

Private Medicare Limited

St Marys Care Centre

Inspection report

Beverley Road
Anlaby
Hull
Humberside
HU10 7BQ

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Tel: 01482307592

Website: www.burlingtoncare.com

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

St Marys Care Centre is a care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 60 older people, some of whom may be living with dementia or a physical disability. The premises are on one ground floor level and split into two areas; residential and nursing.

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

Audits were in place to maintain people's health and safety. We identified some areas that required further oversight such as; Infection Prevention and Control (IPC) practices and medicines administration records. These were discussed during the inspection and measures were taken by the provider to immediately address these.

There was a manager who had recently come into post. They were highly regarded by staff and relatives who made comments about how helpful and approachable they were. There was evidence of some good leadership, oversight and management within the service. However, this had been inconsistent at times and in some areas required further improvement.

We made a recommendation about IPC practices, governance and oversight.

People felt safe and told us staff were caring towards them. The service was clean and tidy. Relatives said they were confident that staff had worked hard to keep their relatives safe during the pandemic. Staff worked alongside health and social care professionals to support people's health and well-being.

Care plans and risk assessments were in place to support people's needs. The majority of families felt they were able to contribute to their relative's care and support plans during reviews.

The provider had care plans and risk assessments in place which guided staff to manage risks. These were continually assessed and monitored to identify any themes so improvements could be made.

Staffing levels were managed well during the pandemic. Staff absences were covered by using the provider's contingency plans. Staff commented on how they had worked together as a team to make sure people's needs were met.

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

Rating at last inspection

The last rating for this service was good (published 25 January 2018).

Why we inspected

We undertook this Infection Prevention and Control Inspection to follow up on information received from the Local Authority in relation to a coronavirus outbreak. A decision was made for us to inspect and examine potential risks.

We inspected and found there were some concerns with IPC practices and the overall management, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

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

Follow up

We will 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 well-led?

The service was not always consistently well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Marys Care Centre

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

This inspection was carried out by three inspectors. One inspector completed the site visit and two inspectors contacted relatives and staff for their feedback about the service.

Service and service type

St Marys Care Centre 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 in post that had submitted their application to register with CQC. We will refer to them as, 'manager' throughout this report. 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

We gave a short period of notice for the inspection because of the Coronavirus pandemic. We had to arrange safe working procedures for our inspection.

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 who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We were unable to speak with people as they were isolating within their bedrooms due to the outbreak within the service. We spoke with the manager, two members of care staff and the training co-ordinator.

We walked around the service and observed care and social interactions using personal protective equipment and maintaining social distancing guidelines. We reviewed a range of records. This included staff training records, some care plan records and policies and procedures.

After the inspection

We spoke with six relatives about their views of the service. We spoke with an additional three care staff and contacted four health care professionals for their feedback about the service. We worked with the manager to obtain records to review remotely. We completed a virtual call to review medicines administration practices. We continued to seek clarification from the provider to validate evidence the service had sent to us.

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.

Preventing and controlling infection

- We identified some minor issues relating to IPC practices. The provider was proactive in making improvements during and after the inspection. We did not have any evidence to show that these issues had impacted people living at the service.

- Competency checks were not regularly completed to highlight where additional support for staff may be required.

We recommend the provider reviews their IPC policies and audits to bring them in line with current guidance.

Using medicines safely

- Medicines were managed safely. We identified some recording issues which we have addressed in the well-led section of this report.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from harm.

- Staff received regular safeguarding training. They understood their responsibilities and knew which external agencies to contact to report safeguarding concerns.

- Relatives felt their loved ones were protected from harm and abuse. One relative advised, "I have nothing but pure gratitude for staff at St Marys. The way they care for residents is second to none."

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

- People had care plans and risk assessments in place. These provided guidance for staff to support people well and manage risks appropriately.

- Staff received training to manage people's health and safety. This included moving and handling; infection prevention and control and fire safety.

- Environmental and safety checks were regularly completed by the provider. For example, window safety, maintenance and repairs. Equipment was regularly serviced in line with current legislation.

- A relative advised, "The home is regularly decorated and updated, maintenance is to the highest standard."

- The provider analysed accidents and incidents to identify any themes. They had ensured measures were in place to improve outcomes for people. Referrals had been made to the falls team and/or GPs for medicine reviews.

Staffing and recruitment

- Staff recruitment processes were robust. Appropriate checks were completed to ensure staff were suitable to work in a care home environment.
- Staffing levels were consistently maintained. At times the provider had to use contingency plans to cover staff absences during the pandemic. This included staff working extra shifts and the use of agency workers.
- Staff had worked well as a team to support one another. One member of staff advised, "We are a good team. We have pulled together. Hand on heart we have done everything we can for the residents."

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 now deteriorated to requires improvement. This was because governance and auditing systems needed to be more robust to identify where improvement was needed.

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

- The Quality Assurance system was not used consistently to identify risk, for example unsatisfactory recording in medicines and care records, IPC management and oversight and a lack of regular staff competency assessments for support.
- Records were not consistently kept. For example, two separate medicines records recorded different times that medicines had been administered. One of these records had been pre-populated and not updated to show the accurate time of administration.
- Records management required further work. For example, the provider's staffing calculations and monitoring charts required additional information to be included.

We recommend the provider reviews their auditing and oversight processes to ensure they remain compliant with all regulations.

- The provider had systems in place to audit the quality and safety within the service. Systems had identified some areas requiring improvement, and action plans had been developed to address these.

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

- Duty of Candour requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation.
- We received mixed feedback from relatives in relation to some areas of communications during the pandemic. This was discussed with the manager so they had awareness and could ensure a consistent approach moving forward.
- The manager followed internal processes to communicate any incidents and concerns to the provider and other external agencies as required by law.

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

- Staff knew people well and encouraged them to get involved in all aspects of their care. One relative advised, "[Name of relative] was in a different care home before and the difference is amazing at St Marys."
- During the pressures of the pandemic staff had focused their expertise to care for the residents. The

manager advised the service was always looking at ways to improve communications. Newsletters were circulated regularly, and relatives contacted by phone, email or during visits to the service when this was safe to do so.

- Feedback from relatives was positive about how staff had managed and supported everyone during the pandemic. One relative said, "[Name of staff] supported both myself and [Relatives name] exceptionally well. They have done everything. They call me at home on my day off to see how I am. They were amazing with [relatives name]."
- Relatives spoke highly of the staff team and how they provided supportive care to people. Comments included; "Staff are brilliant" and, "I am impressed with the care they [Staff] provide. I would recommend the service to anyone."
- Some audits identified where improvements were needed and plans detailed when actions had been taken. These needed to be more robust in all areas of the service.

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

- Staff felt valued, supported and appreciated for their contribution during the pandemic. Staff told us the leadership team listened to them and took on board their suggestions. This created inclusive and empowering working relations between all staff.
- Staff described the manager as approachable and helpful. One member of staff told us; "[Name] has been really good, very approachable. I went to them today with a medicines query, [Name] stopped what they were doing to make time for me, really helpful."

Working in partnership with others

- The provider worked in partnership with external agencies to improve outcomes for people. We found the provider to be extremely responsive to constructive feedback. The manager responded positively to any input from external organisations to support improvements.