

# Carewell (Health Care) Limited

# St Mary's Care Home

## Inspection report

Church Chare  
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Tel: 01913890566

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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 Care Home provides accommodation for up to 54 people with residential and nursing care needs. At the time of the inspection, 35 people were using the service.

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

At the previous inspection, we made two recommendations. These were to improve the environment for people living with dementia and to review planned activities. Not enough improvement had been made in these areas at this inspection. Improvements were needed to make the environment more suitable for people living with dementia. There was a lack of planned, person-centred activities. Activities records were inconsistently completed and people told us there wasn't a lot to do.

People and family members told us the service was safe. Risks were well managed and the provider learned from previous accidents and incidents to reduce future risks. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment procedure and carried out relevant checks when they employed staff. Staff were suitably trained but supervisions and appraisals were inconsistently carried out.

The home was clean and appropriate health and safety checks had been carried out.

People were effectively supported with their dietary and healthcare needs. One person who had been admitted with pressure damage did not have a skin integrity care plan in place and the body map contradicted the written record. The nurse on duty corrected this during our visit.

Staff treated people with dignity and respect. They helped to maintain people's independence by encouraging them to care for themselves where possible.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider had a complaints policy and procedure and people were aware of how to make a complaint. People, family members and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 9 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified two breaches in relation to lack of improvements made at the service following the last inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive 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 Care 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 Care Act 2014.

#### Inspection team

One inspector, a specialist advisor in nursing and an Expert by Experience formed the inspection team. 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 Care 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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 also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with nine people who used the service and seven family members about their experience of the care provided. We spoke with the registered manager, regional manager, five members of staff and a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and family members told us the service was safe. Comments included, "I've always felt safe in this home" and "The staff are never very far away from you and visit my room regularly to ask me if I'm alright."
- The registered manager and staff understood safeguarding procedures and had followed them. Staff had been appropriately trained in how to protect people from the risk of abuse and were aware of the provider's whistleblowing policy.

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

- Staff safely managed any accidents and incidents. A family member told us, "My [relative] had a fall in the home and banged their head. The staff weren't present when this happened, but they dealt with this in a very professional way. So much so that I don't think any hospital could do any better."
- The provider learned from accidents and incidents. Where necessary, changes were made to reduce the risk of them reoccurring.
- Risks were well managed. Staff understood potential risks and how to mitigate them.
- Regular checks of the premises and equipment were carried out to ensure people lived in a safe environment.

Staffing and recruitment

- The provider had an effective recruitment procedure in place. They carried out relevant security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people.

Using medicines safely

- Medicines were safely stored and administered. Appropriate policies and procedures were in place for the management, storage, administration and disposal of medicines.

Preventing and controlling infection

- The home was clean and regular infection control audits were carried out. A family member told us, "[The home] is kept immaculate and smells nice."

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- At the previous inspection, we recommended the provider reviewed the environment in the home to make it more suitable for people living with dementia. At this inspection, we found there had not been any improvements made to the environment.
- Signage was in place on doors for most of the communal areas however one upstairs bathroom and lounge did not have any signage to indicate what the rooms were. There was no signage in the home to help people find their way around the home easily.
- All of the doors in the home were the same colour. People's bedroom doors only had a very small brass number to identify them. None of the bedroom doors had been personalised with people's names, photographs or large numbers to make it easier for people living with dementia to recognise.
- During the inspection, the regional manager spoke with the provider and told us new doors and signage had been ordered and would be installed in January 2020.

Not enough improvement had been made to the environment for people living with dementia following the recommendation made at the last inspection. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a refurbishment action plan in place. Refurbishment of the communal bathrooms was taking place at the time of our inspection visit.

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

- People's needs were assessed before they started using the service to ensure their individual needs could be met.

Staff support: induction, training, skills and experience

- Although some staff supervisions and appraisals had taken place, these were not consistently carried out. The registered manager agreed and told us they would create a matrix to help them monitor and record when supervisions and appraisals were due.
- New staff completed an induction to the service and were appropriately trained. Staff told us they felt supported and had received sufficient training for their role. A family member told us, "The staff are really fantastic with my [relative]."

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



- People were supported with their dietary needs. Care records described people's individual needs and preferences. Guidance from healthcare specialists, such as speech and language therapists and dietitians, was documented and followed by staff.
- People were generally complimentary about the quality of the food. Comments included, "The meals are good and staff are always very caring about offering a second choice if you don't like anything" and "My [relative] likes the food he gets here."

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

- People were supported with their healthcare needs, including assessments and reviews of their oral health.
- People had timely access to healthcare professionals when required.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. The registered manager and staff were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and family members told us staff were kind, considerate and treated them with respect. Comments included, "[Staff] are always friendly and caring" and "The staff are very caring to me and always show dedication."
- None of the people using the service at the time of the inspection had specific religious or spiritual needs. However, there were regular visits from representatives from local churches to carry out services for those who wanted to attend.

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

- Staff included people in the care planning process. People's preferences and choices were clearly documented in their care records.
- Some of the people using the service at the time of our inspection had independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We observed staff knocking on bedroom doors before entering. One person told us, "I've had no issues around confidentiality and dignity."
- Staff supported people to remain as independent as possible. Some people accessed the local community independently. One person told us, "Staff promote my independence very well."
- We observed staff supporting people who required assistance in a calm and unhurried manner.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- At the last inspection, we found people were not given opportunities to participate in planned activities that were meaningful to them. We recommended the provider reviewed the activities in the home to ensure individual interests were addressed and people were provided with a stimulus. At this inspection, we found there had not been any improvements made.
- People and family members commented on the lack of activities in the home. Comments included, "We've only had one day out to a garden centre in over a year now" and "There's not a lot to do here and I think you can easily get bored."
- We did not observe any meaningful activities taking place in the home during our visit. On several occasions we observed staff congregating in small groups in the lounge but they did not engage with people.
- People's individual activity records were inconsistently completed. Some had not been updated for over a month. The registered manager agreed they needed to promote activities better and record what had taken place.

Not enough improvement had been made to the provision of planned, person-centred activities following the recommendation made at the last inspection. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care records were regularly reviewed and up to date. They were person-centred and written to meet people's individual needs.
- One person who had been admitted with pressure damage did not have a skin integrity care plan in place. A body map had been completed but contradicted the written record. The nurse on duty completed the care plan and corrected the body map during our inspection visit.
- Specific support plans were put in place for people's end of life care needs when required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand. Staff were knowledgeable about people's

individual needs. We observed them communicating with people in a calm and unhurried manner.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People and family members told us they did not have any complaints but were aware of how to make a complaint.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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 provider and management team carried out audits to monitor the quality of the service. However, these had not addressed the issues identified in this report including the two recommendations from the last inspection.

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

- Apart from comments about lack of activities, people and family members spoke positively about the service. Comments included, "I would say this home is nice with very pleasant staff" and "The [registered] manager has been thorough and very approachable."
- People were able to feed back on the quality of the service. Regular residents' and relatives' meetings took place and annual questionnaires were sent to people and family members.

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 acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents. They kept people and family members up to date.

Continuous learning and improving care; Working in partnership with others

- The service worked with other health and social care professionals, such as the local authority and clinical commissioning group. They provided placements for student nurses from a local university.
- The service had good links with the local community including churches, schools and visits from nursery school children.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider had failed to improve the provision of planned, person-centred activities following the recommendation made at the last inspection.
Treatment of disease, disorder or injury	

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The provider had failed to improve the environment for people living with dementia following the recommendation made at the last inspection.
Treatment of disease, disorder or injury	