

Improving Prospects Ltd

St Mary's Residential Care Home

Inspection report

6 Manor Road
Fishponds
Bristol
BS16 2JD

Tel: 01179020824
Website: www.manorcommunity.co.uk

Date of inspection visit:
07 February 2020
21 February 2020

Date of publication:
04 June 2020

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

About the service

St Mary's is a residential care home providing personal care to three people with learning disabilities and/or autism. The service can support up to four people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received care and support from staff who were kind, empathetic and respectful. Staff took the time to get to know people well and understand their preferences and wishes. The service strongly promoted equality and diversity and we saw many examples of this. Staff used different methods to support people to express their views and make choices about their care, depending on how people communicated and what worked best for them. People's care promoted their privacy, dignity and independence.

The positivity and 'can do' attitude of the staff helped to enhance people's quality of life. People were encouraged to live full and active lives and achieve their goals. Staff were positive about working in the service and received good training and support to fulfil their roles. Their performance and development needs were monitored.

Staff took a positive approach to risks where they would enhance people's lives. The service's vision and values were person-centred to make sure people were at the heart of the service. People's wishes and preferences, no matter how small were acted upon to make their lives happier.

Systems were in place to safeguard people from abuse. Staff had received safeguarding training. A person-centred approach was taken in relation to medicines management. People were cared for by a consistent and stable staff team who knew people well.

The service was safe and risks to people were managed well. There were enough staff employed to help keep people safe and to meet their needs. Recruitment practices were safe and relevant checks were completed before staff started work at the service.

The service was effective in meeting people's needs. Staff received regular supervision and support. The annual training programme equipped staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of the support they required. People were supported to

maintain a healthy, balanced diet and their preferences were respected.

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

The service was well led. Care was person centred in nature and people were encouraged to play an active part in planning their own support. There was an open and transparent culture where people felt able to raise any issues or concerns and could be confident, they would be listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Outstanding (published 9 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our well-Led findings below.

Good ●

St Mary's Residential 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

The inspection was carried out by one inspector

Service and service type

St Marys residential care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 on the first day. The second day was announced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed any information we held about the service such as notifications. Notifications are information

about specific events, the provider is required to send us by law.

During the inspection-

We carried out observations of staff interacting with people and we spoke with two people who used the service. We reviewed care records for three people. The inspector spoke to three care staff and senior members of staff including the registered manager (also area manager), nominated individual, training coordinator and the deputy manager.

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.

Using medicines safely

- Medicines were managed safely, and people received their medicines when they should.
- We observed medicines being administered at lunch time and saw good practice was followed. People were sensitively assisted as required and medicines were signed for on MAR Sheets after they had been administered.
- The management team conducted regular audits of medicines to ensure any concerns were identified and addressed.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding adults and knew the processes to follow if they had any concerns. All felt confident about reporting any issues or concerns.
- People told us they felt safe and it was evident they were comfortable with staff, sharing good humour and conversing about their day.

Assessing risk, safety monitoring and management

- There were individual risk assessments in place to guide staff in providing safe care and support. These were reviewed regularly so that they were up to date and reflected people's current needs.
- We saw that fire equipment and alarms were checked regularly. We also saw records to show that fire drills were carried out with people in the home.
- Legionella checks were carried out to ensure the safety of the water supply.

Staffing and recruitment

- The provider had safe recruitment procedures in place when employing new staff and were winners of 'Best recruitment initiative' from Skills for Care on a national level. This was for the way they ensured staff had understood the values involved in being a good carer and involving people who use the service in the recruitment.
- People were cared for by a consistent and stable staff team.
- There were sufficient staff to ensure that people were supported to attend activities and appointments they wished to.

Preventing and controlling infection

- The service was clean and free from odour.
- There were policies and procedures in place to support staff in preventing cross infection.

Learning lessons when things go wrong

- A robust system remained in place to ensure that any accidents and incidents were documented and reviewed by senior management for trends

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to admission. Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which led to good outcomes for people.
- People and staff told us they were involved in the assessments and were supported and empowered to make choices about their care. One person said, "Staff took time to find out about me and what I needed".
- People were supported to access a range of health professionals to enable them to live healthier lives. This included access to: GP, physiotherapist, occupational therapist, dietitian and speech and language therapist (SALT).
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.
- Care plans clearly specified people's support needs in case of a sudden deterioration in their health and staff were able to generate a 'hospital pack'. This could be printed off in an emergency and go with the person to hospital. This included information about their medication they were prescribed and daily support needs including how a person communicates.

