Marantomark Limited

St Mary's Continuing Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

St Mary's Care Centre is a purpose built, 63 bedded Care Centre located in the residential area of Collins Green, Burtonwood in Warrington, and has been open since August 2005. It is approximately seven miles away from Warrington town centre and within easy reach of St Helens, Halton, Leigh and Wigan. The Centre is situated close to local shops, local amenities and has good access to local transport routes. St Mary's is divided into four separate units and provides nursing care and support for a wide range of people including those with acquired brain injury, early onset dementia enduring mental health problems and older people living with dementia.

This was the first inspection since the registered provider changed in 2014.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our inspection there were 63 people using the service.

People were supported by caring, friendly and respectful staff. The people using the service and their relatives told us that the quality of care and support was excellent. They told us the staff were very kind and caring and treated everyone with respect. Comments included, "I am happy here, staff treat me well" and "It's like one big happy family, it's a wonderful place with wonderful staff".

People told us they felt safe and supported. Risks to people's safety and wellbeing had been assessed and information about how to manage risks was recorded in their plan of care. There were systems in place to safeguard people from risk of possible harm. The provider had effective recruitment processes in place and there were sufficient staff to support people safely.

Staff received regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care or make decisions about some aspects of their care, this was managed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People's needs had been assessed and care plans took account of their individual needs, preferences and choices. They were involved wherever possible in reviewing their care plans and were supported to pursue their hobbies and interests.

The registered manager had a formal process for handling complaints and concerns. She encouraged feedback from people who used the service, their relatives and other professionals and acted on the comments received to improve the quality of the service.

The registered manager's quality monitoring processes had been used most effectively to drive continuous improvement. She provided stable leadership and effective support to staff. The atmosphere in the home was of calm and comfort and we saw a caring culture had been developed within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to safeguard people from avoidable risk that could cause them harm.

There were robust recruitment processes in place. There were enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Wherever possible people's consent was sought before any care or support was provided. Where people did not have capacity to make decisions about some aspects of their care, staff understood their roles and responsibilities to provide that in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet individual needs.

People were supported to access other health services when required to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

Staff understood people's individual needs and respected their choices.

Staff promoted people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet individual needs.

People were encouraged to pursue their hobbies and interests.

There was an effective system in place to handle complaints and concerns.

Is the service well-led?

Good

The service was well led.

The registered manager provided effective support to staff and promoted a caring culture within the service.

Quality monitoring audits were completed regularly and these had been used effectively to drive continuous improvement.

The home was managed in the best interests of the people who lived there.

St Mary's Continuing Care

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 13 October 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

We reviewed the information the Care Quality Commission already held about the home. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted three local authority contracts and quality assurance teams before the inspection and they shared their current knowledge about the home. We checked to see whether a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care. A recent visit had not taken place.

The registered manager was available throughout the inspection to provide documentation and information about the staff and services provided.

During the course of our inspection we spoke with sixteen of the people who used the service. However a number of these people were living with dementia and therefore we were not always able to receive feedback. We also spoke with eight of their relatives, twenty one care staff, the registered manager, the provider, two housekeeping staff, the activities coordinator, an administrator and a maintenance person. Some of the people who used the service had limited verbal communication skills and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care and support to help us understand the experiences of people who could not talk with us.

We looked at the care records for seven people who used the service. We also looked at four staff files to review the provider's recruitment, supervision and training processes. We reviewed how medicines and

complaints were being managed and how the provider assessed and monitored the quality of the service.

We also conducted a tour of the building and with their permission looked at four people's bedrooms.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the home. Comments included, "I am fine here. I was not fine before I came as I was always getting hurt. Staff look after me and keep me safe so I am now alright" and "I am safe in my room and I have an alarm to press if I am getting scared and staff come quickly to see I am alright".

People's relatives said they were more than happy with the safety and security of the building. Comments included, "I know (name) is safe here. There are always staff around and they are very good at what they do. Staff understand the challenges here and are able to manage challenging behaviours to ensure people are kept free from harm. I am very pleased we found this place".

We saw the provider had processes in place to safeguard people from the risk of avoidable harm or abuse. This included safeguarding guidance for staff and a whistleblowing policy. Whistleblowing is a way in which staff can report any concerns within their workplace without fear of consequences of doing so. Staff we spoke with showed a good understanding of how to keep people safe and records showed they had received appropriate training. External professionals told us that safeguarding issues that have arisen have been managed well with the support of the St Mary's team, particularly the registered manager, who understood and was supportive of the full safeguarding process.

