

H.A.S. Careplus Limited

# St Marys Mount

## Inspection report

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### 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 Mount is a residential care home that was providing personal care to 30 people older people, some of whom were living with dementia, at the time of the inspection. Accommodation was provided on two floors with a lift to the upper floor. The home was set in large grounds with a range of outdoor facilities including a large lawn area.

People's experience of using this service:

People told us they were happy living at St Mary's Mount and were happy with the service they received. People visiting the service said the home had a family atmosphere and told us people were engaged in activities they enjoyed on an ongoing basis.

Processes were in place to protect people from avoidable harm and abuse. Staff were aware of their responsibilities in relation to this and were clear about the way to escalate any concerns they identified. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again. Sufficient staff were available to provide a timely response to people and provide safe care. People received their medicines as prescribed and medicines were managed safely.

People continued to receive effective care. Staff were well trained and were given regular opportunities to review their work and identify their learning and development needs. Staff supported people to access healthcare services when needed and liaised well with other professionals to provide coordinated care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. Consent to care was obtained in line with legislation.

People were treated with kindness and sensitivity. Staff knew people well and used this knowledge to provide reassurance when people were anxious or distressed. They were responsive to people's individual needs and wishes and the service was provided flexibly. People were involved as much as possible in decisions about their care. People were supported to access services outside the home and links with the local community were well developed.

The service continued to be well led. Roles and responsibilities were clear and staff were proud of the service they provided. Systems were in place to monitor and improve the quality of care. People were encouraged to be involved and given opportunities to provide feedback and put forward their ideas for the service.

Rating at last inspection: Good (Inspection report published in July 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 Marys Mount

## 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:

The inspection was conducted by one inspector and an Expert by Experience with experience of care of older people and those living with dementia. 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 Mount is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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: The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with four people who used the service, to ask about their experience of the care provided and two visiting families. We observed staff providing support to people in the communal

areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether they were comfortable with the support they were provided with.

We spoke with seven members of staff including care staff, a housekeeper, a laundry assistant, a chef and an activities coordinator. We also spoke with the registered manager, two visiting health professionals and a visiting hairdresser.

We reviewed a range of records about people's care and how the service was managed. This included looking at three people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People using the service said they felt safe at St Mary's Mount and relatives told us they felt their family members were safe. A person said, "Safe, yes I do, just do feel safe." A relative said, "Very much so, yes, they (staff) take good care of them (people)."
- Processes were in place to safeguard people from abuse and staff were aware of their responsibilities to report concerns. The registered manager completed the necessary referrals to the local authority and notifications to the CQC.

Assessing risk, safety monitoring and management

- Staff completed risk assessments to identify risks to people's health and safety and staff told us of actions they took to reduce risks to people, such as monitoring people at night and re-positioning people at risk of developing pressure ulcers. The documentation in people's care records of actions taken to reduce risks was not always detailed, however, staff were all knowledgeable about the actions necessary and we observed the necessary precautions were being taken.
- The required risk assessments and maintenance checks related to the buildings and environment were completed and documented.

Staffing and recruitment

- People told us staff responded promptly when they needed support and relatives said they felt there were generally enough staff available.
- The registered manager assessed staffing requirements according to people's dependency. They told us they had recently increased staffing levels in the afternoon and early evening as they had identified accidents and incidents were higher at this time of day.
- Staff were recruited using safe recruitment practices.

Using medicines safely

- People told us they received their medicines regularly.
- Safe systems were in place for the management and administration of medicines. Checks we completed showed that staff followed the provider's medicines policy and records were consistently completed.
- The registered manager completed regular medicines audits and addressed issues raised to ensure safe standards were maintained. External audits of medicines were also completed.

Preventing and controlling infection

- Processes were in place for the prevention and control of infection. On the day of the inspection, the environment was visibly clean and we observed housekeepers completing routine cleaning thoroughly. Schedules were in place to ensure all required cleaning tasks were completed regularly.

