

Bupa Care Homes (ANS) Limited

# St Mary's Care Home

## Inspection report

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Date of inspection visit:  
24 June 2019  
25 June 2019

Date of publication:  
23 July 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

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 and nursing care.

It accommodates 60 people with a variety of health conditions, across two floors, each of which has separate adapted facilities. At the time of the inspection, 37 people were living at the service. The provider had decided to close part of the building for refurbishment and during this time would have no more than 42 people living at the service.

People's experience of using this service:

Staff worked well together to ensure people were safe and well cared for. They knew the people they cared for well and understood, and met, their needs. People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff assessed and minimised any potential risks to people. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination. The provider had systems in place to enable staff to safely manage people's medicines.

The provider had systems in place to make sure they only employed staff once they had checked they were suitable to work with people who used the service. There were enough staff to meet people's needs safely. The registered manager reviewed staffing levels and people needs regularly. People received care from staff who were trained and well supported to meet people's assessed needs.

Staff supported people to have enough to eat and drink and maintain a healthy weight. They worked well with external professionals to support people to keep well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support.

Staff supported people in a sensitive and friendly way. Staff were respectful when they spoke with, and about, people. They supported people to develop their independence. Support was person-centred and met each person's specific needs. People and their relatives were involved in their, or their family member's, care reviews.

People's care plans were detailed and provided staff guidance on how to meet each person's needs. People's needs were constantly reviewed, and their care was adapted as required. Staff supported people to express and wishes they had for their end of life care and followed these.

People and their families felt able to raise concerns which the provider addressed. The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints. The provider and registered manager promoted a culture that focused on people as individuals. The provider had put robust

systems in place to effectively monitor the service and bring about further improvement.

Rating at last inspection:

The last rating for this service was Good (published 15 October 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring 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 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience. 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 nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, 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 information we had received about the service since the last inspection. This included, information shared with us by the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also used information the provider sent to us, including that in the Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people, three relatives, one visiting healthcare professional, and six staff. These included a care worker, a nurse, the clinical lead nurse, a unit manager, the chef, and the registered manager, and the provider's area manager. We also spoke briefly with regional support manager, and the regional director.

We reviewed a range of records. These included sampling three people's care records and two staff files in relation to supervision and training. We also looked at a variety of records relating to the management of the service, including audits and quality assurance reports, and minutes of staff meetings.

# 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 'good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "For me being safe means to be able to be free to do whatever I like and that is exactly what my life is now. And being with people who are aware of all my health needs." Another person said, "Feeling safe has a lot to do with the kind and helpful staff I have here."
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm.
- Records showed the registered manager reported potential safeguarding concerns to the relevant local authority in a timely way. This ensured quick action could be taken to safeguard people.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe. For example, to help people reduce the risk of falls, to move safely, and maintain the condition of their skin.
- Staff carried out checks and ensured equipment was safe to use and well maintained. Emergency plans were in place. For example, to ensure people were appropriately supported in the event of a fire.
- Staff completed regular health and safety checks to ensure the premises had no hazards that could put people, staff and visitors at risk of harm. Where issues were identified, these were corrected quickly by the maintenance staff employed by the provider or external contractors.
- Staff reported all incidents and accidents. The registered manager assessed for trends to check if any improvements could be made.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work at the service. Staff confirmed they had to wait for the registered manager to receive checks, such as a criminal record check and employment references, before they started working with people.
- There were enough staff to meet people's assessed needs. People told us they felt there enough staff but understood they might wait at times if staff were supporting other people. A senior staff member monitored the time staff took to respond to calls. Audits showed staff almost always responded in well under the target five minute maximum.
- The registered manager used a recognised tool to assess people's needs and work out how many staff were required. One staff member said, "It can be busy. [The registered manager] does vary the numbers of staff if there is the need. She is very responsive. It's [people's] needs that come first."

### Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had been trained, and their competence was regularly checked.
- People told us they were supported well with their medicine. Staff encourage people to manage their own medicines where possible.

### Preventing and controlling infection

- The service was clean. Staff had been trained in infection prevention and control and they knew what to do to minimise the spread of infections. This included them regularly washing their hands.
- There was enough personal protective equipment (PPE), such as disposable gloves and aprons. Where required, staff used these when supporting people to ensure they protected everyone against acquired infections.

### Learning lessons when things go wrong

- There were systems to record and learn from incidents or accidents that occurred at the service. Staff told us they always reported to the registered manager as soon as incidents happened so that they could be dealt with quickly.
- A staff member told us, "[The registered manager] is always investigating. She does reflective practice. If something happens she asks the nurses and carers to do reflection of what we can do better." Records showed the registered manager reviewed incidents and they put appropriate measures to reduce the risk of recurrence. For example, staff identified a person had unexplained bruising on their hand. When they investigated they found there wasn't enough padding on the top of the rails on the person's bed. They changed these, and the person hasn't had any further bruising.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People's care was planned and managed in line with good practice guidance. People told us they received good care and their needs were met. One person said, "I am not easiest customer to deal with, but I can say that I am well looked after."
- People's care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.
- The management team ensured that staff delivered up to date care in line with good practice and current guidance.

Staff support: induction, training, skills and experience

- People said staff had the right skills and knowledge to support them effectively. One person said, "The carers are very kind," and that new staff, "learn from" the experienced staff, "who know me well."
- New staff received comprehensive training and induction into their roles. One staff member told us that they were returning to care work after a few years break. They said the training made, "A big difference, so much had changed," and that the training had helped them feel more confident when providing care. They said their induction consisted of shadowing experienced members of staff, receiving training in a wide range of topics, and having regular supervision.
- As well as received training in a variety of subjects the provider deemed mandatory, staff also received training to help them meet people's specific needs. For example, dementia care and falls management.
- Staff received regular supervision and found the registered manager and other staff supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us there was always enough food and drinks. One person told us, "The food is lovely." Another person said, "I can ask for whatever I like, they will make it for me. I had jacket potatoes yesterday, these quick snack meals are not on menu, but could be made any time."
- Staff, including the chef, worked hard to meet people's food preferences. They had worked with The chef told us they had learned new recipes, so people had the types of food they "are used to eating at home so they don't feel out of place and are not missing out on their meals they like."
- Records showed people ate and drank enough to maintain their health and wellbeing. A person who had a health condition that was affected by what they ate told us that staff offered them different food to that on the menu and monitored what they ate. This resulted in their condition being well-controlled. They said, "I have no complains about food at all, it's well cooked and plenty of it, you can always have extra."
- Staff supported people who needed help to eat and or drink. Where there were concerns that people were not eating or drinking enough, staff had sent referrals to appropriate health services.

Staff followed professional's guidance. For example, by providing food and or fluids or a specific consistency or using a specific size of spoon when helping the person to eat.

- The service won Bedfordshire CCG and Luton Borough Council's first prize with their hydration project in May 2018. This improved the amount of fluids people drank and reduce the number of infections people contracted, improving people's overall health.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us staff supported them to access health services such as GPs, community nurses, chiropodist, dietitians and opticians. An external care professional told us, "Staff are good and very proactive." A local GP service visited the service twice a week, and at other times when needed. A person told us, "I know they do care about my health. probably even more than myself."

- The registered manager worked hard to resolve any maintenance issues. For example, they had escalated issues with the telephone system and wi-fi connections within the service.

Adapting service, design, decoration to meet people's needs

- Where required, adaptations had been made to the service to ensure people were supported safely. A person told us, "I love it here, I have this lovely room and my own door to the garden. I didn't ask, but I love I can go out any time, and I do when weather is nice. It's very peaceful."

- People had access to the equipment they needed to receive safe and effective care, or to help them be more independent. For example, hoists to make it easier for staff to support people to move.

