Saroia Staffing Services Ltd

St Mary's Nursing Home

Inspection report

101 Thorne Road
Doncaster
South Yorkshire
DN1 2JT

Tel: 01302342639

Date of inspection visit:
23 August 2022

Date of publication:
31 October 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
St Mary's Nursing Home is a care home providing personal care and nursing. It can accommodate up to 56 people. Some people using the service were living with dementia. There were 42 people using the service at the time of the inspection.

People's experience of using this service and what we found
Risks to people were identified, however these were not always effectively managed to ensure people's needs were met and safety maintained. For example, people's nutrition needs were identified, but fortified snacks and fluids were not always recorded, and people were not always given their preferred choice of drink. Infection prevention and control (IPC) practices and policies were not always followed. We found many areas that were not clean and areas that were not well-maintained to be able to be effectively cleaned. We have made a recommendation about IPC to ensure the improvements made following our site visit are maintained and sustained.

People were not supported to have maximum choice and control of their lives. The policies and systems in the service did not support this practice. We found most people were cared for in bed, and this was not always the persons choice. Staff told us there was not always enough staff on duty to ensure people could get up safely because many people required two staff to move and handle them safely. The registered manager showed us a dependency tool, but it was not clear how the hours were calculated to ensure adequate staff were on duty to meet people's needs. We observed call bells ringing for long periods of time and a lack of staff available in communal areas. People told us staff were caring and kind. However, we observed staff did not always support people appropriately; their approach was not always person-centred and at times was task orientated.

Staff told us they did not feel supported. Staff said there was lack of effective communication from management. Systems and processes used to ensure the service was running safely were not robust or effective. Parts of the premises were not being used for their intended purpose. Environmental alterations were taking place, there was no evidence received from the provider these alterations were compliant with fire safety or building control regulations. During our inspection we identified many shortfalls had not been identified as part of the providers quality monitoring. For example, IPC practices, person centred care, staff deployment and safe working practices.

Feedback from people varied, there were some very positive comments about staff along with some negative feedback. Some people said communication was poor. One person said, "I speak with [registered manager] who is very nice by the way, about it but I don't think she listens."

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 requires improvement (Published 20 August 2020).

The service remains rated requires improvement. Although there were some improvements at the last inspection, the overall rating for this service has been requires improvement or inadequate for the last four consecutive inspections.

Why we inspected
This was a planned focused inspection.

We undertook this focused inspection to check they had continued to maintain improvements. This report only covers our findings in relation to the key questions safe and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 have found evidence the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement and recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about infection prevention and control.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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 was carried out by 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 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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. Inspection activity started on 23 August 2022 and ended on 3 October 2022. We visited the home on 23 August 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with twelve people who used the service and four relatives about their experience of the care provided. We spoke with fourteen members of staff including the registered manager, care coordinator, administrator, nurses, senior care workers, care workers, ancillary staff and the nominated individual, The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records, medication records and weight records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Requires Improvement

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risks to people were not effectively managed. For example, people had lost considerable weight, although care plans detailed this and detailed management of risk, we found the care plan was not followed. We found the records did not evidence people were offered fortified snacks or super-shakes. One person's care plan showed seven missed interventions in a 24-hour period, these included fortified snacks and super-shakes.
- Accidents and incidents were reviewed and monitored by the registered manager. However, there was lack of evidence this drove improvements. For example, the analysis for July identified two people had a several incidents. There was a brief summary describing what the incident was, but no detail of times incidents occurred, what factors triggered the incident and how it was deescalated or managed. There was no overview of previous months incidents to determine if there were any themes could be managed to reduce risk. The registered manager has improved the processes following our site visit.
- Environmental safety checks were carried out. However, we found a several issues had not been identified by the providers audit systems. For example, fire safety concerns due to internal alterations. Following our inspection, the provider was taking action to address the concerns raised and improvements were being made.
- Parts of the premises were not being used for the intended purpose. Environmental alterations to convert areas to staff living accommodation were taking place at the time of our site visit. There was no evidence people had been consulted about the changes to their home or whether their views had been considered. We were not provided with any evidence from the provider these alterations were compliant with regulations.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The registered manager used a dependency tool used to determine staffing levels. However, it was not clear if there was adequate number of staff on duty to meet people's needs. Staff we spoke with told us there were not always enough staff on duty. One of the reasons given was some staff were mentored by the nursing staff so were at times not available to support people who required assistance. Staff were not, therefore, effectively deployed to meet people's needs.
- People we spoke with said at times staff were very busy and they had to wait for assistance. We observed staff were not always present in communal areas and staff did not respond to people's calls for assistance in a timely way. This meant peoples needs were not always met.

