

St Mary's Nursing Home Ltd

St Mary's Nursing Home

Inspection report

Montilo Lane
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Rugby
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St Mary's Nursing Home is a residential care home providing accommodation and nursing support to up to 56 people of all ages, some with a physical disability. The service provides care to people who require nursing support. At the time of our inspection there were 30 people using the service.

St Mary's Nursing Home accommodates people in one adapted building over two floors. The home had extensive gardens and outside spaces for people to enjoy.

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

People were supported by staff who understood what action to take if they had any concerns for their safety. Staff were provided with the guidance required so they could support people to manage their risks. There were enough staff to care for people and spend time chatting with them, so people did not feel isolated. The registered manager undertook checks before new staff worked at the home, so they could be assured new staff were suitable to work there. People were supported to have the medicines they needed by staff who had been trained to do this. The registered manager was improving medicine systems, so they could be assured staff consistently had the guidance they required to administer "when required" medicines. Systems were in place to reduce the likelihood of the spread of infections. The registered manager had worked with people and their visitors to ensure people continued to receive visits safely. Accidents and incidents were regularly reviewed so any lessons would be learnt.

People's needs were assessed and informed through work with their relatives and other health and social care professionals. Relatives were complimentary about how staff used their skills and knowledge to support people. This included how staff monitored people's health needs and advocated for them so they would enjoy the best health outcomes possible. Where staff had any concerns for people's fluid or nutritional intake plans were developed to support them. 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.

Since our previous inspection the registered manager and provider had made improvements to systems and procedures to provide a good quality service. Relatives and staff told us the culture at the home was open and focused on the needs of the people living at the home. This helped to ensure people had good outcomes. The registered manager and provider undertook checks on the quality and safety of the care provided.

Rating at last inspection

The last rating for this service was requires improvement (published June 2019) and there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the last inspection we required them to send us an action plan showing how they were meeting the requirements of regulation 17. At this inspection we found the provider had completed actions on their action plan, there

was no longer a breach of regulation 17.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 May 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of safe, effective and well-led which contain 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 changed from requires improvement to good. 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 Nursing Home 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 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 well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

St Mary's Nursing 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 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 team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Mary's Nursing Home is a residential 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 an experienced registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since. 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

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

We spent time seeing how people were cared for by staff and spoke with four people and 11 relatives. We received feedback from nine members of staff including the registered manager, a nurse, the provider, the chef, housekeeping staff and care staff.

We reviewed a range of records. These included four people's care records and multiple medication records. We looked at records relating to the management of the service and the safety and quality of people's care. For example, audits and checks undertaken by the registered manager and provider. These included the safety of the premises and equipment, promotion of people's rights, complaints management, accidents and incidents and infection control. We reviewed a range of policies and procedures relating to infection control, people's safety and staff support.

We saw feedback provided by people and their relatives. In addition, we looked at records showing us how staff were recruited.

Is the service safe?

Our findings

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

At our previous inspection this key question was rated good. At this inspection this rating has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to keep people safe. Staff told us they would not hesitate to report any issues which could impact on people's physical or emotional safety. Comments included: "I would go down straightaway (to the registered manager) and told them what I had seen" and, "I would not hesitate to raise concerns with the manager...she welcomes any queries or concerns raised."
- People were cared for by staff who understood how to recognise signs of any abuse.
- The provider had put policies and procedures in place to manage and review any safeguarding concerns, should these arise.

Assessing risk, safety monitoring and management

- Care plans provided staff with information about risks to people's health and wellbeing. Risk assessments considered people's individual needs and abilities and care plans encouraged people to maintain a level of independence where possible.
- Where people had risks around their medical conditions, there were plans in place which directed staff on how these should be managed safely. For example, there were risk management plans around skin integrity, diabetes and catheter care. When people required a specialist air flow mattress to prevent skin damage from occurring, mattresses were set according to people's weight. This meant people received the right level of support and the risk of skin damage was reduced.
- Risk assessments and associated care plans were regularly reviewed to ensure any changes in people's needs were identified and planned for.

