Private Medicare Limited

St Marys Nursing Home

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 Marys Nursing Home is a residential care home providing personal and nursing care to 47 people at the time of the inspection. The service can support up to 48 people. All bedrooms and communal rooms are on one level.

People's experience of using this service and what we found
Since the last inspection, there had been improvements in record keeping, risk management and ensuring people received individualised care. People had risk assessments and care plans which gave staff the information they needed to support people and keep them safe. Those people considered to have more risks, for example, with food and fluid intake, had additional monitoring charts in place.

People were happy with the care they received and told us their privacy and dignity were respected and their independence promoted. 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.

Staff received training, supervision and support to enable them to feel confident when supporting people's needs. They knew how to safeguard people from the risk of abuse and poor care.

People's nutritional needs were met, and they told us they liked the meals provided to them. People received their medicines safely and had access to health care professionals when required.

Staff were recruited safely and, although busy, staff said there were enough of them on duty to support people. There was a comment from staff that some days a week there was no kitchen assistant to deliver hot drinks to people, so care staff completed the task, which could take them away from caring duties. A relative commented they would like to see more staff presence in the lounge. These points were discussed with the registered manager who told us they would address them.

There was a new registered manager in post, who had provided stability and consistency to the staff team. The provider had systems in place to monitor the quality of the service and to respond to complaints. These helped to identify shortfalls, learn lessons and improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 17 October 2018) and there were three breaches of regulation. 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.

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.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

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 Care Act 2014.

Inspection team
The inspection team consisted of two inspectors 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.

St Marys Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 CQC. 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We spoke with six people who used the service and nine relatives about their experience of the care

provided. We spoke with 10 members of staff including the regional manager, registered manager, clinical lead, training officer, a nurse, senior care workers, care workers, the chef and domestic staff. We received information from three health care professionals.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and an audit on activities.

Good

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 requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, the provider had not consistently ensured risk was assessed and taken all reasonable steps to mitigate risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● Risk had been identified in assessments and staff understood where people required support to reduce the risk of avoidable harm.
● Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments were kept under review.
● The registered manager monitored and evaluated accidents and incidents to look for trends and patterns.
● Following specific incidents, for example a medicines error, the registered manager had completed a lesson learned exercise to assist staff in reflecting on their practice and to prevent reoccurrence.

Systems and processes to safeguard people from the risk of abuse
● People were safeguarded from the risk of abuse and poor practice.
● Staff received safeguarding training, knew how to recognise abuse and what to do if they had concerns.
● People told us they felt safe. Comment included, "Yes, there's always other people in the building and we've got people coming around and checking on us."

Staffing and recruitment
● There was enough staff to ensure people's needs were met in a safe way. There was a skill mix of staff and ancillary workers so care staff could focus on care tasks. Some people had commented on the use of agency staff and how this could affect consistent care. The registered manager told us recruitment of all care staff had just been completed and there would no longer be any need for agency staff.
● There were mixed views from relatives about staffing levels and comments about staff being rushed. Some relatives thought there needed to be more staff presence in the lounge in the afternoons as they felt they had to oversee people and use the call bells for them when required. Call bell response times were described as either very quick or very slow.
● Staff said there was enough staff apart from three days a week when a reduction in a catering assistant meant care staff had to deliver hot drinks to people, which took them away from care tasks. The above two

points were mentioned to the registered manager and regional manager to address. They stated they would employ additional catering staff and investigate staff deployment in communal areas.
● The provider had a safe recruitment system, which ensured all employment checks such as references, were in place before new staff started work.

Using medicines safely
● People received their medicines as prescribed. People's medication administration records were completed accurately.
● There were safe systems for the management of medicines, which included obtaining, storage, administration, recording and disposal. Those staff who administered medicines had completed training and had their competence assessed.

Preventing and controlling infection
● The service was clean and tidy, and the provider had systems in place for infection prevention and control (IPC). These included the cleaning of equipment used for nursing care and domestic cleaning schedules.
● Staff had completed IPC training and they had access to personal protective equipment to help prevent the spread of infection.

Good

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 requires improvement due to a shortfall in consistent staff supervision. We made a recommendation about this. At this inspection, this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had access to training, supervision and appraisal. New staff received a three-day induction, then worked towards a nationally recognised care certificate.
- The provider employed a training manager. Training records showed a high completion of training courses, both mandatory and specific clinical courses for nurses.
- Staff confirmed they received supervision, which had increased since the new registered manager had been in post. They also confirmed they felt supported.

