

Private Medicare Limited

St Mary's Lodge

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 Lodge provides care and accommodation for up to 26 older people who may be living with dementia. At the time of inspection there were 20 people living at the service in one purpose-built building.

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

People felt safe with staff. Risks to people's health, safety and wellbeing had been assessed and staff understood how to help keep people safe. Processes in place ensured staff recruitment was appropriate with a range of pre-employment checks completed.

Staff were attentive to people's needs and cared for them as individuals. People's needs and choices were recorded following assessment. Care provided was personalised and considered their preferences and wishes.

The registered manager monitored staff deployment and ensured enough staff were on duty. People and relatives described care staff as knowledgeable and skilled and felt their privacy and dignity was respected.

People lived in an environment designed and fully equipped to support and maintain their independence.

People's health needs were being met. The service worked closely with other health professionals and external agencies to support people with their health and wellbeing.

People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible and in their best interests.

People, relatives and staff spoke positively about the management of the service and their openness to feedback and the development of the service. They told us the registered manager was approachable, listened to them and maintained regular contact.

For more details, please see the full report, which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 18 March 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about food and nutrition. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the effective section of this full report.

We looked at infection 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, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service 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 Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

St Mary's Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Mary's Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, the regional manager, the area manager, a senior carer, housekeeper, administrator and care staff. We reviewed a range of records. This included three people's care plans and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further care records and spoke with two relatives about their experience of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place to protect people from the risk of abuse.
- Staff had received training in this area and knew what to do to keep people safe. People told us, "I am safe here and much safer than I was when I was living at home."
- Accidents and incidents were recorded and systems were in place to identify outcomes and actions taken to help improve the service and prevent similar events as part of lessons learnt.

Assessing risk, safety monitoring and management

- Staff protected people from avoidable harm.
- Risks to people were thoroughly assessed and monitored, and staff had the information they needed to care for people safely. One relative told us, "Yes they are safe, absolutely safe and they are happy, it feels like home."
- Care records included information about people's medical conditions and information was available for staff to ensure they could respond quickly when any concerns were identified. A professional told us, "If anyone is unwell, they notice quickly and contact me. They do use the system appropriately. They know what they are doing."

Staffing and recruitment

- Staff were recruited safely and there were enough skilled staff to keep people safe. One person told us, "The carers are heroes - they do anything they can for me. They have a big checklist, 101 things to do, but never seem rushed. They are very effective and very efficient."
- Staff were not rushed and there were plenty of staff on duty to respond to people's assessed needs.
- The registered manager systematically reviewed staffing levels to meet people's changing needs and occupancy levels. Staff told us, "This is the only home I've ever worked in, in 18 years, where we have time to sit with people and chat with them, we are not stretched" and, "Staffing levels are good, I don't feel rushed ever. I have come from a home where we had more advanced dementia and a lot less staff."

Using medicines safely

- People received their medicines safely. Staff had been trained in the safe administration of medicines and were assessed as competent before supporting people with their medicines.
- Some people were prescribed medicines on an 'as required' basis, for example for pain management. Protocols were in place to provide staff with information about when these medicines should be given.
- Checks were completed to ensure medicines were managed and administered following best practice guidance.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up-to-date.

Visiting in care homes

- The provider followed government guidance and health professional's recommendations to support people to enjoy receiving visitors and to visit others. Visitors were not restricted in any way and safety was promoted while on site. For example, PPE was provided for visitors, health screening was in place and indoor or outdoor visits could be facilitated.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Before moving into the service, an assessment of people's needs was completed with them to identify the care and support they needed. Care plans were used to record this information and people's preferences for care delivery.
- People or their representatives were involved in developing care plans to help make sure the support provided would meet their needs. One person told us, "They ask your opinion and ask permission, they are very polite." A relative said, "Yes we are involved in all decisions."

Staff support: induction, training, skills and experience

- People gave positive feedback about the skills and experience of staff. One person told us, "They are superb, I think they are wonderful." Relatives said, "Staff are skilled, they know them well" and, "Staff are knowledgeable and understand them."
- New staff completed an induction programme to ensure they had the knowledge and necessary skills before providing people with support.
- Staff received regular supervision and felt supported in their roles. One staff told us, "I feel really valued and she [Name of registered manager] always says thank you to us all. She always gives us positive feedback."

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

- People received effective care and support to help make sure they ate and drank enough. People told us, "The food is lovely. You can have as much as you like, and if you want some more, they come get it" One relative told us, "My relatives eating has improved, they had gone down to 6 stone, they are eating with others and are now a much healthier weight."
- Care plans recorded an assessment of people's dietary needs and staff worked with other health professionals, for example dieticians, when this was required.
- People were provided with good quality food with a variety of options to choose from. Snacks, fresh fruit, smoothies, milkshakes and hot drinks were readily available throughout the day.

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

- People received consistent and effective care and support.
- There were clear roles and responsibilities amongst staff and the registered manager fostered a work culture that valued teamwork and collaboration. The registered manager told us they promoted an ethos based on an acronym of team, 'together everyone achieves more.'

- Staff worked closely with other health professionals to support people to maintain good health and access other services. External health advice was recorded as guidance for staff to follow.

- Staff were concerned for people's wellbeing and monitored for signs of people becoming unwell.

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

- People lived in an environment which reflected their needs and enabled them to be as independent as possible. Accommodation was provided in spacious en-suite bedrooms with signage to support people to find their way around the service.

- The provider had developed the premises to a high standard and people had access to a variety of spaces where they could spend time socialising with others or in private. This included a spacious lounge, a cosy corner, a 'quiet area' with books, a bar area and dining room.