- Staff were aware of the precautions necessary to prevent the spread of infection to others. Personal protective clothing and equipment (PPE) was readily available and we observed staff using it appropriately. Staff knew what to do if a person had an infection that might spread to others.

#### Learning lessons when things go wrong

- Staff reported accidents and incidents and told us they received feedback on things to do differently to prevent similar issues occurring in the future.
- The registered manager collated and analysed information from all accidents and incidents each month to identify trends and learning points.

# 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

Good: 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 and support needs were assessed prior to their admission to the home, to ensure staff were able to meet their needs and any necessary equipment was obtained.
- Staff had access to a range of national and local guidance to ensure care was delivered in line with best practice recommendations. Each person's care records contained information about any long term health conditions the person had and how this affected them.
- Visiting professionals told us staff followed their advice and the recommendations of other professionals.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction, and all staff completed, or were in the process of completing, the care certificate. The care certificate is based on an identified set of standards for health and social care workers to follow, to give the public confidence they have the introductory knowledge, skills and behaviours to provide good quality care.
- Staff told us they completed mandatory training and had good access to additional training. They had completed training in diabetes, in caring for people with dementia and in managing behaviours that challenge. Staff had a good understanding of diabetes and other health issues affecting individuals.

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

- People were provided with a varied and balanced diet that was freshly prepared on the premises. The chef and care staff had a good understanding of people's individual preferences and we were told menus were developed based on people's preferences. Choices were offered for each meal and alternatives were available if people preferred another option.
- People enjoyed the meals. One person said, "We have a lovely lunch at 12 o'clock; the cook is a marvellous cook."
- Staff monitored people's weight and involved other professionals, such as a dietitian or speech and language therapist, when they identified a concern with a person's eating or drinking.
- Staff provided people with support to ensure they maximised the amount they ate and drank.

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

- We spoke with two visiting professionals who told us they had good relationships with staff, who communicated well and worked effectively with them, to provide effective and timely care.
- Based on the information we gained from staff and from people's care records, we found people had access to a range of general and specialist care professionals such as the community psychiatric nurses, general practitioners, the community falls team, dietitians, opticians and chiropodists as required.

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

- The premises and environment adapted to meet the needs of people with restricted mobility. Corridors were wide enough for easy wheelchair access. There was clear signage for the communal areas and bathroom facilities. The communal areas were pleasantly decorated and people's bedrooms were personalised with items they had brought with them.

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 make 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff all told us they had received training about the MCA and DoLS and offered people information in a way that they could understand, to help them make their own choices and gain their consent. Staff understood and worked within the principles of the MCA and DoLS.
- When a person did not have capacity to make a decision, staff consulted them, their families and relevant professionals to ensure decisions were made in the person's best interests. Records we checked contained evidence that mental capacity assessments were undertaken and best interest decisions documented for some decisions for people. Following a visit and advice from the local authority, staff were in the process of ensuring all the necessary mental capacity assessments and best interest decisions were completed.
- The registered manager had made the required DoLS applications, and had a system for tracking applications, authorisations and dates for renewal. When conditions were in place, these were being met.

# 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

Good: 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

- People told us staff were kind and caring in their approach. We observed friendly and caring exchanges between staff and people using the service. A person said, "They (staff) are everything they should be." A relative commented that staff always spoke with their family member and other people, when they came into the room. They said, "They never ignore anyone."
- People were treated fairly and without discrimination. A member of staff said, "We treat everyone as individuals and find out what is important to them."
- Relatives spoke of the friendly atmosphere in the home. A relative said, "It's very easy going and friendly, very welcoming and as much of a home from home as it can be."

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

- Staff supported people to make decisions about their care, support and how they spent their day. Staff communicated well with people and their families and relatives told us staff kept them informed of any changes to their family member's care or health issues.
- Notes of meetings held with people using the service, showed people were encouraged to express their views on the service provided and things that affected them individually.

