

Visionary Care Ltd

St Mary's

Inspection report

St. Marys Court
Scunthorpe
DN15 8UP

Tel: 01724865461

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Mary's is a residential care home providing personal and nursing care for up to 47 people. The service provides support to people with dementia, mental health, older people and younger adults. At the time of our inspection there were 41 people using the service in one adapted building.

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

The provider had not ensured all staff were suitably trained or supported to perform their roles. Some staff required refresher training to ensure they had the knowledge and skills to safely meet people's needs. Staff did not receive regular supervision however; staff felt the registered manager was supportive and approachable.

Medicines were managed safely however, guidance for staff relating to medicines which were prescribed on an 'as and when required basis' (PRN) were not in place. We have made a recommendation about this.

Records relating to people's fluid intake were not regularly reviewed to ensure people had enough to drink. We have made a recommendation about this.

Care plans and risk assessments were person centred and reflective of people's current needs.

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.

There were enough staff. Staff were recruited safely and received an induction to ensure they had the skills and knowledge to undertake their role.

Regular activities were carried out to promote social inclusion.

Systems were in place to protect people from abuse. Staff demonstrated a good level of understanding in relation to safeguarding. Appropriate referrals to the local safeguarding team had been made. Relatives and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed.

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 20 July 2022) and there were multiple 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.

At our last inspection we recommended that the provider made improvements in relation to safeguarding, staffing levels and staff support and supervision. At this inspection we found the provider had made improvements on staffing levels and safeguarding but had not made improvements in relation to staff supervision.

Why we inspected

We carried out an unannounced inspection in May 2022 and found improvements were needed. We undertook this focused inspection to check the service had followed their action plan and to confirm improvements were made. This report only covers our findings in relation to the Key Questions safe, effective, responsive and well-led which contain those improvements.

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.

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 changed from requires improvement to good. This is based on the findings at this inspection.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

St Mary's

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 one inspector.

Service and service type

St Mary's 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 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 the last inspection. We sought feedback from the local authority. 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

We spoke with 6 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, admin assistant, care coordinator and care workers.

We reviewed a range of records. This included 6 people's care records and multiple medication and food and fluid records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely.
- Guidance for staff to administer medicines prescribed 'as and when required' (PRN) were not always in place. Some protocols required further information to be included to aid staff.

We recommend the provider ensures PRN protocols are in place in line with NICE Guidelines.

- Staff received training to administer medicines and had their competency checked.
- The provider had a medicines policy in place for staff to follow.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to effectively manage risks associated with people's care. 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.

- People received safe support to meet their needs. Improvements had been made to risk assessments to provide guidance for staff on how to safely support people.
- Care records were regularly reviewed to ensure staff had up to date information.
- Staff were knowledgeable about risks associated with people's care.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection we recommended that the provider reviewed their systems and processes for the delivery of safeguarding training and the reporting of concerns and updated its practices accordingly.

At this inspection we found improvements had been made.

- People were protected from the risk of abuse.
- Relatives told us they felt their family members were safe and well looked after. One relative said, "The staff are lovely, [family member] is well looked after and very safe there."

- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the manager would address any concerns reported to them and make the required referrals.
- The registered manager was transparent in reporting any issues or concerns to the local authority's safeguarding team. This helped to safeguard people from the risk of abuse or neglect.
- The provider analysed accidents and incidents to identify any patterns or trends and to support improvement of care.

Staffing and recruitment

At our last inspection we recommended that the provider reviewed their systems and processes for managing staff.

At this inspection we found improvements had been made.

- Appropriate staffing levels were in place to meet the needs of people in the service. The provider used a staffing and dependency tool for guidance on the number of staff required.
- The registered manager had robust oversight of staff rotas, which showed there were enough staff on each shift.
- Staff told us there were enough staff to meet people's needs.
- Safe recruitment practices ensured staff were suitable to work with people who may be vulnerable.

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

- Visiting was carried out in line with current government guidance.

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. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured all staff were suitably trained or supported to perform their roles. Some refresher training was out of date and needed completing to ensure staff had the correct skills and knowledge to provide safe care.
- Staff had not received supervision in line with the providers policy. Records relating to staff supervision lacked detail and were poor quality.