People had their individual risks assessed and plans were in place to mitigate those risks. Staff were familiar with the plans and how to keep people safe. This included people at risk of choking, falls, pressure ulcers and any behaviour that may challenge. We saw that all falls and incidents were recorded and reviewed by the registered manager. They then checked for any themes and trends and ensured that all needed remedial action had been taken. This information was then shared with the provider to provide oversight of the process. This helped to ensure that people were kept free from avoidable harm.

We looked at four staff files and saw that staff were recruited through a robust process. This included an application form with full employment history, written and verified references and a criminal records check before they were able to start work. One staff member told us, "Before I could start my job I had to wait for my DBS (Disclosure and Barring Service) clearance and the references". DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This helped to ensure that people were supported by staff who were of appropriate character to work in a care setting.

We saw the registered manager had implemented a dependency tool to assess and monitor staffing levels within the home. However, discussions with her identified that this tool did not always reflect the needs of the people living in the home. As a consequence we saw that she was staffing the home over and above the suggested hours. She told us she was in the process of researching other tools which may be more appropriate to the setting and the needs of the people living in the home. The duty rotas showed that sufficient numbers of staff were always in place to support people safely. The home comprised four separate units, two accommodated up to eleven people, one accommodated up to twenty one people and one accommodated up to twenty people. The staffing rotas identified that one registered nurse and no less than

four care staff were provided in each unit between 8.00am and 8.00pm with one registered nurse and no less than two care staff on duty between 8.00pm until 8.00am. Extra staff were also employed to provide one to one day and night care for a minimum of seven people who lived in the home.

We met with two lead nurses who worked in the home and they told us that they now received some supernumerary time to enable them to support staff and be pro-active rather than reactive as they had extra time to observe and advise about care practices.

People were being supported to take their medicines and we saw this had been managed safely by trained staff. We observed a medicine administration round and checked that the medicine administration records (MAR) had been completed correctly with no unexplained gaps. We saw that all records were clear and identified that people were being given their medicines as prescribed by their doctors. We saw there was guidance for staff on how to administer 'as and when required' medicines (PRN). We also saw a pain assessment in advanced dementia had been introduced by the home, which assessed the pain scale of people who were unable to tell staff about their pain levels. This helped to ensure that PRN medicines were correctly used to address varying levels of pain.

There were robust systems in place to ensure the health and safety checks were undertaken in accordance with legal requirements. The maintenance log contained all the necessary safety certificates such as electrical certificate, PAT testing, gas certificate, call bell servicing and legionella testing. There were systems in place to ensure that the risk of fire was significantly reduced, including regular checking of firefighting equipment and ensuring the emergency contact list was up to date. Personal evacuation plans were in place and we saw records to show that regular fire drills were held at various times of the day and night to ensure people were aware of the process.

We saw staff working in accordance with infection control training and guidance. For example, appropriate use of gloves and aprons and washing their hands between supporting people. We noted the environment was clean with no unpleasant smells at the time of our visit.

Good

Is the service effective?

Our findings

People told us that staff provided the right level of support to enable them to maximise their skills such as enabling them to walk better, having a healthier lifestyle and dealing with issues related to their mental health.

Relatives told us that they were very happy with the level of support provided to the people who lived in the home. Comments included, "I know that (name) gets the right level of support to help him to live his life" and "I have seen a positive change in (name), staff know how and when to support and have made a great difference to all our lives".

We observed that staff were skilled when they supported people who had limited verbal communication and they understood how to provide the right level of support to each person.

External professionals who were involved with the service told us "In relation to direct work with service users, the care team are open to ideas and will use psychology and other multi-disciplinary team input to try and achieve the best results for people and where things do require a different approach, they have also been open to this". They said that these interventions were most effective and assisted people to maximise their daily life.

Staff training records showed that staff had received training in a range of subjects relevant to their role. This included first aid, food hygiene, safeguarding, medicines management, person centred values, mental health, challenging behaviour and de-escalation techniques. Staff told us the training was excellent and ongoing. They said that they were also able to ask for any training they felt would be useful and their requests were usually granted. We saw that care staff had been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ). We looked at a training evaluation matrix which held comments from staff as to their perceptions of the training and what value it held for them. Comments included "Well presented, knowledge much improved after today", "Very interesting, reinforced a lot of knowledge", "Very informative relaxed session" and "Intend to implement suggestions within my practice".

Staff told us and records showed that the home had nominated staff who were leads for various practices including dignity, tissue viability, infection control, activities and de- fibrillation. The home also had nominated first aiders and fire marshals.