- The provider had an ongoing refurbishment programme. We saw some of the bedrooms that had been recently redecorated and looked nice. Staff encouraged people to bring their possessions into the home. One person told us, "My room is lovely. My relative will bring some more stuff from my old place, photos, because I don't think I will go back to my old place."

Ensuring consent to care and treatment in line with law and guidance

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

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 had the appropriate legal authority. We found these were met.

- The registered manager had identified that some staff needed further support in understanding how the MCA and DoLS applied to their work and had booked additional training for them. She has asked that best interest decisions and fluctuating capacity are particularly covered.

- Some people had variable mental capacity and they needed support to make some decisions. Where appropriate, staff had consulted people's relatives, professionals or independent advocates to decide how to best support each person. However, these were not always clearly recorded or reviewed when people regained the mental capacity to make a specific decision.

- People confirmed that staff asked people for their consent before they provided care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'good'. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person told us, "The carers are nice and approachable. They are kind, caring staff." These sentiments were echoed by other people and relatives. Healthwatch said staff attitude was 'very good' and that staff looked after people's mental well-being as well as their physical care needs.'
- We saw numerous friendly and respectful interactions between people and staff. Staff knew people well and understood their needs and preferences. A person told us, "On the whole, they all look after me well. Nobody refused me anything what I asked them so top grades for that."
- All staff told us they would be happy with a family member receiving care at this service. One staff member told us, "The building is old, but the homely feeling the staff bring here... The nurses and carers are very good. I'd feel very safe with my family member here."
- Relatives told us they could visit their family members as often as they wanted, and they felt welcomed. A room had been converted into a café, so people had another area of the home to use when socialising. This room had facilities to make a hot drink and snacks, such as cakes, were available.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care and daily lives. People said staff asked for their views and listened to them. We saw staff always asked people what they wanted them to do for them and they followed people's instructions. For example, we saw a staff member take a letter, received in the post, to a person. They asked the person if they wanted help and then read the letter to them and offered to pass on the information to the person's relative.
- When necessary, people had access to advocacy services if they required support making decisions. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes. This meant that people were supported to make decisions that were in their best interest and upheld their rights.

Respecting and promoting people's privacy, dignity and independence

- Overall, people were treated with respect, however we saw two occasions when people's dignity was not protected, and they were not sufficiently covered when moving around the home. The registered manager assured us she would address this.
- People made positive comments about the way staff treated them. One person said staff, "All carers are very polite, always knock on the door, wish you good night and ask how you are feeling, I know it sounds silly but actually these small things do matter to me."
- Staff promoted people's their independence by encouraging them do as much as they could for

themselves. For example, giving people space to help themselves at mealtimes, but offering help when people were finding it difficult to manage.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People and relatives told us staff supported people in a way that met their individual needs and preferences. A person said, "I've stayed in many places... This is a good place. They do know my needs and they are very helpful to support me."
- People's care plans broke down each aspect of the care and support the person needed. This meant that staff had detailed, personalised guidance on how to meet each person's needs. An external care professional said, "The care plans were detailed with appropriate risk assessment."
- Staff reviewed people's care plans and consulted people about them. One person said, "They should have all that [information] in my care plan. We have a short meeting once a year, but nothing much has changed in my life."

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

- Staff offered a range of activities and supported people with their interests. A relative told us "They know [my family member's] interest in classical music. They put [their] old radio with a bad aerial close to window so the signal is better. They also moved the TV so it's right opposite the bed, that was done same day when [my family member] moved in. I can't fault them all as team."
- The provider employed an activities co-ordinator and various structured activities were advertised and on offer. However, some people felt isolated in their rooms. A relative said, "My [family member] is very happy with her carers, but sometimes just feels lonely as [staff] don't have time to sit and chat in the evening. Nothing much is happening after 6pm and [my family member] is not one to go to bed early."
- The registered manager has identified this as an area for further development. This work had started with the appointment of the new clinical lead. They told us about their plans to create a "well-being" salon where people could attend for various therapies and beauty treatments.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances, to their carers.

