

Visionary Care Ltd

St Mary's

Inspection report

St. Marys Court
Scunthorpe
DN15 8UP

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Mary's is a residential care home providing personal and nursing care for up to 47 people. The service provides support to people with dementia, mental health, older people and younger adults. At the time of our inspection there were 40 people using the service in one adapted building.

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

People did not have their risks managed effectively. Care plans and risk assessments were not always up to date and reflective of people's current needs.

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. Consent to care and treatment and best interest decisions did not always follow the principles of the Mental Capacity Act 2005. Staff were unclear of their responsibilities under MCA. Relatives were not always involved in best interest decisions.

Governance systems were not reliable or effective. Systems were not regularly reviewed, and risks were not always identified and managed. Investigations were not always completed and there was little evidence of learning from accidents and incidents.

Staff did not always listen to people or act on their concerns about safety. Staff lacked some knowledge and understanding on how to respond and report a safeguarding incident. We have made a recommendation about safeguarding.

Staff did not always have time or availability to offer any meaningful engagement. We have made a recommendation about staffing levels.

Staff supervision and appraisals were not consistent and did not support staff to maintain their knowledge of best practice. We have made a recommendation about supervisions and appraisals to support staff development.

People were not always involved in decisions about their care. People's care needs were not regularly reviewed. Care plans were out of date and did not give enough guidance to staff on their current care, treatment and support needs. People were not supported to engage in person centred activities to help them maintain hobbies and interests.

People felt supported and told us staff cared about them. People were treated with dignity, respect and kindness. Relatives told us they were not always involved in decisions about people's care.

Medicines were managed consistently and safely and people who administered medications were

appropriately trained. Appropriate recruitment checks were carried out as standard practice.

People had choice and access to enough food and drink throughout the day. Mealtimes were not rushed, and people were supported with their meals where required.

Complaints were investigated and recommendations were followed in an action plan. People's end of life wishes were not always recorded.

Staff have access to and followed clear policies and procedures on infection control that meet current and relevant national guidance.

For more details, please see the full report which is on the Care Quality Commission website at <http://www.cqc.org.uk>

Rating at last inspection

This service was registered with us on 06 April 2021 and this is the first inspection.

The last rating for the service under the previous provider was good (published on 21 March 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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, effective and well led sections of this full report.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to the principles of the Mental Capacity Act 2005, safety and quality of the service and the overall leadership and management of the service.

You can see what action we have asked the provider to take at the end of this full report.

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 requires improvement	Requires Improvement ●
Is the service effective? The service requires improvement	Requires Improvement ●
Is the service caring? The service was good	Good ●
Is the service responsive? The service was requires improvement	Requires Improvement ●
Is the service well-led? The service requires improvement	Requires Improvement ●

St Mary's

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, a medicines inspector and an Expert by Experience. An Expert by Experience also spoke to relatives by telephone the following day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

St Mary's 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 is a care home without nursing care. 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 a registered manager in post.

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service. 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 spoke with seven people who used the service and 17 relatives to ask about their experience of the care provided. We also spoke with the registered manager, the deputy manager, six members of staff and three professionals. We looked at eight care files along with a range of medication administration records (MAR). We looked at other records relating to the management of the service including recruitment, staff training, supervision and systems for monitoring quality. 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.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Risks associated with people's care had not always been managed effectively.
- People who had been identified as a risk of falls did not always have an updated care plan or risk assessment in place that provided staff with clear guidance on how to support people and reduce the risk of further falls. One person had suffered multiple injuries as a result of falls; however, this was not reflected in their care plan.
- Care records were not kept up to date to reflect people's current needs. Some care plans did not include what action staff should take to mitigate risks. For example, one person who presented with challenging behaviour did not have a care plan that identified any past risks and there was no risk assessment in place to support staff to manage and reduce the risks.
- People's risks were not managed after they were identified in assessments. Two people had been identified as medium risk of choking. There was no care plan or risk assessment in place to reduce this risk or give staff any guidance if a choking episode occurred.

Risks associated with people's care were not always managed effectively. Although we found no evidence people had been harmed, this was a breach of regulation 12(Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager responded immediately after the inspection and developed an action plan to address our concerns, including updating risk assessments.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding training had not been completed by all staff. Staff lacked knowledge on how to recognise and respond to safeguarding concerns.
- Safeguarding concerns had not always been reported appropriately.