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

- People had assessments of their needs completed and care plans were developed, which guided staff in how to meet people's needs in a safe and timely way.
- The provider had installed person-centred software, which guided staff through an assessment, risk assessment and care plan process. The information included what was important to the person.

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

- People's nutritional needs were met. Each person had a care plan and risk assessment regarding nutrition. There were also care plans for oral hygiene, as it was recognised the impact poor oral care could have on the enjoyment of meals. The menus provided choices for each meal and alternatives if required, including a vegetarian option.
- Most people had positive comments about the meals provided. These included, "I find it alright and the chef's quite obliging. If you want something, she'll do it for you; in fact, very obliging." Relatives said, "They cook the meat really well and it falls apart on the fork; usually she's eaten everything when I've been here" and "It's improved 100% in the last two months. The new chef is excellent, she knows she doesn't like peas and when it's chicken she'll poach a piece on its own for her as she doesn't like the sauce."
- Staff liaised with dieticians and speech and language therapists when there were concerns with people's nutritional intake and hydration. Monitoring charts were completed for those people most at risk.

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

- People's health care needs were met. Staff contacted a range of health care professionals when required. This was confirmed in discussions with people and their relatives.
- Comments from health care professionals included, "The carers will call the community nurses with any

concerns" and "This is one of the good homes. I've not seen any issues here." There were positive comments about staff responsiveness when people's health condition changed or deteriorated.

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 and were being met.

- The provider ensured the actions of staff, when supporting people who lacked capacity, was within the law. People had assessments of their capacity completed and best interest meetings were held to discuss important decisions made on their behalf.
- The registered manager had made appropriate referrals to the placing authority when people required DoLS. When these were authorised, they were monitored and requests for renewal were completed in a timely way.
- Staff had a good understanding of the need to gain people's consent before carrying out care tasks.

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

- The service was single-storey and had wide corridors, which made it more accessible for people in wheelchairs. There was a range of moving and handling equipment, assisted baths and grab rails in bathrooms and toilets to assist people with mobility issues. The hand rails in corridors were painted a contrasting colour to make them stand out. There were signs on bathroom and toilet doors to help people locate them.

Good

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 has now 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

- There were mainly positive comments about staff approach. Comments included, 'If you ask them something and they don't know, they'll go out of their way to find out for you" and "I think the staff are very, very good." A relative said, "Some are kind and caring." Another relative said they would like to see more staff sit and chat to people and that most interactions were to complete tasks, which could be hurried. This was mentioned to the registered manager to monitor and address.
- Staff were caring, friendly and attentive to people.
- People's diversity was respected and promoted. Information about their diverse needs was included in care plans. For example, people's cultural identity, spiritual and religious needs, sexuality and physical disability. Staff completed equality and diversity awareness training during induction. In discussions, they described the different needs people had and how adjustments were made for them to be met.

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

- Staff supported people to make their own decisions and helped relatives to be involved in people's care. The registered manager spoke to people daily and had started 'surgeries' for relatives to speak with them on a one to one basis.
- People had care reviews with relevant others present, where they were able to comment about the care delivered to them. There were residents' meetings held in the service.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and promoted their dignity and independence. Comments from people included, "Yes, they have towels around you, I find them [staff] very good" and "If you're getting washed, they try and get you to do what you can and sometimes, instead of pushing me to the toilet, they'll say, 'we'll have a little walk'."
- Several bedrooms were for shared occupancy, each one had a privacy screen between the beds for use when required.
- Staff hung a 'dignity daisy' sign on people's bedroom doors when personal care tasks were being undertaken. Everybody knew about the discreet signage and respected people's privacy. Staff knocked on doors before entering people's bedrooms.

Good

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 requires improvement. At this inspection, this key question has now improved 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

At our last inspection, the provider had not consistently ensured care plans included important information and guidance for staff in how to support people in a person-centred way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

● Care plans had been improved and contained more personalised information about people. The provider had installed person-centred software, which each member of staff had access to via hand held phones. For example, care plans described each person's needs how this affected them and the interventions staff had to make to help the person meet their needs. They described preferences for how care was to be completed and, on occasions, detailed which staff was to complete them.
● People described care that was personalised to their needs. For example, with specific equipment for moving and transferring people. When asked about bathing routines and whether this suited their preference, one person said, "They ask when you want them, and I said once a week on the same day before I go to bed. I like to be in bed by 7pm so they [staff] make sure I get one by then." Another person said, "You have only got to ask."
● A relative described how staff had been very responsive in identifying a health concern and persistent in following this up with health professionals.

