accidents and incidents were recorded for wider learning.
- The manager retained oversight of accident and incident records to look for patterns or trends and to action any further strategies to reduce repeat occurrences.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were reflective of people's needs and choices.
- Further work was being undertaken by the management team in auditing and reviewing the care plans to ensure they captured people's current needs.
- Care plans did not always evidence where families or representatives were involved. A relative told us, "When [Name] went in, I had input into their care plan. Their needs have changed since then. I don't know if it's been updated and if it has, it's not with my input."

We recommend as part of the ongoing reviews of care records, families and representatives are involved to ensure records are person-centred and contain accurate information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities of interest.
- The home hosted entertainers such as singers. A chapel was built within the home and regular mass had begun to be introduced for people to attend. Therapy dolls were available and people with dementia cared for the dolls which reduced anxiety and encouraged relaxation.
- A relative told us, "[Name] only engages in music. The activities staff are fantastic."
- Visits by family and friends were encouraged. One person recently had a birthday party at the home attended by family and friends.

Improving care quality in response to complaints or concerns

- Complaints were acknowledged and responded to.
- Relatives told us, they found the staff and management approachable and felt comfortable to make a complaint if they needed to.
- Relatives told us, "I have never had to make a complaint, but I would feel comfortable doing so," and "I've never had a need to speak to [manager] but I feel they would listen if I did."

End of life care and support

- People were supported to remain at the home should they be at the end of their life.
- The staff worked with health and social care professionals to ensure end of life care was planned and people had been prescribed the correct medicines to ease any symptoms.
- Relatives were kept informed of any changes to the health of their relation.

- Relatives told us, "[Name] went in there (the home) 8 months ago as end of life and given a couple of weeks to live. They have survived longer and that's a positive," and "A person passed away a few weeks ago and (staff) showed respect to [person] throughout then attended the funeral."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was provided to people in the most suitable format.
- Care plans identified where people required support with communication needs and how the needs should be addressed. For example, use of large print or easy read.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team were clear about their roles and responsibilities and had supported staff to understand their role and embed and sustain any improvements.
- The manager had been in post since October 2022 and was currently applying for registration with the Care Quality Commission.
- The management team had concerns with the health and safety of the building. The concerns had been acted on immediately to ensure the building was safe.
- The manager had implemented a range of governance systems to ensure they were able to effectively monitor and have oversight of the home. A traffic light system had been introduced to enable the manager to clearly see where there were shortfalls in people's care and support or where further action was required to be taken. For example, were people had unexpected weight loss, this would trigger a red and immediate action would be taken.

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

- The management team were proactively working to engage staff, people living at the home and relatives.
- Meetings had been organised with staff to ensure they were fully aware of the provider's current situation.
- The manager was also regularly meeting with staff to improve the culture and ensure staff were aware of their responsibilities.
- Relatives meetings had recently been re-introduced. Relatives spoke positively about the management team.
- Staff felt comfortable with the support the management team provided. One staff member said, "The manager's door is open, they deal with it the best they can." and "I feel the manager is good, fair, no messing around."

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

- The manager and the staff team were open and transparent. The relatives we spoke with told us they were always informed of any concerning information.
- Notifications of concern such were reported to the Care Quality Commission and safeguarding teams as appropriate.

- All relatives spoken with felt the management team had been honest and approachable with them.

Continuous learning and improving care; Working in partnership with others

- The manager had worked with the staff team, the local authority and health care professionals to ensure the home remained stable and continued to improve.
- The management team was continuing to engage with people and their relatives in meaningful conversations to ensure they achieved the best outcomes for people living at St Mary's Nursing Home.