We recommend the provider reviews their systems and processes for the delivery of safeguarding training and the reporting of concerns and updates its practices accordingly.

- Although the registered manager had a system in place to report safeguarding concerns, further work was needed to ensure this was effective.
- People and their relatives felt the service was safe. Their feedback included "Yes, I feel safe", "I am happy here. they [staff] are very kind" and "I think she is safe; she seems happy enough".
- There was limited evidence of learning when things went wrong or any action taken to improve safety.

- The registered manager was responsive to our feedback during the inspection and began making improvements in this area.

Staffing and recruitment

- The registered manager used a dependency tool to determine appropriate staffing levels. However, relatives told us staff levels were not sufficient. Comments included, "There is not enough staff, people are wandering around and there is no one to watch them" and "[Person's name] doesn't get a shower every day and they (staff) tell me it is because they are short staffed." Staff told us, "we are really rushed" and "everything gets done, we just don't have time to speak to them [people]".

We recommend the provider reviews their systems and processes for managing staffing levels and updates their practices accordingly.

- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered employment.

Using medicines safely

- Medicines were safely received, stored, administered and returned to pharmacy when they were no longer required. People received their medicines as required.
- Staff who supported people with their medicines were appropriately trained. Regular checks of practice were carried out to ensure they were following the correct procedures.

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 somewhat 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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks 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.

Visiting in care homes

- The provider had systems in place to support people to have visits from family and friends. This included providing PPE and a booking system.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 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. 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 authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met.

- Principles of the MCA were not followed.
- Best interest decisions had been made without the involvement of relevant external professionals and families around important decisions that people could not give informed consent to.
- Staff were not aware of who was subject to DoLS and assumed everyone was restricted from leaving the care home.
- Records did not show that all reasonable and practical steps had been taken to help people make decisions. For example, delaying a capacity assessment to a more suitable time if someone had fluctuating capacity.

The provider had not followed the principles of the MCA (2005). This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately after the inspection and developed an action plan to address our concerns. Further staff training is being sought around the MCA (2005).

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

- Care plans and risk assessments were not regularly reviewed to ensure people were receiving care that met their needs. One person's positive behaviour support plan had not been reviewed and did not give staff any guidance on how to manage and reduce behaviours.
- People or their relatives were not given relevant information and support when they needed it to make

sure they understood the choices available to them. Relatives told us "They don't tell us about any changes in her care", "We don't feel informed or involved so how can we support her" and "I am not involved in any discussion about [person's name] care."

Staff support: induction, training, skills and experience

- Not all training was up to date, we received mixed feedback with regards to staff's skills and knowledge. Most relatives we spoke with told us they felt staff were suitable skilled and knowledgeable. One relative told us "Yes, I think they are well trained," however, a few relatives felt skills and knowledge were lacking, one relative told us "they just don't get how important it is that she keeps her appointments."
- Staff knew people well and told us they felt supported by the registered manager. However, not all staff training, supervisions and appraisals were up to date in line with the providers policy.

We recommend the provider reviews their systems for supervision and appraisals to support the continuing development of staff and ensuring high quality care.

- The provider had an induction programme in place that prepared new staff for their role. Staff told us they worked supervised for a period of time to gain the skills and confidence for their role.

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

- People were supported to access a choice of food and drink that met their dietary needs and wishes.
- People were observed to be receiving suitable support to eat and drink. Mealtimes were a pleasant experience with caring and supportive interactions observed from staff.
- People had access to regular snacks and drinks throughout the day. People told us, "They [staff] come around with cups of teas and biscuits" and "They come with tea and coffee at regular intervals."