Respecting and promoting people's privacy, dignity and independence

- The values of St Mary's Mount centred on providing privacy, dignity, independence, choice, rights and fulfilment of people's aspirations. Staff explained how they provided privacy and dignity for the people they cared for and during the inspection we observed staff treated people with dignity and respect.
- People were encouraged to be as independent as possible. We were made aware of a person who had started to eat independently since coming to the service and another who had stopped walking due to their increased weight and who had been supported to lose weight, with the result that they had started to walk again.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff had a good understanding of people's needs, preferences and interests and used this to tailor the care they provided. Staff explained how they offered people choice wherever possible and we observed this during the inspection. We observed staff responding flexibly to people's individual needs and wishes. For example, some people enjoyed attending the provider's adjoining day centre and another person went to stay with their family for short periods on a regular basis.
- Care plans were in place for each person. These contained a variable amount of detail about the person's needs and preferences, and the knowledge staff had about people was not always reflected in the care plans. Records of daily interventions such as re-positioning a person at risk of developing pressure ulcers were consistently completed.
- A range of activities and entertainments were offered daily, based on people's interests. People told us there was, "Always something going on." People had their own individual activities folder which outlined the activities they liked to take part in, and took their past interests into account.
- The registered manager told us of ways they were meeting the accessible information standards. They provided large print information and pictorial information such as pictures of the meals and menu. The activities coordinator had developed a range of resources for assisting a person with learning disabilities to express their wishes.

Improving care quality in response to complaints or concerns

- The provider had a policy for the management of complaints and key information was available for people near the main entrance to the service.
- Complaints were recorded, investigated and responses provided in a timely manner. Action was taken to resolve issues raised.

End of life care and support

- Staff received training in end of life care and told us how they supported people at the end of their life to ensure they remained comfortable. They worked closely with other professionals to ensure people's needs and wishes were met.
- A visiting professional told us staff provided competent and compassionate end of life care. They liaised well with other professionals and sought advice where necessary.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility. Continuous learning and improving care

- The registered manager and staff showed a commitment to providing high standards of care and continuously improving the service provided. They were open and honest with people and followed the requirements of the duty of candour.
- A range of quality audits were completed to assess the quality of care provided. This included monthly medicines audits, care plan audits and infection control audits. Actions to improve were identified in the audits and were addressed. The registered manager had recently introduced a new audit process based on the CQC quality domains to identify further improvements to the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People commented positively about the skills and competence of the registered manager. Staff told us the registered manager was fair, supportive and approachable. They told us the manager was available for them to go to and they were confident any concerns they raised would be addressed. Staff said that when the registered manager was not on duty, they could always access advice over the telephone.
- Care was well organised and people were clear about their individual roles and responsibilities. Staff worked together well as a team and all the staff said they helped each other out when needed.
- The registered manager was clear about her responsibilities for reporting to the CQC and the regulatory requirements.
- The provider visited the service regularly; they spoke with people using the service, staff and completed quality audits.

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

- A monthly meeting was held for people using the service. Notes of the meeting showed a wide range of feedback was gained at the meetings to involve people in decision making and allow them opportunities to raise issues or ideas for improvement.
- Meetings were held with staff and staff told us they were given the opportunity to fully discuss issues and give their views.
- People were consulted on the re-decoration of the communal areas. Feedback surveys were carried out and sent to people using the service, relatives, professionals visiting the service, and staff. The feedback was very positive and the registered manager had collated the results and identified areas for improvement.

#### Working in partnership with others

- The registered manager fostered positive relationships with the local community. School children from the local school visited the home and the local Beavers group had also visited. The service also invited people into the home for events such as a summer fete and representatives from the local MIND group put on a show. They also offered work experience placements for students from the local senior school.
- The service had signed up to become a member of the Research Ready Care Home Network with the National Institute of Health Research.