

Innomary Limited

St Mary's House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Mary's House is a residential care home providing personal and nursing care for to up to 28 people. The service provides support to older people and those living with dementia. At the time of our inspection there were 25 people using the service.

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

Systems to monitor and assess the quality of the service were not robust. The provider had not identified all of the issues we found on this inspection. We found a number of concerns regarding the health and safety aspects of the building.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The care people received met their needs. A relative said, "The home from the outside looks like a dump, but inside it's a wonderful colourful home. People with dementia love colour."

People received their medicines as prescribed.

There were sufficient staff to keep people safe and meet their needs.

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 good (published 2 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service and concerns raised by the fire service. As a result, we undertook a focused inspection to review the key questions of Safe 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 have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of the full report. You can see what action we have asked the provider to take at the end of the full report. Since the inspection we have received assurances that the provider has taken action to mitigate the risks identified

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 Good to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Mary's House on our website at www.cqc.org.uk.

Enforcement

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 monitor the service and will take further action if needed.

We have identified breaches in relation to the safety of service users and the overall management of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

St Mary's House

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

This 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 House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Mary's House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

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What we did before inspection

We reviewed information we had received about the service since the last inspection. 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

On the day of the inspection visit we observed the care and support being provided in the communal areas of the service. This helped us understand the experience of people who could not talk with us. We spoke with the Registered Manager and toured the service.

Following the visit, we spoke with three members of staff and seven relatives on the telephone. We received electronic feedback from four care staff.

We reviewed various documentation on the day of our inspection visit and the service supplied further documentation electronically following our visit. Documentation reviewed included three care plans and quality assurance documents.

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

- Environmental risk had not been adequately assessed and monitored.
- We found two second floor windows which did not have window restrictors fitted. Restrictors fitted on other windows were not compliant with the Health and Safety Executive (HSE) standard to ensure they were fit for purpose and reduced the risk of people falling from open windows.
- The window in the sluice was a 'sash type'. The frame to the bottom of the upper window had rotted away. This meant that if the window fell it could cause serious injury.
- Not all hot surfaces in the surfaces had been protected or risk assessed to prevent people sustaining burns if they came into contact with them. This was contrary to HSE guidance.
- We observed that one person with a diagnosis of diabetes and alzheimers had their bed placed against an uncovered radiator which increased their risk of burns from the radiator.
- The service had three stair cases. These had not been risk assessed to ascertain if it was necessary to restrict access to keep people safe. This was contrary to HSE guidance.
- Not all areas in the service had been adequately cleaned. For example, the wall in the sluice room was brown and rusted and the sink had a layer of lime scale. The base of one hoist was covered with a layer of dust.
- In the lounge we saw three electrical extension leads connected to one electric socket with five appliances connected to them. Overloading an individual plug increases the risk of fire.

The premises were not safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns at the end of the inspection visit with the Registered Manager. Following our inspection visit, the manager sent us an update with actions they were taking to ensure the service was were safe.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us that their family member was safe in the service. One relative said, "I believe that [Person] is very safe. The main entrance is unlocked as you come in, the staff all seem very pleasant and she seems to really like everyone".
- Staff had access to information about how to protect people from harm.
- Safeguarding concerns were reported to external agencies when required.
- Staff had completed safeguarding training and knew how to identify and report concerns.

Staffing and recruitment

- Appropriate staffing levels were in place to meet the needs of people in the service. A relative said, "I think there are enough staff, they don't seem rushed off their feet and they always stop and have a chat with [person]".
- The registered manager told us that they had recently introduced a sleeping night shift following recommendations from the fire service.
- The service carried out appropriate pre-employment checks, for example Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New members of staff confirmed that pre-employment checks had been carried out.

Using medicines safely

- Medicines were managed safely. A relative told us, ""Now that she has meds given to her, it all seems to be going through a lot better".
- Audits were used to monitor and make sure medicines were managed safely.
- Staff completed training to administer medicines and their competency was checked.
- Guidance for staff to safely and consistently administer medicines prescribed 'as required' (PRN) was in place.