Staffing and recruitment

- There was enough staff to care for people. People did not have to wait long if they wanted assistance from staff. We saw staff had time to chat with people and check if they wanted any support. A relative told us, "There are always staff around and [Name] has never felt unsafe."
- The registered manager told us there had been staffing challenges during the pandemic and they had to rely on agency nursing staff to cover some of the shifts. However, they had reduced the number of people admitted to the home to ensure they could always maintain safe staffing levels.
- Staff gave us examples showing how staffing was increased at key times to ensure people continued to have the care they wanted.
- The registered manager undertook checks before new staff worked at the home. These included obtaining references and undertaking Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The registered manager had acted in response to our last inspection report and made improvements where they were required.
- The registered manager had put systems in place to review any untoward incidents.
- Staff gave us examples showing how learning was communicated to them effectively, to reduce risks to people further.

Using medicines safely

- Medicines were administered by trained and competent staff. Where people received insulin by injection to manage their diabetes, the injection site was recorded. This is important because over-use of one area of skin can cause lipodystrophy (fatty deposits) to develop which affects the absorption of the insulin. Staff were testing and recording blood sugar before injections were administered.
- There was clear information about how people preferred to take their medicines and nobody was being given their medicines disguised in food or drink at the time of our inspection visit.
- Audits were regularly undertaken to ensure medicine stock counts were correct and people received their prescribed medicine.
- There was no evidence of harm to people, however, guidance could have been more detailed to support staff to administer some "as required" medication consistently. The registered manager took immediate steps to address this (following our feedback).
- Where people received their medicines through a patch applied directly to their skin, records were maintained of where they had been applied and there was a system of daily recorded checks to ensure patch medicines remained in place.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections. There were robust procedures visitors had to follow before they were allowed to enter the home.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. Policies had been updated in April 2022 to reflect the most up to date government guidance. One staff member said, "Covid-19 has been extremely challenging over the past 2 years. I feel that our procedures and policies have most definitely been robust. All paperwork is regularly reviewed and has all the relevant information we need to provide the appropriate support."

Visiting in care homes

- People were able to spend time with their family. People had visitors come to the home and there was a visiting policy in place to help keep everyone safe.

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 previous inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The views of people, their relatives and health and social care professionals were considered when people's care needs were assessed.
- The registered manager assessed people and consulted clinical staff before accepting new admissions. This helped to ensure the service had the staff with the skills and experience to meet the specific clinical and physical needs of people before they were admitted to the home.
- People's assessments reflected current guidance and standards, such as in relation to infection control.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Where they had reason to question a person's capacity to understand information related to their care and support, their care plans included a mental capacity assessment relating to the decision that needed to be made.
- Mental capacity assessments documented that staff had tried all reasonable and practicable ways to encourage people to make decisions for themselves.
- Where it had been assessed people did not have capacity to make a decision, the registered manager had arranged best interest meetings. Healthcare professionals and others involved in the person's care had been consulted to ensure any decisions were in the person's best interests.
- Where restrictions had been identified, applications had been made to the supervisory body for a DoLS authorisation.
- We saw staff worked within the principles of the MCA. They offered people choices and respected the decisions they made.

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

- People's health was monitored and where a need was identified, they were referred to other healthcare professionals. Records of healthcare visits were maintained. A relative told us, "The GP comes every Monday and residents can ask to see them or if the staff think they need a referral. There are regular visits from the Chiroprapist and a Dentist is also available."
- Records showed that people were supported to attend routine health appointments to maintain their wellbeing.
- If people had to be admitted to hospital, a 'grab sheet' informed hospital staff of the person's baseline observations, their medical conditions and gave information about their mobility and communication needs and any equipment needed to maintain their safety.
- At our last inspection we found people did not have individual oral healthcare plans. At this inspection we found the registered manager was following the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. There were formal oral health assessments in the care records which detailed what support people required to maintain their oral health.