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

- People were supported with eating and drinking in accordance with their own needs and preferences. Staff told us about one person after a recent trip to the GP, they had been advised they needed to maintain a low sugar diet. They discussed with the person how they would need to make sure they bought the right foods when they did their shopping. Staff told us they used pictures of positive food choices.
- People were involved in discussions about what they wanted on the menu.
- Care records highlighted where risks with eating and drinking had been identified. Staff were aware of people's dietary needs and had the knowledge and skills to support people to eat a varied and balanced diet, which met their needs and preferences.

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.

- Where people did not have capacity to make decisions, they 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 home supported this practice.
- Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.
- We saw capacity assessments were in place for people if there were concerns about their ability to understand more complex decisions such as finances. Best interest decisions involved relevant professionals and family members where possible.
- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.

Staff support: induction, training, skills and experience:

- Staff received a structured and supportive induction and ongoing training and opportunities to discuss their work, training and development needs. Staff told us how the registered manager supported and encouraged staff to grow and develop in their roles by providing support and additional training.
- Supervision was a combination of face to face discussion and observations. Staff were encouraged to discuss any areas of interest and build on these.
- We met two staff who had undertaken National Vocational Qualifications that supported development in their role.
- There was effective induction and ongoing training, including bespoke training centred around people's specific and individual needs. The providers training had been recognised and awarded 'The Care Trainer Award' from Skills For Care as National Finalist 2018. They have continued to develop a learning system, "Sharepoint", for both carers and families to share information and good practice.
- The provider, Improving Prospects, provided a wide range of quality face to face training and e-learning courses for all their staff. This helped raise the awareness of good practice for all staff involved with the service.

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

- The home was suited to the needs of people living there. People had their own private bedroom, which was comfortable, warm and clean. They had personalised them with ornaments, pictures, soft furnishings and photographs. There was also a lounge area for people to socialise in if they wished to do so.
- The home was situated in a residential area, close to local amenities

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 outstanding. At this inspection 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.

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

- There was a strong person-centred approach threaded through the service. People displayed obvious strong bonds with staff who truly valued and respected them as individuals. Staff showed sincere empathy and a genuine passion and commitment to caring for people. They appreciated people's differing complex needs and acted in a careful and considerate way to ensure people's wishes and choices were always fully respected. One person said, "I like the staff who help me. They treat me well. When I lived in my own flat, I was always scared and lonely. But here they talk to me and always there for me especially if I have a seizure. Very reassuring."
- Staff were kind and compassionate. They were motivated and driven to provide exceptional care by the senior management team who led by example.
- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were always treated with respect and felt comfortable in the care of staff supporting them.

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

- Staff empowered people to express their views and opinions. Staff listened to people's needs and supported them to make decisions in ways that suited them. In some cases, staff often acted as advocates for people or sought information, support and advocacy from external services to help people make important decisions.
- The service ensured those with complex emotional, physical and communication needs were kept fully involved and engaged, demonstrating an excellent approach to equality. For example, routines, gestures and nonverbal cue were documented and followed to ensure no distress was caused to the person.

Respecting and promoting people's privacy, dignity and independence

- Staff were committed and determined in finding ways to help people learn about and understand aspects of daily life which would enable them to have more independence. For example, one person had limited concept of money. Staff had worked with the person and devised a budget of the person's financial commitments for each week. They told us "I like going to [café] sometimes, but it's expensive, I have to save money for my holiday."
- Staff were passionate and encouraged people and supported them with things that were important to them. One person was supported by staff to church meetings. The staff were also working hard to make a trip to Disneyland a reality for another individual who loved Disney characters. The registered manager told us, "We are leaving no stone unturned to make this a reality for [Person]. I can't wait to see their face light up

when they see Minnie."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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 supported by communication strategies that were tailored to meet their needs, in line with the Accessible Information Standard. Easy read documents were available covering the pictorial care and activity plans, complaints procedure, sex and relationships and being active and healthy. These were designed in a way that the person could understand and contribute.
- Each person also had an individualised communication profile that detailed how they would respond to verbal requests.

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

- Staff maintained individualised and person-centred care records which reflected people's needs. Staff were able to describe people's individualised needs and how these were met."
- People were fully enabled to make choices about the activities they participated in. Each person had their own activity planner, that recognised and effectively responded to people's needs and choices. The activity planners were person centred and individualised, each planner covering different areas in a person's life to support their overall well-being.
- Staff told us of a person who has become more independent than when they had arrived. The person chooses which café and pub to go to. They carry a mobile phone while in the community to keep in contact with staff or to use if there is a concern. People were supported to attend many adapted activities based on their physical and learning needs.
- Where people were interested in voluntary or employment opportunities, the provider supported them to access these. One person attended a local church and helped to serve teas. The person told us, "It's my job, it gives me something to do."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was shared with people when they started using the service. People told us they knew how to raise concerns and were confident any complaints would be listened to and acted upon in an open and transparent way.
- The service had captured many compliments from relatives and professional visitors about the care provided at St Marys Residential Care Home. A relative said, "Thank you for taking [Person] to the hospital, it

was a very big job to keep [Person] happy and stop [Person] being frightened. I am very grateful."