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- Staff liaised with specialist community professionals to ensure they received detailed information about how to support people with their specific needs. A community psychiatric nurse visited the service on the day of inspection to support staff to manage a person with mental health needs.
- The environment required some minor decorating and maintenance work. In one room the radiator cover was hanging off, scaling around the taps required removing and paint was chipped across skirting boards.
- The environment was suitable adapted to meet people's needs. People had access to equipment to support them to move around the service. There was plenty of communal space and bedrooms were personalised.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and families were supported to express their views when making decisions around care and treatment. One person requested only a female carer and this was respected by the managers and actioned.
- Staff knew the importance of encouraging people to make decisions. One explained, "I give them a choice, someone might want a shower in a morning, yet someone else might prefer it on a night, if that is how they like something done, then that is how we do it."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff promoted equality and diversity. Staff had received training in equality and diversity and were able to explain what this meant for people.
- People received kind and compassionate care. We observed warm interactions between people and staff. People and their relatives told us staff were kind and caring. Comments included, "the staff are all very friendly" and "the carers are good, if they have time, they will have a chat with you". A relative told us, "they (staff) are caring and polite, nothing is too much trouble".
- Conversations between people and staff were mainly positive and caring.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy, dignity and independence. Staff told us, "We would always make sure doors and curtains are closed if we were supporting someone's personal care" and "even something as simple as asking them (people) what they want to wear, promotes their independence."
- Staff were observed during the inspection to be knocking on people's bedroom and bathroom doors before entering. Staff told us, "We always knock before we go into someone's room."
- People were supported to maintain and develop relationships with those close to them. People have access to family and friends and visitors to the building were made to feel welcome.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always receive person centred care. Care plans covered people's physical, social and emotional support needs; however, these were not always up to date and reviewed when people's needs changed.
- People's care plans did not consistently contain detailed information about people's likes, dislikes, interest and personal histories, although staff were knowledgeable about people.
- People and their families were not asked their views on the choice of care and treatment and how it could meet their needs. Relatives told us, "[Person's name] has just had a medication review and I knew nothing of it" and "They don't generally talk to me about [Person's name] care planning."

Failure to maintain complete, accurate and contemporaneous records is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately after the inspection and produced an action plan to address concerns about involving people and their families in care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's activity records did not always identify people's preferred activities or interests.
- Not all people could take part in the activities on offer. Some people in the service did not know activities were taking place and told us, "I would have gone, I like skittles, but I did not know it was happening." Staff told us "People don't have enough to do."
- People were supported to maintain contact with family and friends. This included phone calls, video calls and visits.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information about people's communication needs was recorded in their care file.
- Staff provided information in a way people could understand and in their preferred way

Improving care quality in response to complaints or concerns

- People and their relatives knew who to complain to if they had a complaint. People told us, "I tell them [staff] and they sort it for me" and "I would talk to the staff if I had a problem." Not everyone knew they could raise a formal complaint with the registered manager. Relatives told us, "You never see the registered manager, so you have to complain to the carers."
- A record of all complaints was maintained; these were investigated, and action taken where failures had been identified.

End of life care and support

- End of life wishes had not always been discussed with people and not everyone had an end of life care plan that described their wishes.
- Staff had received end of life training and understood what end of life care should involve.

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.

This is the first inspection for this newly registered service. This key question has been rated as 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 registered manager did not have an effective audit and governance system in place to assess, monitor and improve the quality and safety of the service.
- Records were not always accurate, up to date or contain relevant information. The auditing systems in place had failed to recognise this.
- The governance framework did not promote continuous learning to improve the service. They had failed to identify the concerns and shortfalls found at this inspection.
- The registered manager was not able to establish how lessons had been learned from incidents and how investigations had been used to drive quality and improve outcomes for people.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed action was being taken to address the quality of governance systems.

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

- Staff are not clear about what they need to do to improve, people, families and staff are not always told about incidents or how the service has responded to them.
- Some people who used the service and their relatives said they had not met the registered manager. Comments included "I don't know the manager", "I have had no communication with the manager" and "I have not met the manager but she was helpful when I spoke to her on the phone."
- Staff told us morale in the home was good and they worked together well. They told us, the manager was "approachable and fair."

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 provider demonstrated an open and transparent approach and understood their responsibilities under the duty of candour.
- The registered manager was aware of their obligations for submitting notifications to CQC, as required by

law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were not asked about their views or their experience of care delivered. This meant the provider was not able to use information to establish improvements in quality and care
- Staff told us they do not attend regular team meetings; however, they told us regular informal meetings took place where they were able to raise any issues. Staff told us they felt supported and listened to by the registered manager.

The provider responded immediately during and after the inspection. They confirmed action was being taken to address receiving feedback from people, relatives, staff and professionals.

Working in partnership with others

- We saw evidence the management team were working in partnership with community professionals and organisations to meet people's needs.
- Two healthcare professionals spoken with told us they worked closely with staff at the home to provide effective care for people.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent to care and treatment and best interest decisions did not follow the principles of the Mental Capacity Act 2005
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's risks were not managed effectively and did not reflect people's current needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not regularly reviewed and risk were not always identified and managed.