- People's bedrooms were personalised. People received a welcome box when they came into the home, this included favourite treats, a welcome letter, a personalised fleece blanket, note pad and pen, toiletries and a crocheted octopus. The octopi had been acquired from the ambulance service and were used with premature babies to soothe their anxiety and had a similar therapeutic effect for people.

- People and families told us, "I couldn't be happier with everything, the family feel the same., "I can see an awful lot of thought has gone into the environment and the homely touches" and " The standard here is what I was used to at home, it's not like any other place I have been."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff were aware of their responsibilities under the MCA.

- Where assessments recorded people did not have capacity under the MCA, required assessments, decision making, authorisations and reviews were in place.

- Staff acted in people's best interests and supported them in the least restrictive way. They understood the importance of offering people choices and promoting their independence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff treated people with kindness and respect.
- We received positive feedback from people and their relatives about the caring nature of staff. People told us, "It's first-class care. All the staff have the same attitude - a positive one." Relatives said, "When I was unable to visit, the manager and staff rang me to see if I was okay and if I needed anything. They offered to collect me and return me home, where else would you get that?"

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff had plenty of time to spend with people and engaged with them in how they wished to be cared for. A relative told us, "There are always plenty of staff about, there is always someone around which is reassuring."
- Staff understood the importance of promoting people's privacy, dignity and independence. People told us, "They are respectful, they come and close the curtains, they ask your opinion and ask permission, they are very polite."
- Staff knew people well and anticipated their individual needs. They recognised distress and discomfort quickly and tailored their response to provide the right support for people.
- People received consistent care from regular staff who knew them. One relative told us, "My relative adores the staff, they don't always remember their names, but they are familiar to them, friendly and kind and there is always someone around."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

- People received personalised care that reflected their needs and preferences. Care plans provided staff with personal background information. For example, their likes, dislikes, health and care needs and how they would like to be supported.
- Staff at all levels consistently demonstrated a thorough understanding of people's individual needs, by the way they tailored their interactions with people. One relative told us, "Everyone's really approachable, the staff are skilled, it is a nice calm place, mum sees it as her home and being part of her family. They [Staff] know her really well."

Meeting people's communication needs

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

- People's communication needs were assessed and recorded in care plans. Guidance was in place detailing how people communicated their needs and wishes. This included records of their needs with regards to hearing, sight and speech.
- Information was routinely provided to people in a way they could understand.

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 planned activities which reflected people's individual interests. For example, sensory and music sessions, ball games, pamper sessions, quizzes, and therapy dolls.
- The registered manager was actively involved in researching tried and tested initiatives that could be used within the service to support people's interaction and wellbeing. For example, the service was trialling 'MediMusic', a proven music therapy using personalised playlists to reduce anxiety and pain and promote health and wellbeing.
- Staff supported people to maintain relationships with family and friends. The service regularly hosted social events. Relatives were invited to a jubilee party and asked if they wanted to be involved in a garden project which they had welcomed.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint if they wanted to. Relatives told us, "I've never had any concerns, but all the staff are approachable, and I feel could approach them or [Name of registered manager] if needed."
- The provider had a complaints policy and system in place. Feedback, including concerns and complaints, was welcomed and, where appropriate, outcomes were used to help improve the service for people.

End of life care and support

- People's care plans included information about any wishes they had for end of life care, where this was being provided.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and relatives told us the service was managed well with caring staff. One relative said, "Yes, it is well managed. [Name of registered manager] is always available and always makes time to speak with you. You can go to her at any time, she is very knowledgeable."
- Staff told us senior staff were approachable, which resulted in good communication and support for the benefit of the people living at the service. One staff told us, "Their door is always open, she supports us on a personal level too. She always listens to me and supports in any way she can. She is thoughtful. This makes for a happy environment for everyone. I feel really valued and she always says thank you to us all. She always gives us positive feedback."
- Regular staff and residents' meetings were in place and provided people with an opportunity to contribute their views and improve the service. For example, people had been consulted individually about what they each wanted from a garden and their feedback had been considered in the refurbishment of a planned garden project.

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 was aware of their responsibilities to notify the relevant authorities including the CQC of important events that happened in the service. For example, any safeguarding concerns, service changes and serious incidents.
- Audits and performance checks were used to manage the service, maintain standards and identify areas for improvement. These were further supported by monthly regional check visits from the area manager.
- Systems and processes were regularly reviewed with any required improvements implemented in a timely way. For example, the service had previously had their food prepared at their adjoining sister home. The registered manager had wanted people to be more involved in menu planning and the promotion and maintenance of independence skills. This had been considered by the provider and a chef and kitchen assistant recruited.
- Processes were in place to ensure any incidents, accidents, concerns or complaints were investigated and responded to.
- People and relatives were confident they would be supported with any enquiries and that along with any required actions, they would be included in feedback to help improve the service and reduce further similar

events.

- Managers across the provider's homes met monthly to share best practice.

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

- People and their relatives were given the opportunity to provide feedback about the service they received and told us senior staff including the registered manager were approachable.
- The registered manager told us they wanted the service to be a lifestyle choice not just somewhere for people to spend the end of their days, but to live as full a life as possible. They wanted to stamp out the negativity around dementia and change things. One staff told us, "[Name of registered manager] is passionate about what she does, she is a positive role model, very hands on, staff follow her lead. People's faces light up when they see her, everyone knows her."
- The service worked closely with their local community. For example, they had developed links with a local nursery who visited people in the service with consent, which had proved to be very popular with people.
- People benefitted from partnership working with other healthcare professionals. For example, GPs, community nurses and a range of therapists. One professional told us, "The registered manager is very good, she is very hands on and gets stuck in."
- The registered manager kept up-to-date with best practice developments. They encouraged staff to take on more responsibility through introducing lead roles, for example, medicines management.