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 assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed some areas where limescale had built up on sinks and areas of unpainted wood in bathrooms. Both of these increased the risk of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager to look for trends.

Visiting in care homes

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

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisation were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met.

- We found the service was not always working within the principles of the MCA. Some people had appropriate legal authorisations in place to deprive them of their liberty, but others did not. For example, the service had applied for a DoLS for one person. This application was waiting review by the local authority. The person's access to the main part of the building had been restricted. This was because a card which activated the keypad allowing them access from their landing to the rest of the care home had been removed. We were told this was because another resident was wandering around and placing themselves at risk of falling on the stairs. This meant that the person was restricted to a small area upstairs. This was not the least restrictive option for the person. We have received assurances from the Registered Manager that the electronic card has been replaced.
- Staff had been trained in the principles of the Mental Capacity Act. We observed this put into practice for example, people being given choice in their daily lives such as where they wanted to sit in the communal areas.

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

- The service was housed in an old building which is listed. It has been adapted to make it suitable as a care home. However, some of these adaptations were made some time ago and are in need of renovation. For example, there are three staircases, access to the staircases had not been effectively risk assessed and an action

put in place to ensure people could use them safely.

- The building required a number of maintenance actions. For example, a large double-glazed window in the dining room was fogged from the inside. This restricted people's view into the garden.
- The registered manager showed us how they had put up pictures and decorated areas of the service to meet the needs of people living with dementia.

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

- People needs had been assessed using recognised tools and following best practice guidance.
- Care plans were regularly reviewed and updated to ensure they met people's changing needs.

Staff support: induction, training, skills and experience

- People told us that staff had the training and skills to meet their needs. A relative said, "The staff are very good and do have the right skills".
- An inspection by the fire brigade, prior to our inspection visit found staff had not received appropriate fire training. Following the fire brigade visit the service had provided fire training to staff. Staff we spoke with were confident of their abilities to support people in the event of a fire and records demonstrated updated training had been provided.
- Staff told us that they received the training they needed. A member of staff told us, "I feel like I have the training that I need to care and support people."

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

- We observed the lunch time meal and saw that people were offered choices and received support as they needed.
- People's specific dietary needs were met. A relative told us, "[Person] is diabetic and there haven't been any problems with the food."
- Where people needed to be referred to outside professionals, such as a dietician or speech and language therapist to support their diet, records demonstrated this was done promptly.

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

- People's care plans contained information regarding dental, optician and chiropodist appointments and how the staff supported people to meet their needs.
- Relatives told us that healthcare support was arranged as necessary and they were informed of the information appropriately. A relative said, "She can see a GP and a chiropodist when she needs."

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; Continuous learning and improving care

- The provider did not have a consistently robust governance system in place. Whilst the provider had identified some areas for improvement these were not being addressed in a timely manner. The provider had not identified all of the issues we found on this inspection as reported in the key question of Safe.
- Staff did not always comply with requirements put in place by the registered manager to keep the service safe. For example, we saw that staff were required to complete a record when they carried out some activities, such as cleaning the filter on the tumble dryers. We found that record had been completed but when we checked the filters, they were thick with fluff, demonstrating they had not recently been cleaned. This increased the risk of fire from the tumble dryer.

The providers governance systems were not effective in identifying health and safety concerns. This placed people at risk. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Some staff told us that lines of communication in the service were not always clear. This led to some members of staff not feeling able to voice concerns.
- There was a positive atmosphere at the service and relatives told us they were happy with the care and support their family member received.

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 the need to comply with duty of candour regulations.

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

- The service carried out surveys of people and visiting professionals to assess their view of the quality of the service provided.
- Following concerns raised by the fire brigade the service had worked with them to make improvements.
- The provider worked with a range of other services and professionals to support people's needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The premises was not safe.

The enforcement action we took:

We issued a warning notice as a result of evidence gathered from our visit that demonstrated a breach of regulation 12 of the Health and Social Care Act 2010.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers governance systems were not effective in identifying health and safety concerns. This placed people at risk.

The enforcement action we took:

We issued a warning notice as a result of evidence gathered from our visit that demonstrated a breach of regulation 17 of the Health and Social Care Act 2010.