We saw that the home had recently introduced the 'Recovery Star' into the home and had an in-house trainer and licence to practice. The 'Recovery Star' is designed for people to manage their mental health; full details of this are recorded in the responsive section of this report.

We saw that staff had a clear job description which identified what was expected of them. They told us that they were provided with one to one supervisions and performance reviews to identify strengths and weaknesses and to address any areas of concern. Regular supervision and competency checks were

undertaken by the manager to ensure that staff maintained a high standard of care delivery. Staff records identified that staff had bi monthly supervision, six monthly appraisals and regular unit and team meetings.

Prior to this inspection we were made aware of the death of one of the people using the service, which had been reported to the coroner. The circumstances of this led us to review what systems the provider had in place for overseeing and reviewing the work and care practice of agency nurses and care staff. The registered manager was able to demonstrate that robust systems were in place to induct new agency staff to the home and these had been further strengthened since the death that had been reported to the coroner. We were satisfied that permanent staff at the home monitored the work of agency staff and raised concerns about any practice issues appropriately.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

Forty six of the people who currently used the service were subject to a DoLS as they all had been assessed as lacking the capacity to consent to their care and support. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members we spoke with were clear about the rights afforded to people by this legislation and identified what procedure would need to be followed if there was a service user who lacked the mental capacity to maintain their own safety.

Staff told us they made sure people consented to their care and support before any support was provided. Some people had signed forms to show that they consented to their care and support, including being supported with their medicines and personal care. However, some of the people's needs meant they did not have the capacity to make decisions about some aspects of their care and were not able to give verbal or written consent. In such cases when people needed support to make specific decisions, we saw that 'best interest' meetings were held which involved all the relevant people and representatives in the person's life.

We found people's nutritional needs were met. The assessment on admission identified whether people had any issues which would affect their nutritional intake. For example, whether there were concerns with loss of appetite, swallowing difficulties and whether any special diet was required. Information about people's dietary needs was passed to the chef. We saw that people had been provided with a variety of nutritious food and drink. We met with the chef who told us that there was a varied menu available with plenty of choices. He said that food stocks were always plentiful. We observed that the food cupboards and fridges were well stocked with a variety of food, including fresh fruit and vegetables. We viewed the menu and noted that a good choice of food was available and people living in the home were able to view the meals prior to making a choice. A staff member told us "People have plenty of good food and they always get choices of what they want to eat, where they want to eat and what time they want to eat".

We observed people eating lunch in the dining room and saw that they were enjoying various meals of their choice. We also observed staff assisting people with their meals where necessary. This was done in a discreet and sensitive manner ensuring the person they were supporting was comfortable and enjoying food prepared in various ways to meet their nutritional needs.

People's weights were monitored on admission and at regular intervals during their stay at the service.

People who had experienced sustained weight loss or were at risk of malnutrition and dehydration were placed on food and fluid intake monitoring charts.

We noted that people had been supported to access other health care services, such as GPs, dentists, psychologists, physiotherapists, chiropodists and opticians when required. There was evidence that staff worked collaboratively with other professionals to ensure people's health care needs were being met to maintain their wellbeing. For example we saw staff holding a meeting with a local GP to discuss the general health care of people who lived in the home. Discussions with the GP identified that he held a weekly surgery at the home and met with staff and people who used the service to review any healthcare needs. The GP advised that he had found the staff of the home to be efficient and effective in identifying and dealing with any healthcare needs for the people who lived in the home.

The building presented as hygienic and welcoming and was free from any unpleasant smells. There was a range of communal rooms inside each unit and bedroom areas were equipped to suit the needs of each individual who resided at the service. We observed people in the lounge and dining areas of each unit and noted where necessary they had been provided with appropriate specialised seating to ensure their safety and comfort.

Good

Is the service caring?

Our findings

People told us "The staff are great", "They are a good bunch" and "They are sound".

Relatives of people who lived in the home were high in their praise of the staff and their caring attitude. Comments included "It's a very difficult job looking after (name). I tried to do it myself but could not manage the tantrums and difficult behaviour. These staff treat (name) so well. They are kind, respectful and deal with whatever mood (name) is in, in a very caring way. I cannot thank them enough" and "We are so pleased we found this place for our (relative). The staff are so kind and look after (name) so well, they have become like family to us".