● Many people were cared for in bed. We found peoples choices were not respected. People said they would like to get out of bed but were not able to because staff were not available. One person said, "I am not sure if I am allowed out of bed or anything. I could do with someone to talk to about my condition and what to expect. I just keep my head down and get on with things." A relative said, "I think there probably is enough staff, [relative] gets everything they needs. Although they aren't getting them up." A staff member said, "Many people stay in bed, we don't always have time or staff to get them up." They explained these people required two staff to support them out of bed and two staff were not always available.
● Staff received training; records showed staff were up to date with required training. However, from our observations it was not evident if the training was effective. We observed staff did not always provide person-centred care, staff were at times task orientated. People told us staff were kind and caring but were rushed, so did not always have time to talk, or ask for choices or decisions. One person we spoke with said, "I think some of the staff could do with a bit more support and training. They struggle to meet my support needs, and at times cause me discomfort. I try to tell them, but some staff don't understand me." Staff told us they attended training but would like more detailed training. For example, dementia training, be able to meet the needs of people living with dementia in the home.

The provider had failed to ensure sufficient numbers of suitably competent, skilled and experienced staff were deployed, which is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had a staff recruitment system in place. The files we saw showed pre-employment checks had been obtained prior to staff commencing employment.

Preventing and controlling infection
● There was an infection prevention and control (IPC) policy and cleaning schedules were in place. However, we found some areas of the environment were not clean. For example, bath/shower chairs, floor coverings in storerooms, stained and dirty toilets and seals around baths were mouldy. We also found some areas of the general environment were not well maintained so were not able to be effectively cleaned. We identified floor covering in bathrooms were not fixed properly, areas of wood untreated and porous, which were unable to be effectively cleaned. Store cupboards were cluttered and full of unused equipment, which required remedial action to ensure they could be effectively cleaned. We were not fully assured by the infection control systems in place.
● There was no recent infection prevention and control audit completed by the registered manager. We discussed this with them and following our site visit they completed an action plan for IPC. This detailed all the areas we had identified and gave clear timescales for completion of actions. The registered manger also assured us the audits and cleaning schedules would be reviewed and amended to ensure all areas were covered on the schedules and audits. This meant any areas requiring attention would be identified and rectified immediately. Following our site visit the registered manager also sent us photographic evidence or the improved areas.
● The IPC nurse practitioner carried out a visit on 26 September 2022 and found predominantly the service was meeting IPC measures. They identified some minor issues the registered manager rectified.
We recommend the provider continues with regular IPC audits and documenting the daily walk rounds with actions required to ensure improved standards of IPC continues.

Using medicines safely
● Medication systems were in place to ensure safe management of medicines. People received their medicines as prescribed. Controlled drugs were stored and managed effectively. However, we identified some documentation issues. The medicines prescribed to be given when required were not always recorded

on the medication administration records (MAR's). Dates of opening medicines were not always recorded, and protocols did not always give sufficient information to be able to determine when to administer medicines to people who were unable to verbally request their medicines. For example, people living with dementia. We also found a large number of medicines stored were to be destroyed. The nurse told us they were in the process for changing suppliers to improve the medicines management.

● The registered manager had identified the issues with the medicines and was in the process of changing supplier. They were also working with staff to improve the documentation to evidence medicines were administered as prescribed.

● Staff who administered medicines were trained and supervised appropriately and received regular competency checks with a suitably qualified member of staff.