Most people using the service could communicate verbally with staff.

- The registered manager told us they would provide information in other formats if this was required to support people to understand it. This included providing information in easy read formats or using

translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- Staff followed the provider's complaints procedure which was available in the service. The registered manager told us they tried to address any concerns at an early stage, thereby resolving issues before they became complaints. They told us they had not received any complaints in the last year.
- People knew how to raise concerns and complaints about the service and were confident the registered manager would address any concerns they raised. One person told us "I know who the registered manager is, she is very, very nice. She pops in to see me from time to time, especially if I grumble." They gave us an example of when they "grumbled" to a staff member. They said "The same morning the [registered] manager came to apologise and said it will be sorted for next time. And she did sort it. No really, I can't complain about anything. As long as she knows it she will sort it."

End of life care and support

- The service supported people at the end of their lives and staff had received training in end of life care to enable them to meet people's needs in this area.
- Staff worked closely with people, their relatives, and external healthcare professionals to ensure people's needs and wishes were supported and met. One relative wrote, 'My [family member] was admitted to St Mary's for palliative care as part of an end of life arrangement. For those few days, [we] never left [my family member's] side. We were all cared for with tender regard and dignity and felt totally supported by all the staff, nursing and domestic. It was the best place next to home for my [family member], so much so that St Mary's now has a special place in my heart.'
- Most people's care plans contained clear guidance on how people wanted to be supported at the end of their lives. However, one person had raised specific anxieties, but their care plan did not guide staff in how to address these. The registered manager assured us she would follow this up.
- Staff were aware of the processes they needed to follow once a person had died.

# 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 'good'. At this inspection this key question has remained the same. 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

- The registered manager and staff were committed to providing a high-quality and person-centred service. This was reflected in the positive comments we received about the service. The registered manager led by example to create a positive, caring and inclusive culture. One person told us, "The [registered] manager is very present and has a good knowledge of us all. She is doing her job well."
- 10 people and or relatives had registered their feedback about the service on an independent website in the last six months. This gave the service an average score of 9.7 out of 10. One person commented on the website, 'St. Mary's was everything that I wanted for my recuperation. It was warm, clean, quiet, had good food, and was conveniently located to shops. But what really stood out was the staff. The nurses on duty gave me the peace-of-mind I needed. Everyone was exceptionally caring and attentive to my needs.'
- Communication with people, their relatives, and professionals was open and transparent. An external care professional told us, "The [registered] manager is responsive and there is an open culture."
- People's records were well organised and regularly checked to ensure that information was up to date and accurate.

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

- The registered manager understood their regulatory role and responsibility. They worked closely with the provider's senior manager to ensure the service met people's needs and they met their legal obligations. The registered manager understood their legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.
- The registered manager and staff had clearly defined roles and responsibilities which they understood. The registered manager and the provider understood their responsibility to be open and honest when things go wrong. We saw evidence of learning from this, and how staff had put systems in place to reduce the risk of things going wrong again.
- The provider and registered manager had embedded governance systems in place that helped ensure that staff delivered a high-quality service, which met people's needs and kept them safe. These included various audits that helped reduce the risks to people's health, safety and wellbeing and ensure these were effectively managed.



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

- Staff encouraged people to regularly feedback about their care and support and to participate in the development of the service. They did this both formally, through meetings and surveys, and more informally on a day to day basis. The registered manager told us they always considered people's suggestions.
- Staff displayed a 'you said and what we did' board to keep people informed of how they were listening to and implementing their suggestions.
- Staff were encouraged to attend regular meetings. They told us they felt well supported, valued, and encouraged to contribute to the development of the service.

Working in partnership with others

- The service worked well with external health and social care professionals who were involved in people's care. An external care professional described working closely with staff and good working relationships.