

Qualia Care Limited

St Marys Nursing Home

Inspection report

St Marys Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Marys Nursing Home is a care home providing accommodation, personal and nursing care and the treatment of disease, disorder and injury to 49 older and younger people, people living with dementia, mental health, physical disability and sensory impairment at the time of the inspection. The service can support up to 74 people.

The home is purpose built and provides care across three floors (named St Mary's, St Alexius and St Joseph's), in the suburb of Moston in Greater Manchester.

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

Improvements had been made to the management and oversight of infection control processes and the home was clean and staff were wearing the appropriate PPE to keep them and others safe. Risks to people had been assessed with mitigation in place to reduce risk occurring.

Staff were aware of the risks people presented. Recruitment processes were in place; however, we made a recommendation that the provider ensures references are sought from the new employees' previous employment or education setting. Where references cannot be obtained, the provider should always keep an audit trail of where they have attempted to gain a reference from and ensure they check the authenticity of the referee.

The provider ensured the home met all health and safety requirements. People felt safe living at the home and there were safeguarding processes in place to follow when concerns were raised.

Improvements had been made to the décor of the home and the home was accessible for people with varying levels of mobility and needs. Assessments of people's needs were completed before they moved into the home and staff were able to read these and understand how people preferred to be cared for. People had their health and social care needs met in a timely manner and people were supported to eat and drink a diet suitable to their requirements.

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. Staff received regular supervision and training.

The provider had implemented a number of audits to monitor and improve the home and the registered manager had delegated role and responsibilities to staff and staff knew what was expected of them. The head of care and nursing completed a monthly governance review to ensure audits were embedded and highlighted improvements. People, their relatives and staff spoke positively of the registered manager and the changes made at the home and felt it was a positive place to live and work. The registered manager was aware of their regulatory requirements of the role and was keen to continue to improve the home for the

people who lived there.

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

Rating at last inspection (and update) The last rating for this service was requires improvement (published 15 December 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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.

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?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Marys Nursing 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.

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 team consisted of three inspectors.

Service and service type

St Marys Nursing 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with the head of care and nursing, the registered manager, the deputy manager, two nurses, two team leaders, four care workers, the activities organiser and the cook. We also spoke with seven people living at the home and three relatives.

We reviewed six care files, six medication records and six staff recruitment records. Induction, supervision and training records and a variety of records relating to the management of the service including audits, policies, procedures and health and safety records.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at governance reports and further audits of the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection, we found infection control guidelines were not consistently followed by staff and systems were not robust enough to demonstrate the service was effectively controlling the spread of infection. People were at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Preventing and controlling infection

- Infection control guidance and requirements had now been embedded into the service and staff were aware of actions they needed to take to keep people safe.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were 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.
- The provider was following the latest government guidance for visiting in the care home. People, their relatives and staff spoke positively of returning to normal visiting routines.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. The Government had announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirements at the time of the inspection, to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19 .

Staffing and recruitment

- Processes were in place to ensure staff were recruited safely, however we found some references were from friends of the new employee and had not always been validated of their authenticity.

We recommend the provider ensures references are sought from the new employees' previous employment or education setting. Where references can't be obtained, the provider should always keep an audit trail of where they have attempted to gain a reference from and ensure they check the authenticity of the referee.

- New employees were checked to ensure they were suitable to work with vulnerable people.
- Staff were deployed across the home according to their skills and experience. Nurses were visible on the nursing units and the residential unit was led by a team leader. Staffing levels were satisfactory and dependency levels were regularly reviewed to ensure enough staff were on duty to meet the needs of people.
- Staff felt there was there enough staff on duty and family members told us, "There is always someone about. Now we can visit, the first thing staff do is offer us a brew, it's nice to be back in the home visiting." and "Staffing is much better and we have noticed more staff around in the evenings and at night and it's the same faces (staff) we see."

Assessing risk, safety monitoring and management

- Risks to people were assessed with plans in place to mitigate the risk where possible. People received ongoing risk monitoring which was regularly reviewed.
- Staff we spoke with were aware of the risks people presented and could describe how to mitigate risk in people at risk of choking, falls, poor nutrition and weight loss.
- Family members we spoke with felt their relative was safe living at the home. One family member told us, "Yes, [name] is safe, they are happy and content." A person living at the home told us, "Yes, I feel safe. Everything is secure at night."
- The health and safety of the home was continually reviewed internally and externally with competent contractors regularly servicing equipment such as the passenger lift, the fire alarm system and gas and electrical equipment. Regular internal checks were completed weekly and monthly by the provider's maintenance team.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider had processes in place to ensure any concerning information was reported to the appropriate authorities for investigation. Staff felt they could report any concerning information to the registered manager and felt it would be acted upon. Staff received training in safeguarding of vulnerable people to underpin their knowledge of safeguarding procedures.
- People and their families felt they could raise any concerns with the registered or deputy manager. One person told us, "If I had any concerns, I would ask a carer. They have been helpful."

Using medicines safely

- People received their medicines as prescribed and they were administered by trained staff.
- Medication administration records were correctly completed, and stocks of medicines were correctly recorded. Where people required the use of topical creams or patches, the location of the applied cream or patch was recorded on a body chart and the prescriber's instructions had been followed.
- Protocols were in place for people who needed "As required" medicines such as Paracetamol. The protocols gave signs and symptoms for staff to monitor which might suggest someone was in pain and may be unable to communicate they were in discomfort. One person told us, "I can have Paracetamol when I need it."

Learning lessons when things go wrong

- The provider had processes in place to ensure any accidents, incidents and concerns were documented

and investigated.