End of life care and support

- The registered manager and staff had arrangements for supporting people to discuss their end of life wishes, people had been given the opportunity to share their wishes. People's end of life had been recorded in their care plans. Staff had received training to support people towards the end of their life.

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 Outstanding. At this inspection this key question is now rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted an inclusive culture with a clear vision and values. These were focused on empowerment and equality of opportunity. This included focusing on what people were able to do, rather than just seeing the limitations imposed on them by their disabilities.
- For example, staff supported a person who explore their sexuality and to gain an awareness of forming safe relationships. Staff said "We are not judgemental we just support people how we would like to be supported. This showed they valued people for who they were rather than simply seeing their disabilities and needs.
- Staff told us they remained very confident in the leadership of the registered manager. Comments included, "She is not just my manager, she is a friend when she needs to", " She leads by example and always encouraging us to do better for ourselves, I have now managed to complete NVQ3 and I am very proud of that" and "I feel a vital member of the team, my opinion matters. This makes me feel empowered and makes me want to do even more."
- Staff knew people and their backgrounds well, which enabled positive relationships to develop and contributed towards good outcomes for people. Care plans were highly person centred and instructed staff how to support the people without focusing on their conditions in a way that highlighted their disability.
- The registered manager and provider had planned ahead with contingency plans in regard to how the home would manage the impact of Covid 19 on staff and the people living at the service. This focused for example on issues in relation to staffing, ensuring they had PPE and trained people using the service on hand hygiene. There were Corona stations in parts of the house which were accessible along with easy read information and posters. Staff discussed the Covid-19 with the residents and emphasised need for good hygiene.

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 held a group meeting for service managers where they discussed things that had gone wrong and how they would use learning from these incidents to improve services and prevent things from going wrong again. They used an App on hand held devices to share their findings with staff to ensure the received and acted on information in a timely manner.
- Staff were clear about their roles and responsibilities. The registered manager had submitted the required statutory notifications to CQC.

- A range of audits and checks were carried out to monitor the quality and safety of the service. Timely action was taken if any shortfalls were identified.
- The registered manager understood their responsibilities in relation to the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and senior staff within the organisation received leadership training to ensure they understood their roles and to equip them with the skills they needed to manage and lead. This included training on how to deliver a service that was truly person-centred.
- Staff worked together well and understood their roles. All staff we spoke to indicated they were happy with teamwork, morale and the clarity of their roles.
- Care records were complete and of high quality because staff understood why this was important.
- Managers' meetings were used to discuss quality performance and what evidence there was to show they were delivering care in line with best practice and producing the best possible outcomes for people.

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

- The provider supported people to feel included and valued in their community. For example, our inspection took place shortly after a general election and we saw accessible information telling people what this meant and how to vote. One person at the service had exercised their right to vote, they had been given the support they needed to understand their voting rights.
- Staff also had opportunities to feed back as part of monthly team meetings and supervision. Staff told us they were proud of the work they did and that the team was very committed.

Continuous learning and improving care

- The provider had robust systems to monitor service quality and identify any problems. The operations manager told us they were able to do some of this remotely and could check whether tasks had been completed, such as annual reviews of people's care. The provider also carried out regular visits to the service to check the safety and quality of the care people received, and the registered manager carried out checks to monitor the service on a day-to-day basis. Action plans showed that the checks and audits were effective in identifying areas for improvement and addressing shortfalls promptly.
- There were regular reviews of people's care plans to check their quality. This included completeness and clarity of care records, whether care plans were detailed enough to provide truly person-centred care and how they could be improved.
- The registered manager told us about their plans for improving the service. They regularly consulted people and staff about what was working well and what was not going so well, so they could use the information to improve the service.

Working in partnership with others

- The home worked in partnership with other organisations to ensure they followed current practice and provided a high-quality service. They strived to achieve excellence. The registered manager worked closely with the local authority and other providers to share good practice. They attended regular forum meeting for registered managers with the local authority. At one of the meetings the provider shared with other providers about Hate Crime awareness and how people who use services could be supported.
- The provider worked with others such as healthcare and social work professionals to make sure people who used the service had equal opportunities.
- The provider had been finalist in the Great British Care Award South West 2018.

