

Qualia Care Limited

St Marys Nursing Home

Inspection report

St Marys Road
Moston
Manchester
Lancashire
M40 0BL

Tel: 01617111920

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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 Nursing Home is a care home providing accommodation, personal and nursing care and the treatment of disease, disorder and injury. The service can support up to 74 older and younger people, living with dementia, mental health, physical disability and sensory impairment. At the time of the inspection there were 44 people living at St Mary's.

The home is purpose built and provides care across three units, St Marys, St Alexius and St Josephs, in Moston in Greater Manchester.

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

Risks to people were managed by staff following suitable risk assessments. Referrals were made to other services and health professionals when necessary. Systems were in place to safeguard people from the risk of abuse. Medicines were managed safely, and competency assessments were carried out to monitor staff performances. An issue with a person's out-of-stock thickener was addressed on the day of inspection. Staffing levels were sufficient to meet people's needs and staff were recruited safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

At the time of this inspection the provider was in administration. Management and oversight of the service had been delegated by the administrators to Healthcare Management Solutions Limited (HCMS), a company with experience in the long-term management of care homes. The team at HCMS continued to engage with people and their relatives, the local authority, the Care Quality Commission and other external bodies to ensure continuity of care.

Governance systems were in place to ensure oversight and monitoring of the home. The manager recognised that some processes had to be improved further. There had been some issues with the continuity of contractors. The management company were able to evidence actions they had taken to ensure maintenance works, repairs and services to the building and equipment continued.

People, their relatives and staff spoke positively of the manager and the changes they had made in a short space of time. The 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. They had started the application process for registration with the Care Quality Commission at the time of this inspection.

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.

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 good (published 25 March 2022).

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions Safe and Well-led. 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.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report. The overall rating for the service remains 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.

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 well-led?

Requires Improvement ●

The service was not always 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. 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 Marys Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Marys Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post however, the manager had started the registration process.

Notice of inspection

The first day of inspection was unannounced. Inspection activity started on 2 March 2023 and ended on 16 March 2023. We visited the service on 2 and 7 March 2023.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 14 staff including the manager, deputy manager, regional manager, administrator, 2 nurses, 1 team leader, 5 care staff, maintenance and the facilities Manager. We spoke with 8 people and 2 relatives about their views of the care provided.

We reviewed the care records for 6 people, sampled numerous medicines records, 4 staff recruitment and supervision files, records related to governance systems and processes and other documentation relevant to the running of the service. Following the inspection, the manager continued to supply evidence relating to maintenance works planned for the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medication administration records were correctly completed; stocks of medicines were correctly recorded, and protocols were in place.
- We identified one person had run out of thickener. Records showed, and staff told us, they had not come to harm as another stock of thickener had been used. We discussed our findings with the manager who addressed this on the day of the inspection.
- Medicines administration training and competency assessments had been completed by all staff administering medicines. People were given their medicines as prescribed and supported to have regular reviews.
- Some medicines were given covertly (hidden in food or drink) and the appropriate documentation was in place to inform staff of how this should be administered.

Assessing risk, safety monitoring and management

- The company had identified an issue with the location of the nurse call monitoring screen on the residential unit. To reduce any potential risks of people not receiving appropriate support the first floor of the unit was vacant. The ground floor and second floor of the unit was overstaffed at night to ensure people's needs were met. A maintenance visit was arranged with the contractor for a full service of the system.
- Care plans reflected risks had been assessed and outlined actions staff should take to mitigate the risk where possible. The manager had introduced new processes to risk assess and analyse all wounds. This system was paper based for ease of recording and reference for staff.
- Referrals were made to external health professionals to ensure people remained safe. For example, when people needed bespoke equipment such as profiling beds, airflow mattresses or specialist seating.
- The health and safety of the home was reviewed internally and externally. Contractors serviced equipment in line with expected timescales, such as the passenger lift, hoists, the fire alarm system, gas and electrical equipment.

Staffing and recruitment

- The provider had recruitment checks in place to ensure staff were suitable to work in a care setting. This included identity checks, previous employment, references, their right to work in the UK and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Safe staffing levels were in place. Rotas confirmed there were enough staff employed to ensure people's needs were being met daily. People and their relatives also told us there were enough staff to meet their needs.
- Call bells were responded to, although we received mixed feedback as to the timeliness of the response from staff. One person said, "Staff are very good. I only have to ask, and they are there. They are good-uns." Another told us that whilst staff were "very good" they weren't always timely". We brought this to the manager's attention who assured us action would be taken.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse and poor care. People and their families had confidence in the manager and deputy manager.
- People told us they felt safe living at St Mary's. One person said, "I am not good on my legs. I feel safe here."
- Staff had received safeguarding training and understood how to recognise and report abuse and poor care.
- The management company had made referrals to the relevant authorities where warranted.

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 ensured people were involved in their care as much as possible, including giving people choices about what to eat and drink, what clothing they wore and activities they took part in.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

The service supported visits for people living in the home in line with current guidance. Events were facilitated to encourage people to visit the home and spend time with their relative. We spoke to 2 visitors, whose relative was new to the home. They had been able to visit to get the room ready and make it more familiar for the person. They were complimentary about the service.

Learning lessons when things go wrong

- The provider had processes in place to ensure any accidents, incidents and concerns were documented and investigated.
- Patterns of behaviour were noted and acted upon. For example, we saw one to one care had been requested and approved for a person to help keep them and others safe.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had been in administration since October 2022; a management company was overseeing the day to day running of the home.
- Governance systems were in place to ensure oversight and monitoring of the home. The manager and other senior staff recognised that some processes had to be improved further, for example ensuring enough stock of thickener was ordered and received each month for people who needed it.
- There had been some issues with the continuity of contractors, resulting in some delays. The management company were able to evidence actions they had taken to ensure maintenance works, repairs and services to the building and equipment continued, and that the home remained safe for people to live there.
- We identified some issues with the nurse call system and a service visit was scheduled by the facilities manager. We were assured there would be a full service of the system by the original contractor, and any required repairs would be addressed.
- The management company had appointed a new manager, who had started the registration process with CQC . A long-standing senior member of staff was the deputy manager and supported the manager.

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 manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- The manager ensured they were visible in the home to people, their relatives, staff and professionals.

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

- Meetings had taken place to ensure people, their relatives, representatives and staff were fully informed. Some meetings had been attended by local authority staff.
- Formal surveys about the service had not yet taken place however, the manager was planning to consult with people and their relatives to address this.
- The manager completed daily walk arounds of the home and held daily 'flash' meetings. These were short meetings with heads of units to ensure any changes in the service and other relevant information was shared and effectively communicated.

- Staff had previously felt unsettled but told us how the new manager had improved the culture across the home and brought some consistency. Staff were more reassured and told us, "Staff are less jittery; it has been a bit bumpy. [Manager's name] leads the team now; it's a massive improvement."

Continuous learning and improving care / Working in partnership with others

- The manager was looking to strengthen the management structure by ensuring staff had the necessary skills for their roles and there was a good skill-mix between all senior staff. The manager recognised the improvements that were needed but felt the home was on the right track.
- The management company had worked closely with the local authority since the provider had been placed in administration. An action plan was in place and was regularly updated.
- A weekly 'ward round' had been introduced. Nursing staff and residential leaders were able to discuss the health needs of people living at St Marys on a regular basis with a qualified GP.
- The management company responded positively to the issues we raised at the inspection.
- Feedback from the local authority was positive. They considered the manager to be open and transparent; the manager had engaged with health and social care professionals for support and advice, for the benefit of people living in the home.