- We saw these occurrences were reviewed and if patterns or themes emerged, such as someone who was regularly falling, actions were taken to safeguard the person.
- A family member told us, they had raised a concern and found the registered manager had been open and responsive and they felt listened to. The registered manager told us they want to learn from experiences to ensure the care the provider offered, continually improved.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider ensured the flooring in the main corridor on St Alexis unit was made safe and did not pose a trip hazard to people and that other required repairs were addressed. At this inspection, we found the improvements had been made.

- The home was spacious and clean and designed to accommodate people's changing needs.
- Improvements had been made to internal parts of the home and new flooring was being fitted in some areas the day following our site visit.
- People were able to furnish their room with small items from their own home and one person proudly showed us all their family photos displayed in their room.
- The home was accessible for people of differing levels of mobility.

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

- People received an assessment of their needs prior to moving into the home. The assessment formed the person's care plans and risk assessments.
- Staff told us they were informed of any new people moving into the home and were able to read the assessment and received a handover from the nurse, deputy manager or registered manager.
- One person who required equipment to mobilise told us they had access to each equipment on moving into the home and their bedroom was large enough to accommodate it.

Staff support: induction, training, skills and experience

- Staff received an induction, training and regular supervision relevant to their job role.
- The interview process captured the skills and experience new staff had and if they were suitable to work at the home.
- Staff told us, "I had an induction when I first started and I met with [registered manager] to review my induction and have since had regular supervision."

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

- People received a nutritious and balanced diet. Peoples cultural preferences were observed, and modified diets were catered for.
- Staff were aware of people's preferences and requirements and were able to tell us who had swallowing

difficulties and what type of diet was required for that person. Where people required food and fluid thickeners to aid swallowing, this was captured in the care plan and risk assessment.

- One person told us, "I am offered regular drinks and meals. I choose the meals and I am putting weight on." Another person told us, "I get lots of choice. The staff know I don't eat any veg but pea's."

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

- People received health care and support from a wide range of other health and social care professionals in line with their assessed needs and when required.
- Where people's health was deteriorating, prompt referrals were made to the relevant professionals for further treatment and advice. We saw one person had been losing weight and staff made a referral for dietician input immediately. Advice from the dietician was shared with staff and implemented into care plans and this had enabled the person to receive a modified, nutritious diet to support weight management.
- People were supported to see their GP when required and a weekly visit or phone call was made to the home from the GP surgery to review people's health needs. One person said, "I am going to the hospital next week for an appointment and staff have arranged this for me."

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.

- People had their capacity to make a decision assessed. Where people lacked capacity, a referral was made to deprive the person of their liberty.
- When a person was deprived of their liberty, this had been authorised under the Mental Capacity Act and this information was available in people's care plans. Staff were aware of who could and could not make decisions about certain aspects of their care and support needs.
- Staff were aware, capacity can fluctuate and ensured people were involved in their care as much as possible, including given the choices about how they spend their day, what to eat and drink or what clothing they wore.

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 requires improvement. At this inspection this key question has now improved to good.

At our last inspection, we found systems were either not in place or robust enough to demonstrate the service was effectively managed. People were 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had appointed a new manager who had registered with the Commission and this had been key in providing stable leadership and management for the home.
- The registered manager was supported by the head of care and nursing and they had developed audits to monitor and improve the service. The audits highlighted area's for improvement and actions were taken to improve the identified areas in specific time frames. For example, audits of the décor of the home had highlighted improvements in the flooring and some fixtures and this had been actioned for repair.
- Staff spoke with enthusiasm about the role the registered manager had in improving the culture across the home and comments included, "It's like a different place to work here now." And "If it wasn't for [registered manager], I wouldn't have stayed working here." Staff were aware of their responsibilities and staff teams were now dedicated to each unit to ensure continuity of care for people living in the home.
- The registered manager told us there was still improvements to make but felt the home was on the right track and staff of all designations were now clear of their responsibilities and this had been embedded in the culture across the home.

Continuous learning and improving care

- In addition to the audits the registered manager was completing, the head of care and nursing completed a governance report each month which also highlighted key area's for improvement which fed into actions for the registered manager to delegate to the appropriate staff member to complete. We saw actions from the previous report were signed off as complete.
- The provider was in the process of reviewing staff feedback forms during the inspection and family meetings had been arranged as the care home moved towards fully reopening following the latest government COVID-19 guidance.
- One staff member told us, "I feel more supported in my role. If mistakes are made, we learn from them. We are not afraid to say now."

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 ensured they were visible in the home to people, their relatives, staff and professionals and listened when anything concerning was raised.
- The registered manager told us the provider wanted to learn when things go wrong to prevent similar concerns from reoccurring. A relative told us they had raised a concern with the registered manager, and it was acted upon and they could not have asked for anymore and were satisfied with the response they received.
- Any notifiable events had been shared with the appropriate professionals including notifications to the safeguarding team and the Care Quality Commission.

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

- Staff and family members felt more engaged in the running of the service. Staff felt they were treated fairly and were now able to have the time to read the care plans of people and have time to get to know each person's needs.
- People had been supported to engage in making choices about menus, activities and family members told us they were now involved in their relative's care which included implementing and reviewing care planning and being involved in appointments to see health professionals.
- The registered manager completed daily walk arounds of the home and daily meetings and handovers were held between the staff team to ensure any changes to people's care and support needs were effectively communicated.
- A relative told us, "[Registered manager] is always open and is always there. Prior to them starting at the home, we didn't know who was in charge and [registered manager] is very hands on. She knows the residents well and has her eyes on the ball.

Working in partnership with others

- The provider worked with other professionals from the local authority and health and social care services regularly to ensure best outcomes were achieved for people living at the home.
- We spoke with a representative from the local authority who told us the registered manager and staff team had worked hard to implement new ways of working in the best interests of the people living at the home. This was evident during our inspection.