A failure to ensure the service had sufficient numbers of suitably qualified, competent, skilled and experienced staff is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff said the registered manager was approachable and they would ask for support if needed. One staff member told us "The manager has supported me a lot. I can go to them with an issue and be confident they will deal with it."
- New staff completed an induction to ensure they had the skills and knowledge to carry out their role. This included reading policies and procedures, completing training and shadowing other members of staff.

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.

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 authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had not followed the principles of the MCA (2005). This was a breach of regulation 11 (need for consent) 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 11

- Care plans reflected the principles of the MCA. Where restrictions were in place, appropriate DoLS applications had been made to the local authority.
- People's rights were protected, assessments had been completed when people lacked capacity and best interest meetings were held, which included professionals and significant others.

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

- Peoples nutrition and hydration needs were not always met.
- People's fluid intake charts were completed. However, they were not monitored by senior staff to make sure people were having enough to drink. Records reviewed did not identify that one person had not achieved their ideal fluid intake for 3 days and did not identify the negative impact this could have on that person's health and wellbeing.

We recommend the provider seek advice and guidance from a reputable source, about how to support people with their hydration needs and takes action to update their practice accordingly.

- People were offered choice of meals and snacks during the day.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed, and care plans put in place to support and guide staff to deliver effective care.
- Staff made appropriate referrals to other agencies, when required, such as the falls team and people's GP. Referrals were made promptly, and any advice given was incorporated into the way people were supported.
- People were supported to attend medical appointments.

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

- The layout of the service met the needs of the people who lived there.
- Rooms were personalised and people chose how they wanted to decorate their rooms.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 failed to maintain complete, accurate and contemporaneous records 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.

- People received person-centred care from staff who knew them well and were responsive to their needs.
- Care plans contained detailed, person-centred information which provided clear guidance for staff on how to support people.
- We observed staff providing patient, attentive care. Promoting choice and independence at all times.

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

- The provider had recently employed 2 activity coordinators to support people to take part in activities. One relative told us, "Activities have really improved recently it is nice to see [family member] taking part in things [family member] loves music, they used to enjoy singing along to songs and dancing."
- People were supported to maintain relationships with relatives and friends.

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 information recorded in their care plans to guide staff on how to share information in an accessible way.
- Staff spoke with people in a person-centred way. This helped make sure people could understand what was being communicated and be involved in decisions.

Improving care quality in response to complaints or concerns

- People felt confident speaking with staff or management if they were unhappy about the service. One

relative said, "The manager is really approachable and will listen and sort things out for you."

- The provider had a complaints procedure, setting out how they managed and responded to any complaints.

End of life care and support

- People's wishes and preferences in relation to end of life care had been considered and recorded where people chose to share this information.

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.

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

At our last inspection the provider failed to ensure robust systems were in place to demonstrate safety was effectively managed. This placed people at risk of harm. 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.

- Improvements had been made to the monitoring of the quality and safety of the service with the introduction of an electronic recording system. Whilst we noted some areas of improvements within the service, there were some issues which the new quality monitoring system had not identified. For example, fluid charts were not regularly reviewed to ensure people received the right level of fluids.

We recommend the provider continues in their efforts to embed their quality monitoring system to identify any possible shortfalls in a timely manner.

- The registered manager analysed accidents, incidents, complaints and concerns to drive improvements within the service.

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

- Improvements made in the service promoted a positive, person-centred culture.
- Relatives told us the service was well run and said, "The manager and team are very good, I can go to them with an issue and it will be dealt with."
- The registered manager had an open-door policy and relatives and staff said they could go to the manager any time if they needed.
- The registered manager was open and honest with people and informed relatives when accidents and incidents had occurred.

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

- Relatives told us they were happy with the service, communication, staff and management. One relative said "The staff and manager are very approachable and knowledgeable. They always have time to talk to me and will ring me with any concerns."
- Regular staff meetings had not been held to allow staff to voice their concerns or views within the service. However, staff told us they felt supported by the manager and felt able to voice any concerns they had about the service if needed.
- The service worked with key organisations such as the local district nurses and local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure the service had sufficient numbers of suitably qualified, competent, skilled and experienced staff.