People were treated with respect during all interactions with staff. We noted that staff gave people the time to respond and took their time and repeated or reworded what they had said to help engage with them. We observed staff interacting with people in a warm and caring manner asking them if they wanted anything to eat or drink, if they were comfortable and plumping their pillows if they were in bed. Staff communicated in a way that suited individuals. This included how and where they positioned themselves, words used and appropriate touch when needed. For example, responding to a person's kiss on the cheek or holding someone's hand. All interactions seen, and heard, were positive and staff responded to people with warmth.

We saw that staff ensured that people were able to express their views and feelings, either on a one to one basis or in a group so that they knew and understood things from their perspective.

Staff told us that they wanted people to feel cared for and not be unhappy in their surroundings. Comments included "I really do care for all the people who live here and try my best to make them feel loved and a part of the home", "I just love my job and try to make people feel cared for. We buy little things to put around the place which we feel are comforters" and "We know what makes people feel at ease. For instance (name) likes furry toy animals so we buy them, (name) likes dolls so they are always on hand and (name) just loves us sitting on the arm of their chair. It all makes people feel happy and cared for enough to enjoy their life".

Staff also told us that they used their listening and observational skills to really understand what people wanted and to enable them to make choices about their daily life. They said they encouraged people to make choices and to be as independent as possible including whether they wanted to be supported to have a wash, shower or bath and what clothes they wanted to wear.

We saw that staff protected people's privacy and dignity by ensuring personal care was provided in private. This included locking bathroom doors, knocking on doors before entering and waiting to be invited in.

Staff also showed that they understood how to maintain confidentiality. They told us they would not discuss people's care out of work or with people who were not directly involved with their care. Two staff spoken with asked us, prior to them providing information, if we had permission to look at people's care plans and discuss their care. This showed that they fully understood all aspects of confidentiality. We saw care records were held in locked cabinets and securely stored within the home.

We saw that where appropriate people had an advocate. An advocate is someone who can help people to access information and services, explore choices and options, promote rights and speak about issues that matter to the individual. Staff spoken with demonstrated full understanding of the role of an advocate. They told us that this encouraged people to remain autonomous. They said people had used an advocate in the past and records showed this had occurred. It demonstrated that staff were proactive in supporting people so that their views and opinions were constantly heard.

At the time of our inspection no end of life care plans were in place for people who lived in the home. However we saw records to show that end of life care had been in place in the past. Staff showed us the processes and resources available to individuals who required this specialist care. There would be regular assessment and reviews by nursing and medical staff and individual care plans, which would outline the end of life preferences of the person and their family. Staff had completed training so that if required people were provided with appropriate end of life care.

Good

Is the service responsive?

Our findings

People we spoke with were unable to tell us if they felt the service was responsive. However their relatives told us that they were more than happy with the way care and support had been planned for their family members. Comments included; "I am so pleased with the way the care is provided. We were assessed before (name) came here and I was so anxious that (name) would be given a place. Anyway we got told (name) could come here and we have never looked back. (Name) is much better now although this will be a place for the rest of his life" and "We know that (relative) is being looked after in the best way possible. Staff assess needs all the time and when things change, the care changes too. The illness is quite horrible and it is sad for us to see but we know (relative) could not be in a better place or cared for so well".

Records showed people's needs had been assessed prior to them using the service and care plans had been developed so that they received appropriate care and support. The care plans we looked at were person centred and showed that people's life history, hobbies and interests, how they communicated with others, their preferences, wishes and choices had been taken into account. We noted that they also held details in respect of nutrition, communication, personal care, mental health, emotional support and end of life wishes.

The registered manager told us that all care plans were in the process of being updated to ensure that they held consistent information about specific health conditions and detail more information about risk monitoring and prevention. We saw that wherever possible people had regular meetings with their keyworkers where they discussed all aspects of their care. The seven care plans we viewed held all the necessary information to ensure people's current and changing needs were addressed and met.

Staff told us they worked as a team and were able to provide consistent care and support. They said they were able to look at the care plans to identify any changing needs. They told us that daily handover meetings, diary records and staff meetings also assisted staff to undertake person centred care. One staff member said "All people's needs are different and we are able to provide the right amount of care and support to each person because the care is regularly reviewed and recorded".

The Mental Health Recovery Star had been recently introduced within the service. This is designed for adults managing their mental health and recovering from mental illness. We saw that all staff nurses were trained in the 'Recovery Star' which supports people to address ten key areas of their life: managing mental health, physical health and self-care, living skills, social networks, work relationships, addictive behaviour, responsibilities, identity, self-esteem and trust and hope. Staff told us this was working well and had made a good impact upon the service.

