

County Healthcare Limited

# St Mary's Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St Mary's Care Home is a care home providing personal care to a maximum of 44 older people. At the time of our visit there were 18 people using the service.

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

Improvements had been made to ensure that risk assessments were clear and included how risks were to be mitigated.

The environment was safe and checks were carried out to identify any areas for action. There were appropriate infection, prevention and control procedures in place and staff were following these.

Medicines were managed and administered safely, and in line with the instructions of the prescriber.

Sufficient numbers of staff were deployed to ensure people were provided with support when they needed it.

Improvements had been made to the quality assurance system in place and areas for action were identified and acted upon.

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 rating for this service was 'Inadequate' (Report published 19 February 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 19 February 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was planned to check whether the service had made the necessary improvements identified at the previous inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# St Mary's 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 Care Act 2014.

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

This inspection was carried out by two inspectors. An expert by experience made telephone calls to people using the service and their relatives, following our visit to the care home to get their views.

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 Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed all the information we had received about the service since our previous inspection. This included the contents of whistleblowing concerns and notifications made by the service.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives. We spoke with four members of staff including the registered manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as 'Inadequate'. At this inspection this key question has now improved to 'Good'. This meant people were safe and protected from avoidable harm.

At the last inspection the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely and there were shortfalls in care planning and risk assessment. At this inspection we found that improvements had been made and the service is no longer in breach of Regulation 12.

### Assessing risk, safety monitoring and management

- At the last inspection the service needed to make improvements to the quality of care planning. At this inspection we found that improvements had been made, and care planning now accurately reflected the risks to people and how these were managed and mitigated.
- Improvements had been made to the environment to ensure that risks to people were reduced. Regular checks and tests were carried out on the fire alarm and alert systems and equipment within the home was tested and maintained to ensure its safety.
- People and their relatives told us they felt safe and that staff helped them to keep safe.

### Using medicines safely

- Improvements had been made and medicines were now managed and administered safely.
- Information about how people liked to take their medicines was included in their care records.
- Staff had access to information about when it would be appropriate for people to take medicines, they were prescribed on an 'as and when' basis (PRN).

### Preventing and controlling infection

- Improvements had been made to infection prevention, and control procedures in the home.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

#### Staffing and recruitment

- People told us there were enough staff to support them when they needed it. This confirmed our observations that there were sufficient numbers of staff to meet people's care needs and spend time with them, engaging them in activity. One person said, "I just press the bell and the staff come, no concerns over that at all."
- Staff told us that there were enough staff, that they didn't feel rushed and that they had time to spend with people.
- Recruitment procedures were robust and this ensured that people recruited were of suitable character and background for the role.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded, and the registered manager carried out an analysis of these on a monthly basis.
- Actions were taken as a result of the analysis of incidents and accidents. Action taken included referrals to mental health teams and falls specialists.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had an understanding of safeguarding, the different types of abuse and their responsibility for protecting people.
- The service identified incidences which were potentially safeguarding concerns and took appropriate action in response to these.

# 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 the last inspection this key question was rated as 'inadequate'. At this inspection we found improvements had been made the service is now rated 'Good' in this key question. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our previous inspection we found a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider is no longer in breach of Regulation 17.

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

- The provider implemented a more robust quality assurance system and appointed a new manager to oversee the improvements. They communicated with people using the service and their relatives to keep them informed of how they intended to improve the service. All of this work had been effective at improving the outcomes for people.
- Despite the significant improvements already made, the registered manager had an action plan in place setting out further planned improvements. This meant we were reassured the manager and provider were committed to the continuous improvement and development of the service provided.
- The registered manager and provider carried out a number of service wide audits to identify any shortfalls and areas for improvement. We saw evidence that any shortfalls identified were addressed in a robust way.

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

- The service had kept people and their relatives up to date with how they were making improvements. People and their relatives were invited to regular meetings to give feedback and we saw evidence that what people said was acted upon. People and their relatives were also given opportunities to complete a survey of their views.
- People's relatives told us communication with the service had improved since the new manager had started and that they were now able to get through to someone when they needed to.
- Positive comments were made about the registered manager. One relative said, "The current manager has made a lot of things better, such as the activities. I find the manager nice and approachable. Everything is getting better since they have been here." Another relative told us, "I am confident in calling the manager if I have any issues."

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

- Significant improvements had been made to the culture within the service, which was now more caring,

open and honest. Staff spoke positively of the registered manager and the improvements they had made. Staff spoke of having more time to spend with people and said this had improved their morale.

- We observed that staff and the management team engaged people in a kind and caring way. Staff paid special attention to one person who was very sleepy during our visit and different staff members kept visiting them to check they were okay and spend time with them, encouraging them to eat and drink.

Working in partnership with others

- The service had formed relationships with other organisations such as Norfolk County Council, the Clinical Commissioning Group (CCG) and district nursing teams.

- The service contacted other professionals for advice and support to ensure that people received care in a way that kept them safe. For example, they contacted falls prevention teams or dieticians.