

English Dominican Congregation Trust
St Mary's Nursing Home
Margaret Street Stone

Inspection report

Margaret Street
Stone
Staffordshire
ST15 8EJ

Tel: 01785813894

Date of inspection visit:
16 August 2019

Date of publication:
09 September 2019

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 Nursing Home is a care home providing personal and nursing care to 56 people aged 65 and over at the time of the inspection. The service accommodates up to 58 people in one adapted building.

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

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. Staffing levels were regularly reviewed to ensure there were enough staff available to meet people's needs. People's medicines were managed, and staff followed infection control procedures.

Effective care planning and risk management was in place, which guided staff to provide support that met people's needs and in line with their preferences. 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.

People were supported to access healthcare professionals and advice received was followed by staff. There were systems in place to ensure people received consistent care and support.

People were supported by caring staff who promoted choices in a way that people understood, this meant people had control and choice over their lives. Staff provided dignified care and respected people's privacy. People's independence was promoted by staff.

People were involved in the planning and review of their care. Staff followed care plans to ensure they provided support in line with people's wishes and diverse needs. People's communication needs were met, and information was provided in a way that promoted people's understanding. There was a complaints system in place which people understood. People were supported to have a comfortable and pain free death.

Systems were in place to monitor the service, which ensured people's risks were mitigated and lessons were learnt when things went wrong. People and staff could approach the registered manager who acted on concerns raised to make improvements to the delivery of care. Staff and management were committed to providing a good standard of care.

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 (report published 21 August 2018).

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

This inspection was carried out to follow up on actions we told the provider to take at the last inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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 Nursing Home Margaret Street Stone

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 team consisted of one inspector, an assistant 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. Mary's Nursing 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. This included notifications of events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. 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

We spoke with five people who used the service and five relatives. We observed care and support in communal areas to assess how people were supported by staff. We spoke with three care staff, the deputy manager and the registered manager.

We viewed five people's care records. We looked at how medicines were stored, administered and recorded for seven people. We also looked at documents that showed how the home was managed which included staff recruitment and records that showed how the service was monitored by the provider.

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.

Using medicines safely

At our last inspection the provider had failed to ensure people received their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of regulation 12.

- Improvements had been made to the way medicines were administered and monitored. For example, as required medicines had protocols in place and covert medicines had assessments in place to ensure these were administered in line with guidance.
- However, we found the amount of medicines recorded on the Medicine Administration Records (MARS) did not consistently match the stock held at the service on the day of the inspection.
- The registered manager had implemented monthly and weekly checks of the stock balances. However, this had not been completed at the time of the inspection because it was not due until the end of the week. The weekly checks we viewed had identified previous issues and medication workshops had been held with staff to continuously ensure they understood safe medicine procedures.
- We fed this back to the registered manager and they took action immediately. Staff were scheduled to re-attend medicine training; and daily monitoring checks were introduced
- The action taken assured us that the registered manager had a system to continuously monitor and mitigate risks associated with safe medicine administration.

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

- People and relatives told us they felt safe with the support they received from staff. One person said, "I am in good hands regarding carers, and management." A relative said, "My relative is completely safe."
- Staff displayed detailed knowledge of people's risks and how they needed to support them to remain safe.
- Detailed risk management plans and care plans ensured staff had up to date guidance to follow to support people safely.
- The registered manager had a system in place to learn when things went wrong. For example; incidents were analysed by the registered manager and risk managements plans were implemented to ensure appropriate action had been taken. This ensured people were protected from the risk of a reoccurrence.

Staffing and recruitment

- People and relatives told us there were enough staff to support them. One person said, "When I press the call bell they [staff] come quickly, it doesn't take longer than two minutes. They encourage me to call them whenever I need to. They tell me to not hesitate." A relative said, "Yes, there are enough staff. All Agency staff are accompanied by at least one experienced member of staff."
- Staff told us they were given enough time to support people with their needs in an unrushed way. One staff

member said, "Staffing levels are ok. We have great quality staff and work well as a team".

- The registered manager had a system to regularly monitor and change staffing levels. This ensured there were enough staff available to meet people's needs.
- The provider had safe recruitment practices in place, which ensured people were supported by suitable staff.

Systems and processes to safeguard people from the risk of abuse.

