

V & V Care Limited

St Mary's Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St Mary's Residential Care Home is a residential care home providing personal care to 27 older people some whom are living with dementia at the time of the inspection. The service can support up to 29 people.

The service provides accommodation over two floors with a lift and stairs available to access the upper floor. There are two lounges and a dining room as well as a number of communal bathrooms and toilets.

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

The registered manager had made improvements to the overall running of the service.

People living at St Marys Residential Home received care from a staff team who were caring and ensured people needs were met in a timely manner. One relative said, "St Mary's is a very nice place, comfortable, clean, I think it very nice, I wouldn't mind being there myself."

Staff delivered care and support that was personalised. Staff were kind, caring and motivated and people and their relatives were complimentary about the care provided. Staff respected people's privacy, dignity and independence and encouraged people to be as independent as possible.

Systems ensured that people's risks were well managed, and lessons were learnt when things went wrong. People and staff could approach the registered manager who acted on concerns raised to make improvements to people's care. A relative told us, "I am certain [family member] is safe, the staff are looking after her, make sure that everything is locked and sealed, and they cannot get out of the place (for their safety)."

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 27 April 2020).

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

The inspection was prompted in part due to concerns received about people's privacy, dignity and choice. We also checked they had followed their action plan from the previous inspection and to confirm they now met legal requirements. As a result, we undertook a focused inspection to review the key questions of safe,

caring and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring 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 Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 visit was carried out by two inspectors. A third inspector made telephone calls to relatives.

Service and service type

St Marys Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and care workers

We reviewed a range of records. This included two people's care records 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 spoke with six relatives. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

At our last inspection the provider had failed to ensure that systems were in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities)

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

- Medicines were managed safely. We observed that staff explained to people and sought their permission before undertaking a health check. During our review of people's prescribed medicines, we found a couple of errors with recording. The registered manager told us they would follow this up with a staff supervision. Staff confirmed this happened when a medication error was found. A staff member said, "You are called into the office for a supervision and you are observed giving out medication."
- Staff were trained in the administration of medication and their competence was assessed yearly.
- Staff received training and competency checks to ensure they had the skills to support people safely with their medicines. One relative said; "Registered manager liaised with me when there had been a change to [family members] medication."
- People had protocols in place for any as and when required (PRN) medicines and these were understood and followed by the staff team. However, we found duplicate protocols in place. The registered manager said they would remove these to ensure the most up to date one was in place. Staff completed audits and checks of medication stock to ensure that medicines were being handled and administered safely.
- Risks to people were identified, assessments were in place and these were reviewed and updated regularly. Care plans gave staff information on how best to support people to reduce the risk of harm.
- Risks had been assessed, including for the environment and equipment safety.
- Incident and accident outcomes had been shared with staff. The registered manager demonstrated how lessons had been learnt.

Staffing and recruitment

At our last inspection the provider had failed to ensure that staff were not suitably monitored, trained and there were not enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities)

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The registered manager reviewed staffing regularly, this was to ensure they were able to meet people's needs. We observed staff responding to people in a timely manner. People and nearly all relatives told us there were enough staff. One relative told us, "There is nothing [name] wants for. [Staff] are always there for them at the end of the bell. As soon as [name] calls someone is there at the door."
- There were enough suitable trained staff to ensure people received their medicines or emergency first aid when required.
- Staff were recruited safely, and the required employment checks were completed

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. The staff had not received training in donning and doffing but had been shown the information in a poster format. Following the inspection, the registered manager confirmed that staff had now watched the donning and doffing training videos.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 could be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The registered manager had not undertaken risk assessments for individuals who were at high risk. Following the inspection, the registered manager provided evidence that these had now been completed.
- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and were able to explain the importance of raising any concerns they may have had around poor care and harm.
- Staff were aware of the provider's safeguarding systems and procedures. A staff member said, "I wouldn't hesitate to report any concerns. If I wasn't listened to, although registered manager would listen, I would report it to the local authority, CQC or police."
- Relatives told us that the care and support staff gave their family member reassured them. A relative said, "Staff really are good, bless them. The carers are really lovely."
- Relatives knew how to raise any concerns they may have had. They told us communication with the staff was good. One relative said, "I am contacted by both carers and the registered manager."

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure that people were supported to maintain their independence and autonomy and there was a potential for people putting themselves at risk attempting to do so. People's right to privacy and to refuse should be upheld at all times. This was a breach of Regulation 10 (Dignity & Respect) of The Health and Social Care Act 2008 (Regulated Activities)

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Since our last inspection, improvements had been made to ensure people were treated with kindness and respect. We observed meaningful interaction taking place with people in communal areas, and where people were supported in their bedrooms.
- Dignity locks had been applied to all communal bathrooms and toilet doors.
- Peoples independence was being promoted and staff ensured peoples aids were kept within their reach.
- Staff were able to respond to peoples distressed behaviours and de-escalate situations enabling people to be less distressed.
- Relatives told us when we asked them if they thought staff treated people with dignity, showed respect and maintained privacy. One relative responded saying "Oh, very much so." Another commented, "They leave us alone when we visit and ask us to ring the bell if we need anything."
- One person told us, "[Staff] look after [family member] very well. I have every confidence in them."

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

- People were involved in decisions relating to the care and support they received. The registered manager ensured care plans were reflective of people's needs, and sought information from people, or their relatives, if more appropriate.
- Relatives, where appropriate, were aware of the care plans in place for their family member. One relative told us that the pandemic has made it more difficult to be involved in care planning. They felt that registered manager and staff have kept them up to date in what has been happening.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure that effective systems were in place to assess, monitor and improve the quality of care nor were these systems effective at identifying steps to mitigate risks relating to the health and safety and welfare of people who use the service. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2004.

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

- Audits were carried out on a regular basis. The overall quality audit of the service identified improvements and actions were introduced and had been in use since the last inspection.
- The service was well-run. Staff at all levels understood their roles and responsibilities and the registered manager was accountable for their staff and understood the importance of their roles. One relative said, "Yes I would say, it is well run. I am extremely pleased, no faults to find at all. Very pleased what they have done for my [family member]."
- Staff told us they were well supported. One member of staff told us, "The registered manager is very approachable and always willing to help. We are kept informed about what is happening and if there are any updates, these happen through daily handovers."
- Staff told us, and we saw, that the registered manager was visible in the service and was available if anyone needed to speak with them. One staff member said, "[Registered manager] is approachable, their door is always open. They are out on the floor supporting the residents when we need some extra help."
- The management team ensured there was always a leader available. This offered support to the staff team as well as ensuring they were able to monitor staff practices throughout the week.
- Records showed legally required notifications were submitted to the CQC as required, and when things went wrong there was evidence that people and their relatives were responded to and kept informed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in making decisions about the care they received. One person said, "The staff are

always asking if we have everything. They certainly encourage me to do what I can for myself."

- Staff confirmed that the registered manager was supportive of them and that communication was good. Staff told us, "[The registered manager] is very approachable and supportive. It has been a difficult year, but we have all worked well together."
- Links with the local community were on hold due to the pandemic.

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

- Relatives said they felt they were kept informed when things went wrong. One relative said, "Yes, I have a good relationship with [registered manager]." Another relative told us, "I cannot say anything negative; they have kept us informed about everything, including when they have been poorly, needed an ambulance, or admitted to hospital."
- Lessons were learnt and communicated widely through staff meetings to support improvement.

Working in partnership with others

- At the time of the inspection there was limited input from other health professionals this was due to COVID-19 and professionals entering the service. The registered manager had regularly telephone calls from professionals to ensure people had the support they required.