We saw that the home had employed a part-time psychologist and an occupational therapist to support staff on the units to enhance their skills and promote positive individualised care plans to ensure they were responsive to need.

The home employed an activities co-ordinator who was responsible for arranging activities and events for

all the people living in the home. We looked at the recent activities programme which had been arranged for October 2016 and noted there were varied daily events in place to include sing a longs, darts, cake and coffee morning, Blackpool trip, Halloween decoration making, odd sock day and cake decorating. We observed a sensory box activity during our visit and saw there were various textures within the locked boxes and various smells within bottles. People were putting their hands in the boxes and guessing what was in them. We noted that all the people participating in this event were having great fun. We saw records to show that people living in the home were supported by the activities co-ordinator wherever possible to pursue their hobbies and interests.

We saw that a complaints policy was available; a copy of which was on display in the reception area of the home and included timescales for investigation and proving a response. Contact details for the service provider and the Care Quality Commission were also included in the document. We viewed the complaints file and noted that the last complaint had been received in December 2015 and had been dealt with in line with the home's policy.

People living in the home and their relatives told us that they were aware of the complaints policy but had not had cause to use it. One person said "If I had a problem I would speak with the manager or a nurse and it would be quickly sorted".

Good

Is the service well-led?

Our findings

Relatives of people living in the home told us they felt the home was 'fabulous' and 'well managed'. Comments included "The atmosphere here is welcoming, we are never afraid to speak our mind, we get lots of feedback about the home, it's a fabulous place" and "My relative was somewhere else before here and it was not so good. We felt we were never listened to. What a difference it is here. We get information all the time; we feel welcome and a part of the home. The manager is always available, we are encouraged to speak our minds- what a nice place this is".

Staff told us that the registered manager was 'transparent, knowledgeable, honourable, supportive and a very nice person'. They told us that she had introduced a clear set of values into the home which had had a most positive effect. Staff said they felt supported, valued and empowered by her leadership. One person said "The home is a much better place now that Debbie is the manager. She cares about the people who live here and their relatives. She also cares about the staff".

The registered manager was able to provide all the documentation and information we required during the inspection. She also provided an updated action plan to show the changes she had recently implemented within the home. This included a revised statement of purpose, updated training plan and a computer programme to analyse accidents, incidents and falls.

Records showed that the home had registered colleagues as Icare Ambassadors. The registered manager told us that St. Mary's were members of the Warrington Icare Ambassadors Alliance. This is a partnership of the local authority, the local Collegiate, the local economic infrastructure organisation, Job Centre Plus and eight of the local social care employers. Records showed that their current input involved two staff members who visited colleges and schools to speak about their caring role. The registered manager said this partnership was about values driven professionals coming together to promote social care as a positive choice for employment, to improve the image of the service and to help the right people join the social care workforce.

The registered manager was supported by the regional manager via monthly meetings and frequent visits. Additionally we saw records to show the registered provider was very involved and easily accessible. We met with one of the directors during the inspection and he demonstrated his knowledge of the policies and procedures of the home and his commitment to ensuring the home was well staffed and maintained.

Records showed that daily, weekly and monthly audits were undertaken by the registered manager in areas such as complaints, staffing levels, safeguarding, accidents/incidents, medication, staff supervision and training, health and safety, infection control and care planning and review.

We saw that the lead nurse on each unit was responsible for providing weekly reports on issues such as pressure sores, hospital admissions, admissions to each unit and discharges, the use of agency staff, falls and the use of restrictive practice. Restrictive practice is the use of diversion and distraction techniques when managing behaviour which may challenge. The register manager would then identify and address any

areas of concern.

Staff told us and records showed that team meetings were held where a variety of issues were discussed. Staff said they were encouraged to discuss any ideas they may have for the development of the service.

We saw that resident and relatives' meetings took place monthly on each unit. However records indicated that they were not very well attended.

A resident and relatives' survey was undertaken in December 2015 by way of questionnaires being provided to each person. Out of the 63 provided only 37 were returned but most of them held positive comments about the staff and services provided. The registered manager told us that she constantly strived to achieve and maintain excellence across all aspects of the service and as a consequence all feedback was analysed and any necessary improvements were implemented. We noted the home were involved in Investors in People and the registered manager told us that in order to support this commitment formal feedback on the survey was given to all staff. They were then given the opportunity to advise if they could become involved in any way to improve the service. Feedback was also given to the people who used the service and their relatives to ensure they were kept fully informed. Investors in People defines what it takes to lead, support and manage people well for sustainable results.