

Marantomark Limited

St Mary's Continuing Care

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 Continuing Care is a purpose built 'care home' and is located in the residential area of Collins Green, Burtonwood in Warrington; the home is divided into four separate units and provides nursing and personal care for up to 63 people with acquired brain injury, early onset dementia, mental health support needs and older people living with dementia. At the time of the inspection 63 people were living at St Mary's.

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

People received high-quality, person-centred care. The quality and safety of care people received was monitored, assessed and (where needed) improved upon.

Medicine management procedures were safely in place. We did note that some areas of practice did not comply with the providers medication administration policy. We have made a recommendation regarding this.

People's level of risk was assessed and managed from the outset. Support measures were put in place, areas of risk were monitored, and regular reviews meant that people were receiving the most up to date and relevant care.

Care records were person-centred and provided staff with information in relation to people's likes, dislikes, wishes and preferences. Staff told us they were able to develop positive relationships with the people they supported.

Safeguarding procedures were in place and staff told us how and when they would raise their concerns. People who lived at St Mary's told us they felt safe.

Staffing levels were analysed and reviewed in relation to the dependency needs of people who were living at St Mary's. Staff had also been safely recruited.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed kind, considerate and compassionate interactions between staff and people receiving support. People and relatives told us that the care provided was tailored around individual support needs.

People were supported to participate in activities that were engaging, stimulating and were having a positive impact on their health and well-being.

The provider had an up to date complaints policy in place. Complaints were regularly monitored and

reviewed and responded to in line with company policy.

The registered manager maintained a good level of oversight in relation to 'governance' and quality assurance processes. Processes and systems ensured that the quality and safety of care was routinely being assessed and reviewed.

St Mary's offered a warm, friendly and inviting atmosphere, each of the units were tailored to the support needs of the people living there; although we did recognise one unit required some attention.

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

Rating at last inspection:

The last rating for this service was 'good'. (Report published 7 December 2016). At this inspection, the rating remained 'good'.

Why we inspected

This was a planned inspection based on previous ratings.

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?

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 Continuing Care

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one Inspector, one 'Expert by Experience' and a 'Specialist Advisor'. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service. A 'Specialist Advisor' is a person who has professional experience and knowledge of the care which is being provided.

Service and service type:

St Mary's is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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 registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return'. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this

helped us to identify key areas we needed to focus on during the inspection.

During the inspection:

We spoke with the registered manager, 10 members of staff, two external professionals, one kitchen assistant, 19 people who were living at St Mary's and seven relatives who were visiting at the time of the inspection. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at care records of four people receiving support, four staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 'good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received a safe level of care in relation to medication support. However, we did identify that the providers medication administration policy was not always complied with. For instance, medication audits were not taking place as frequently as they should have been.
- Medicines were found in locked medication rooms but were not always stored in locked cabinets.

We recommend that the provider reviews the medication procedures ensuring the policy is being complied with.

- Staff received appropriate medication administration training and regularly had their competency levels assessed.
- Medication administration records (MARs) were appropriately completed by trained staff; people were administered their medicines according to administration instructions.

Assessing risk, safety monitoring and management

- People's level of risk was appropriately assessed, and support measures were safely in place.
- Risk assessments were regularly reviewed and contained up to date and relevant information.
- Each person had an up to date personal emergency evacuation plan in risk (PEEP) in the event an emergency evacuation had to take place.
- People were asked if they felt safe, they told us "Yes I am safe here."
- We saw that all health and safety regulatory compliance checks and certificates were in place.

Systems and processes to safeguard people from risk of abuse

- Safeguarding and whistleblowing procedures were in place; staff were familiar with the processes that needed to be followed as a measure of keeping people safe.
- Staff knew the importance of recognising signs of abuse and received safeguarding training.
- The registered manager reported safeguarding incidents to CQC and the Local Authority accordingly.

Staffing and recruitment

- We saw that each of the units were generally 'overstaffed' and people (and staff) told us that staffing levels were well managed.
- Staff were effectively deployed across the home and people received support from sufficient numbers of nursing and care staff.
- Safe recruitment procedures were in place. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.

Preventing and controlling infection

- St Mary's was clean, hygienic and odour free; measures were in place to ensure people were living in a safe, homely and comfortable environment.
- There was an up to date infection control policy in place and staff were provided with personal protective equipment.
- Regular health and safety meetings took place; discussions were held around infection control and managing and monitoring this area of safe care.

Learning lessons when things go wrong

- The registered manager maintained a good level of oversight in relation to all accidents, incidents and events that occurred at St Mary's.
- 'Service User' incident analysis took place each month; this helped to establish if any trends were occurring and how risk could be further managed.
- Accidents and incidents were discussed and reviewed during managers and staff meetings.