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

- At our previous inspection we found people's lunchtime experience could be improved, to ensure people's nutritional needs were met. At this inspection we saw improvement had been made to mealtimes. Where people needed assistance to eat, it was relaxed and unhurried and staff gave people plenty of time to finish each mouthful.
- One person described the food as "excellent" and told us, "There is a variety and he [the chef] will go out of his way to please me with a favourite meal."
- There was a designated staff member who ensured people had enough to eat and drink.
- The chef understood their responsibility to provide food and drinks that met people's nutritional needs. Where people were at risk of losing weight, their meals were fortified with extra calories.
- When it was identified people had not been eating and drinking well, food and fluid monitoring charts were implemented to record their nutritional intake.

Staff support: induction, training, skills and experience

- Staff felt supported in their role and told us they received training and support to meet the responsibilities of their role. One staff member said, "My training is all up to date." Another staff member told us how they were listened to if they needed any additional support or learning opportunities saying, "I feel extremely valued in my role. Both the owner and manager have expressed positive feedback to me on a regular basis. We are also thanked for our continued support and hard work."
- The registered manager told us they provided training in formats that staff preferred. They explained, "Most of the staff like face to face training. There is an element of on-line training but most of ours is practical training."
- New staff were supported to provide good care to people through an induction programme. This helped staff to understand how to care for people safely.

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

- People had access to a range of outside spaces including large garden areas, patios and a conservatory. We saw people enjoying spending time outside.
- The home was light and fresh and had many comfortable places for people to sit to socialise. People were encouraged to personalise their bedrooms.

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 previous inspection this key question was rated requires improvement. At this inspection this key question has 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.

At our previous inspection in 2021 we found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance. Systems and processes were not always effective in ensuring care records were up to date and accurate. The provider had made sufficient improvements to determine they were no longer a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an experienced registered manager who worked with the provider at the service.
- The registered manager and senior staff checked the care provided to people to ensure people received safe care. For example, in relation to infection control, care planning and records of people's care.
- Following our previous inspection, we found improvements had been made to record keeping. As a result of the feedback provided during the inspection, the registered manager was further developing their checks. For example, checks in relation to guidance for staff when administering "as required" medicines.
- Staff were supported to understand what was expected of them through regular meetings to communicate changes in people's needs and one-to-one meetings with their manager. A staff member told us how the registered manager and provider listened to their feedback, and kept them informed of any changes saying, "The owner and manager are always on hand. I have regular dialogue with them and if needed their doors are always open." Another staff member told us, "I have given advice and always felt I was being listened to."
- The registered manager understood what important events needed to be notified to The Care Quality Commission.

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

- Relatives said the focus of the staff was on the needs of their family members. One relative told us, "The home feels more like a family than a nursing home."
- Relatives said they were invited to let staff know what they felt about the care provided. One relative said, "The owner of the home is very good and is always about and always ready to help and answer questions." Other comments included; "We have no complaints. Everything is just right for our relative."
- People and their relatives were encouraged to share their views on the care provided through regular quality assurance surveys. Documents asking for people's feedback were available in accessible formats

such as easy to read pictures, to ensure people could participate in providing feedback to the provider.

- Staff spoke positively about the support they received from the management team both professionally and personally. One staff member said, "[Registered manager] has always been very approachable regarding work related matters but also extremely supportive with personal issues." Another staff member said, "When my grandmother was in need of 24 hour care, there was nowhere else I would have wanted her to be. To experience the respect and care shown from a relative perspective meant everything to me and my family."
- Staff told us they felt confident to approach managers with any concerns, knowing that action would be taken in response. Comments included: "I can approach them quite easily."

Continuous learning and improving care; Working in partnership with others

- The provider worked with other organisations when staff required training in specialised areas. For example, fire marshal training was provided by the local Fire Service.
- The provider and the registered manager reviewed the care provided and significant events. Their findings were used to drive improvements in people's care.
- The provider and registered manager reacted positively to our feedback and made improvements in response.

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

- People's relatives told us staff promptly contacted them in the event of anything going wrong with their care and consulted them about the most appropriate way to support their family members.
- The rating from the provider's last inspection was displayed, as required, in the entrance area of the home.
- The registered manager knew they were required to be open and honest in the event of something going wrong with people's care.