● People received an annual medication reviews and their GP or a Nurse Prescriber made weekly visits.

Systems and processes to safeguard people from the risk of abuse

● There were systems and processes in place to safeguard people from abuse. We received mixed views from people. Some said they felt safe, while others didn't always feel safe. One person said, "I am not sure I feel safe I can't see what is happening. I sit here feeling depressed sometimes and sometimes I cry."

● Staff were knowledgeable about safeguarding and what should be reported and told us if they had concerns that a person was being abused, they would report it to their line manager.

● 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Requires Improvement

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 good. At this inspection the rating has changed to 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

- The service had a registered manager. Staff told us she was nice, and approachable but some staff said they did not always feel supported and felt there had been lack of leadership and guidance. One staff member said, "Manager doesn't listen to us [staff], can't talk in confidence. I don't feel supported." Another said, "I don't feel supported, when this is raised, I am not listened to so nothing changes."
- The staff understood their roles and responsibilities and the regulatory requirements. However, said they were not always able to meet these, because staff were not deployed or managed effectively.
- There had been a lack of provider oversight. We identified areas for improvement during our site visit that had not been identified by the providers audit systems. However, we have been provided with an action plan to ensure improvements are made and the registered manager has assured us the systems would be reviewed, amended and embedded into practice.

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

- There were no effective systems in pace to ensure lessons were learnt to drive continuous learning and improvement. For example, the 'walk round' checks carried out by the management team, routinely picked up similar issues, but the only action was to raise with staff, there was no action to ensure practices were embedded.
- Internal systems for staff management, appraisals and supervisions were not operating to ensure staff were supported and had the necessary skills and knowledge to fulfil their responsibilities. Several staff said they did not feel they were able to fulfil all their duties to a good or safe standard. They said they often had to leave communal areas unattended because many people required two staff to support with personal care. They explained at times they were not able to assist people if they wished to get out of bed because there were not the staff available to do this safely.
- The provider engaged with staff and sent out quality monitoring surveys. However, the staff response in the surveys returned in August 2022 stated there was lack of support and the management team didn't listen. Some of the comments were, 'the bosses don't seem to listen about issues within the home as nothing gets dealt with'', and 'the manager needs support and the staff need to work as a team'.
- People did not always receive person centred care and support. Some support we observed was task orientated and not individualised. For example, the mealtime experience was task orientated. Meals were taken to people with lack or interaction or discussion, drinks were not always offered and people did not

always get their choice of preferred drink. People were cared for in bed and this was not always their choice. There was no social stimulation or activities. The activity board displayed was dated April 2022 and had not been updated. One person said, "There is nothing to do really apart from watch telly and do my crosswords, which I do enjoy but I do miss my newspaper." They explained they only got one if their relative visited.

● There was engagement with people and their relatives. Most people felt involved in their care and most said the communication during the pandemic had been very good. Relatives knew who the registered manager was and told us they were approachable. However, none of the relatives we spoke with had attended a relatives meeting or completed a quality questionnaire. The registered manager confirmed the questionnaires were due to be sent out in September 2022. These issues had not been identified as part of the providers quality monitoring.

The systems in place to monitor and improve the quality of the service were not effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 and provider understood the duty of candour. We saw they predominantly fulfilled their legal responsibilities. However, some people, relatives and staff told us that the management were not always open when things go wrong. For example, one person explained how they had raised an issue with the registered manager several times and staff still didn't understand how to meet their needs. They said they didn't feel listened to. Some people also told us they did not feel comfortable sharing their concerns as they did not want to rock the boat or have any reprisals.

Working in partnership with others

● The provider engaged with healthcare professionals. We found advice was sought when people's needs changed. However, it was not clear if best interests were always considered and peoples needs met. We saw engagement with healthcare professionals for one person, but staff had not acted in the persons best interests to ensure they were pain free.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to robustly assess the risks relating to the health safety and welfare of people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure the systems in place to monitor and improve the quality of the service were effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure sufficient numbers of suitably competent, skilled and experienced staff were effectively deployed to meet people's needs.