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 'good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Service design and decoration met the needs of the people living at the home. People had access to a communal garden area; this was well-maintained and offered a warm and inviting feel to it.
- The internal environment offered adequate lighting throughout, spacious communal areas and assisted equipment for people who required extra personal care support.
- One unit required some extra care and attention. We raised this with the registered provider, who was responsive to our feedback.

Staff support: induction, training, skills and experience

- Staff received training, learning and development opportunities. Staff received regular one to one supervision and an annual appraisal.
- Training compliance was well managed by the registered manager; at the time of the inspection mandatory training for all staff was up to date.
- New employees received a thorough induction and were supported to complete 'The Care Certificate'. This is an agreed set of standards that staff within the health and social care sector are expected to complete.

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

- Each person was appropriately assessed prior to admission. Pre-admission assessments helped to determine the level of support each person needed and if the service could provide the required level of support.
- Where possible, people were involved in the assessment process and helped to develop the care plans and risk assessment that needed to be implemented.
- Through regular monitoring and assessment, staff were able to identify referrals that needed to be made to other external professionals. For instance, people received support from dietitians, a local GP and a local community clinic.
- Care records contained the relevant guidance and support that needed to be followed and provided.
- People received a holistic level of care. One healthcare professional told us, "Staff know residents well, the quality of care is really good, guidance is followed through by staff and staff are very efficient."

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutrition and hydration support needs were assessed from the outset.
- People were encouraged to make decisions around their meal choices.

- Regular 'food satisfaction meetings' took place; these ensured that people's suggestions and preferences were taken into account and there was sufficient variety and choice being offered.
- There was purpose built 'rehab kitchen' at St Mary's. People could access this as a means of developing their skills, confidence and knowledge around important nutritional information and guidance.
- A variety of food and drink options were available during meal times and alternative options could also be provided upon request. One person told us, "I get enough to eat and drink, no concerns. I like the food."

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

- The registered provider was complying with the principles of the Mental Capacity Act, 2005.
- People had their levels of capacity assessed and regularly reviewed from the outset.
- People who lacked capacity did not have their liberty unlawfully restricted; 'best interest' meetings were arranged, decisions were made, and the appropriate applications were submitted to the Local Authority.
- Care record documentation clearly indicated that the person receiving support had provided 'consent' to receive the care and support being provided.

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 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

- We observed staff providing dignified, respectful and considerate care; we also received positive feedback about the caring approach of staff throughout the course of the inspection.
- Comments we received included, "Staff are really nice and friendly", "I am treated well, very good."
- People received a continuity of care on a day to day basis by staff who were familiar with the people they supported.
- Staff knew people's preferences and the tailored level of care people needed. One person told us that they were relatively independent, and staff respected that.
- Equality and diversity support needs were established from the outset. Appropriate support measures were put in place to ensure people received the correct level of care.
- The provider had introduced an 'equality, diversity and gender' lead. They were responsible for ensuring people with specific protected characteristics were supported and best practice and guidelines were being followed.

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

- Care records indicated that people were involved in the planning of their care from the outset.
- People were encouraged make decisions around the personal care they needed and how they would like the care to be delivered.
- 'Resident and Relative' questionnaires were circulated on an annual basis. People and their relatives were encouraged to share their views and suggestions on the quality and safety of care being delivered.
- Any feedback and/or suggestions that the registered manager received were actioned and responses were communicated. We saw 'You said, we did' posters visible around the home for people to acknowledge the positive changes that had taken place following their feedback.

Respecting and promoting people's privacy, dignity and independence

- Not all confidential information was safely stored away or protected in line with General Data Protection Regulations (GDPR). We raised our concerns with the registered manager; she immediately responded and managed this area of risk.
- Respectful care was being delivered and people's privacy and dignity was maintained and promoted.
- Care records we checked indicated that people were supported to remain as independent as possible. One care record stated, '[Person] likes to do own washing, prefers to have a shower of a night and would like everyone to respect [their] privacy, knock on door before entering.'

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 'good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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.