End of life care and support
● People could remain in the service for end of life care. The care plan we assessed, for a person's future needs and decisions regarding end of life care, detailed their instructions for emergency interventions and hospital treatment. Important documentation was in place, which was to be shared with emergency care practitioners as needed. The plan referred to the person being consulted each time a decision was to be made about their care and treatment.
● The provider had a policy and procedure for end of life care and all the nursing staff had received training.

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.

● The registered manager was aware of the accessible communications standard and had taken steps to make information more readily available. For example, there were pictorial menus for the summer menu. Now that has changed to more autumn and winter meals, further photographs were underway.

● There were notice boards providing information to people in an accessible format. For example, large print, a flow chart for complaints and pictures of activities.

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

● Two activity coordinators were employed in the service. Most people felt the activities were enough to meet people's needs, whilst some relatives felt this area could be improved. The range of activities included individual sessions with people, who preferred to stay in their bedrooms. There was also group activities such as games, crafts, reminiscence and quizzes, and visiting entertainers such as singers, a dance group and pet therapy.

● There was community involvement such as a collection of goods for the local Samaritans, 'wear it pink' for breast cancer awareness and 'postcards for kindness'. This was an internet initiative the service had joined. Individuals had sent and received an array of postcards from people around the world.

● As a result of feedback during the inspection regarding activities, the registered manager completed an audit straight away and developed an action plan to enhance the provision, especially at weekends.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy and procedure, which was displayed in the service. Complaints were recorded and investigated, and every effort made to address them to the complainant's satisfaction.

● People told us they felt able to raise complaints and concerns, and these were addressed.

Good

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 requires improvement. At this inspection, this key question has now improved 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

At our last inspection, the provider had not consistently ensured complete and contemporaneous records were maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The recording of the care delivered to people, the information in care plans and the completion of risk assessments had improved.
- There was a quality monitoring system in place, which consisted of audits, checks, observations of staff practice and seeking feedback from people. Action plans were produced when shortfalls were identified.
- Senior managers had oversight of the service. They completed quality assurance visits to the service and produced a report with their findings for the registered manager to address. These were checked for completion at their next visit.
- The new manager had recently completed registration with the Care Quality Commission (CQC).

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

- There had been several management changes, which had impacted on staff morale, consistent support to people and even on relative's views about the staff team. The registered manager was aware of all the concerns and had taken steps to address them by holding surgeries for relatives to discuss individual issues. Some relatives referred to issues not being addressed in the past and were hopeful this had now changed.
- One person who used the service said, "I think it's brilliant, me and [Name of person] are part of the 'meet and greet' team – we sing to new residents and everybody. If there's a newcomer, we try and involve them."
- Staff gave very positive comments about the new registered manager and told us support had improved and they felt able to raise any concerns knowing they would be addressed. Comments included, "It's more relaxed now. She [registered manager] is laid back and does roll up her sleeves – she is a lovely carer", "The tide has turned, we are getting there now and she [registered manager] won't abandon us" and "Our suggestions are listened to and things are sorted out."

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 provider and registered manager were aware of their responsibility to be open and honest with people and to apologise when care did not meet expectations. The registered manager described situations when they had spoken with people individually to resolve issues.

● The registered manager analysed accidents and incidents so that lessons could be learned. The provider had systems in place to ensure CQC and other agencies received notifications of incidents which affected the safety and welfare of people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People had meetings where they could make suggestions. A record of the last meeting on 14 October 2019 showed people were asked their views about meals, laundry, cleaning, activities, maintenance and had the opportunity to comment on other issues.

● The 'You said, we did' information for October stated that people would like to have more sing-a-long CDs. The response was more CDs were ordered and lyrics printed out, so people could join in. Newsletters had just been started for people and staff.

● Staff had general meetings and individual supervision sessions where they could raise suggestions.

● Staff worked in partnership with a range of health care professionals. The person-centred software system allowed for a print out of important information to give to emergency care practitioners and medical staff when people were admitted to hospital.