

Innomary Limited

St Mary's House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Mary's House is a residential care home providing personal care for to up to 28 people. The service provides support to older people and those living with dementia. At the time of our inspection there were 24 people using the service.

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

At our previous inspection we found the systems to monitor and assess the quality and safety of the service were not robust. At this inspection we found that improvements had been made and professional input had been sought. However, governance processes had not identified all the issues we found on this inspection and actions required to remedy the identified concerns had not yet been completed. The registered manager assured us that action was being taken to address all the concerns.

People were protected from the risk of abuse because the provider had effective safeguarding systems in place. People received their medicines as prescribed. There were enough staff to safely support people.

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 were caring and promoted people's independence. People were treated with dignity and respect. People were supported to take part in activities and belong to the community of 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 26 July 2022) and there were breaches of regulation relating to safe care and treatment and governance. 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

We carried out an unannounced comprehensive inspection of this service on 26 July 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This inspection checked whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a concern we had about the safety of the building.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contained those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Mary's House on our website at www.cqc.org.uk.

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 not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

St Mary's House

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

This inspection was carried out by one inspector.

Service and service type

St Mary's House 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 House 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 Care Quality Commission 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.

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

On the day of the inspection visit we observed the care and support being provided in the communal areas of the service. This helped us understand the experience of people who could not talk with us. We spoke with the Registered Manager and toured the service. We spoke with one person living in the service and one relative. We also spoke with the registered manager, the deputy manager and four members of care staff.

We reviewed various documentation on the day of our inspection visit and the service supplied further documentation electronically following our visit. Documentation reviewed included three care plans and quality assurance documents.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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.

Assessing risk, safety monitoring and management;

- The service had been served an Enforcement Notice by Suffolk Fire Brigade. The service had not fully complied with the requirements of the Notice. However, actions had been put in place which Suffolk Fire Brigade were satisfied would keep people safe. The registered manager told us what they were doing to ensure the Enforcement Notice was complied with.
- At our previous inspection we raised concerns regarding the health and safety monitoring of the building. For example, poor risk assessment of the staircase and exposed hot surfaces. At this inspection we found that most of the concerns had been addressed.
- Some areas still required attention. For example, the fire risk assessment included recommendations for fire retardant curtains around two fire exits. These had been ordered but were not yet in place. There were also four radiators which were not covered. The registered manager told us these were scheduled for removal and did not present a risk to people.
- We observed prescribed creams left in an unsecured box in the corridor. This presented a risk to people who may use them inappropriately. These were subsequently removed.
- Care plans contained risk assessments and actions to mitigate the identified risk. For example, some people needed their food presented in a specific way to reduce the risk of choking. We spoke with the cook who confirmed how food was provided to the person, in line with their risk assessment.

Systems and processes to safeguard people from the risk of abuse

- The person, relative and staff spoken with told us that they thought people were safe living in the service.
- Safeguarding concerns were reported to external agencies when required.
- Staff had access to information about how to protect people from harm. Staff had completed safeguarding training and knew how to identify and report concerns.

Staffing and recruitment

- Appropriate staffing levels were in place to meet the needs of people in the service. Staff told us they had time to sit and have a chat with people.

- The registered manager told us they had recently increased the number of staff on the night shift following recommendations from the fire service.
- The service carried out appropriate pre-employment checks, for example Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff confirmed that pre-employment checks had been carried out.

Using medicines safely

- A relative told us how the service had been pro-active in managing their family member's medicines and had ensured they received the medicines they needed.
- Audits were used to monitor and make sure medicines were managed safely.
- Staff completed training to administer medicines and their competency was checked.
- Guidance for staff to safely and consistently administer medicines prescribed 'as required' (PRN) was in place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The registered manager was aware of the latest government guidance regarding visiting in care homes. However, the service had put extra precautions in place such as requesting visitors to let the service know when they would be attending. The registered manager told us that this had been communicated to relatives by the newsletter.
- No concerns had been raised by people or relatives regarding the actions in place. A relative told us they had not had any problems with visiting their family member.

Learning lessons when things go wrong

- Accidents and incidents were recorded on the service electronic system and reviewed by the registered manager to look for trends and reduce the risks.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Our previous inspection found that adaptations to this old building did not fully meet people's needs. At this inspection we found improvements had been made. For example, ensuring if people accessed the stairs this was done safely. Some improvements were still outstanding but these were of a more minor nature. For example, replacing a large glazed window in the dining room which had become fogged.
- The registered manager told us they had plans to improve people's bedrooms with new curtains.
- People's artwork was on display in some communal areas giving them a homely feel.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, whether appropriate legal authorisation were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisation were being met.

- At our previous inspection we found that the service was not always working within the principles of the MCA. At this inspection we found that appropriate legal authorisations were in place.
- A relative gave us an example of how the staff understood their power of attorney and how staff ensured it was followed.
- Accurate records about people's ability to make decisions were in place. People had signed consent forms where appropriate.

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

- People's needs were assessed prior to moving to the service. Assessments detailed all necessary

information about people. This included health and support needs, wishes and preferences.

- A member of care staff told us they read a pen picture of a person before they moved into the service which gave them an insight into the person's needs.
- Best practice guidance was used to ensure consistency of practice. For example, nationally recognised tools such as the malnutrition universal screening tool (MUST), were being used to assess people's nutritional risk.

Staff support: induction, training, skills and experience

- Staff told us they received the training they needed to support people.
- New staff received an induction which included all appropriate training to give them the right skills and knowledge to effectively support people and understand the requirements of their role.

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

- People's care plans contained information about their dietary needs and preferences.
- The cook told us how this information was communicated to them and how they ensured people's specific dietary requirements were met.
- Care plans demonstrated that referrals were made to health care professionals where appropriate. For example, speech and language therapists and dieticians.

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

- Staff worked in partnership with other healthcare professionals to provide a continuous level of care which was responsive to people's needs. People were supported to access their GP and other healthcare professionals. Care plans reflected the guidance provided.
- On the day of our inspection visit staff were working with an outside agency to ensure a person was receiving the most appropriate care.
- People's care plans contained information regarding dental, optician and chiropodist appointments and how the staff supported people to meet their needs.

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 our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found the governance systems were not effective in identifying health and safety concerns. This was a breach of regulation 17 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.

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

- Since our last inspection the governance systems had been improved. The registered manager had received support from external professionals to risk assess health and safety in the service. However, not all the actions identified in these assessments had been carried out. The provider's monitoring systems had not identified these.
- The systems to monitor the quality and safety of the service needed to be embedded into the management of the service to ensure improvement was sustained.
- The registered manager and deputy manager had oversight of the service and demonstrated a clear commitment to improvement.
- There was a clear management structure in place. Staff understood their roles and responsibilities and who they could access advice and support from.

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

- The registered manager and deputy manager promoted an open and honest service and led by example. Staff told us they were accessible and supportive.
- There was an open culture and staff were confident that any issues they raised would be listened to. Staff consistently told us they felt supported by the registered manager.
- There was a clear person-centred approach to people's care. Staff knew people well and understood their individual needs.

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

- There was a duty of candour policy that required staff to act in an open and transparent way when

accidents occurred.

- When care did not go to plan, people and their relatives were kept informed showing a transparent service.

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

- People benefitted from partnership working with other local professionals, for example GPs, community nurses and social care professionals.
- The service carried out surveys of people and visiting professionals to assess their view of the quality of the service provided.
- Staff meetings were held regularly. Staff were encouraged to make suggestions and explore new ideas to support people. Staff told us they felt listened to and valued.