- Dedicated activities co-ordinators were employed at St Mary's. People were encouraged to participate in hobbies and interests that were fun, stimulating and engaging.
- A variety of different activities were scheduled such as baking and craft events, barge trips, Shetland pony visits. Activities helped to reduce the level of social isolation and encouraged people to engage with other people living at the home.
- Music therapy played a significant role in the positive development of people living at St Mary's. A dedicated music therapist supported people to access one to one and group sessions. The aim of the sessions was to enhance confidence, manage anxieties and improve self-esteem through non-verbal communication.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received high quality, person-centred care.
- Care records contained a 'one-page profile' which provided staff with important information about people's likes, wishes and preferences. For instance, one care record stated '[Person] likes colouring and making cards.'
- The provider employed a dedicated occupational therapist; they were responsible for supporting people who required the necessary support but to also enhance the skill and knowledge of the staff team.
- Care plans and risk assessments were regularly reviewed; meaning that people were receiving the most up to date and tailored support.
- Staff were familiar with the people they supported; staff were observed engaging in familiar conversations and positive interactions. For instance, staff addressed people by their preferred names and knew what activities they liked to participate in.
- People were actively encouraged to have choice and control over the level of care they received.

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.

- Alternative methods of communication could be provided on request. Pictorial menus were available for people to refer to, care records indicated different methods of communication that needed to be used by staff and in some instances 'flash cards' were used as a method of managing language barriers.

Improving care quality in response to complaints or concerns

- There was an up to date complaint procedure in place. This contained the relevant complaint processes and how complaints would be responded to.
- People (and relatives) were familiar with the complaints procedure and who to raise their complaints with.
- The registered manager maintained a good level of oversight in relation to the complaints that were received.
- Complaints were appropriately managed, investigated and responded to in line with organisational policy.
- At the time of the inspection, one anonymous complaint had been submitted and was being responded to accordingly.

End of life care and support

- Staff had access to 'End of life' training and people received the appropriate support in a manner that was tailored around their wishes and preferences.
- Staff understood the importance of providing tailored 'end of life' care in a dignified, compassionate and respectful way.

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 'good'. At this inspection this key question has remained the same. 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

- A variety of different quality assurance tools, audits and checks were in place. These helped to review and assess the provision of care people received and enabled the registered manager to identify where areas of improvement needed to take place.
- The registered manager maintained a good level of oversight in relation to 'governance' and quality assurance. They maintained a monthly calendar of scheduled quality assurance activities that needed to take place. For instance, care plan audits, kitchen audits and trend analysis for accident and incidents.
- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC.
- All regulatory compliance checks and certificates were in place. Risk and safety management was well managed, and people were living in a safe and well-maintained environment.
- The registered provider had a variety of different policies and procedures in place. Some policies needed to be reviewed and renewed and the registered manager needed to ensure that policies were being complied with. The registered manager was made aware of this.
- We received positive feedback about the registered manager and the quality of care being delivered. Comments included, "The [registered] manager is really good and approachable, you see her coming around and asking if I'm ok" and "[Managers] door is always open, she's really supportive."

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

- People received person-centred care that was tailored around their needs in an environment that supported independence and choice.
- The registered manager wanted to enhance the experiences of people living at St Mary's and ensured that the environment was inclusive and provided choice and control.
- One member of staff told us, "I love my job here, everybody is different and they all can't be treated the same."
- We also reviewed some of the positive feedback St Mary's had received. Comments included, 'Excellent standards of care', 'Staff are extremely organised' and 'I have nothing but praise for the service.'

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

- The registered manager was aware of her legal responsibilities, the importance of investigating incidents/events that occurred as well as complying with duty of candour responsibilities.

Continuous learning and improving care

- Quality assurance processes were effectively identifying areas of improvement.
- Where areas of development were identified, internal action plans were devised. Actions were responded to in a timely manner.
- The registered manager reviewed all accidents, incidents and events that occurred at St Mary's. 'Trend analysis' was also completed to establish if any themes were emerging and if further support measures needed to be implemented
- Following on from the inspection, the registered manager submitted an action plan detailing how areas of development were being addressed. For instance, the medication administration policy was under review to ensure compliance was being met.

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

- Equality characteristics were assessed and determined from the outset.
- The registered manager encouraged people living at St Mary's, the public and staff to actively involve themselves in the quality and safety of care being delivered.
- People and relatives had opportunities to share their thoughts, views and suggestions about the provision of care and we identified that feedback was acted upon in a timely and responsive manner.
- A range of different staff meetings were taking place; these helped staff to feel informed and involved in the care being provided. Staff told us, "There is a good level of communication between us all" and "We all work together as a team."
- People living at St Mary's also had the opportunity to attend regular 'resident meetings'. This was a forum particularly designed around the needs, ideas and suggestions of the 'residents'.

Working in partnership with others

- St Mary's worked closely with other healthcare professionals, ensuring people received a holistic level of care tailored around their support needs.
- Positive working relationships had been established with the Local Authority and Commissioners.
- The registered manager and nominated individual informed us that St Mary's supported local charities and encouraged staff and people to fund raise for other local causes. Fund raising events had taken place for Dementia UK and Autism Awareness.