- People were safeguarded from the risk of abuse because staff understood how to recognise the signs of abuse. Staff explained how they would report suspected abuse in line with the provider's policies.
- The registered manager understood their responsibilities to safeguard people where suspected abuse had been identified.

Preventing and controlling infection

- People and relatives told us the service was always clean. One relative said, "There are no smells here. All laundry is well organised. I have never seen anything soiled or dirty."
- Staff explained how they followed infection control guidance and ensured personal protective equipment (PPE) was used when they supported people such as, gloves and aprons. We saw this in practice during the inspection. This meant people were protected from the spread of infection.

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.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure people's consent was gained and had not consistently followed the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 were encouraged to make decisions about their care. One person said, "The staff always ask first." Staff gained people's consent before they provided support.
- Where people lacked capacity to make specific decisions mental capacity assessments had been completed to ensure decisions were made in people's best interests. For example; people who needed their medicines administered covertly had best interest decisions in place to show this had been discussed with professionals and this way of administering medicines was in people's best interests.
- Applications had been submitted to the local authority where people were being deprived of their liberty.
- Staff understood people's ability to make decisions and explained how they supported people in line with their authorised DoLS. This ensured people were supported in the least restrictive way possible.

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

- People and relatives told us they had been involved in the assessment of their needs prior to using the service.
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, sexuality,

disability and religion.

Staff support: induction, training, skills and experience

- People told us they felt staff were trained to support them.
- Staff received an induction before they started to provide care and regularly received training to carry out their role. One staff member said, "We have fantastic training opportunities, both mandatory and optional training." Another staff member said, "We have an ongoing training program. Training is very good, and we have lots of additional training opportunities."
- Competency checks, and observations were carried out to ensure staff understood the training received and people were supported effectively.
- Staff felt supported in their role and received supervisions to ensure any issues or areas of development were discussed.

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

- People told us they enjoyed the food and were offered choices in line with their preferences. One person said, "They are good. I ask for and get a jacket potato with cheese, which I love." Another person said, "They [staff] know what I like. I have plenty of choice. Usually, there are three choices of main meal, the cook comes and asks what I want".
- Staff asked people what they wanted for their lunch and the atmosphere at mealtimes was calm and relaxed. People who needed assistance to eat were supported in an unrushed way and staff chatted to people whilst they were eating.
- Staff explained how they supported people to manage their nutritional risks and there were detailed plans for staff to follow, which confirmed what staff had told us.

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

- People were supported to access healthcare professionals to ensure their health and wellbeing was maintained. One person said, "I can see a GP if I need to but I'm in good health at the moment." A relative said, "An optician, chiropodist, and a hearing aid specialist visit regularly."
- The records we viewed confirmed staff worked with other agencies to ensure people's health and wellbeing was monitored and maintained.
- There was a handover system in place, which contained details of any updates in people's health and care needs. This ensured staff provided consistent support that met people's changing needs.

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

- The service was designed and decorated to meet people's needs. People's bedrooms were personalised, and communal areas were homely.
- The service had been adapted to ensure people remained safe. Equipment such as a bath seats and toilet seats with grabrails were in place to ensure people were safe whilst promoting their independence within the service.

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 now remained the same at 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

- People told us the staff were kind and compassionate towards them. Comments included, "Faultless, they [staff] are always there if you need them" and, "Excellent. The staff are so attentive" and, "Staff are very friendly. They seem to know their job well and there are always plenty of them."
- Relatives told us staff were all caring towards their relatives. One relative said, "Staff are brilliant. They so obviously care, they are friendly and relaxed. All of them are good. A lot of them have worked here for many years. If the staff are happy to stay – that tells us something."
- We observed caring interactions between people and staff. Staff complimented people on their appearance and people responded by smiling. One person was heard to say, "I've missed you" and the carer responded, "I missed you too", whilst giving the person a hug.
- Staff showed patience when supporting people and ensured people were comfortable throughout the day. For example, we heard staff regularly asking people if they were okay and if they needed anything.
- People were supported to maintain relationships with their families and friends. People told us there were no restrictions on visitors and they were supported to spend time in their own room if they wanted privacy.
- Staff understood the importance of respecting people's diverse needs when they provided support and the care plans reflected what staff had told us.
- The registered manager promoted equality and diversity within the service. They said, "We welcome everyone whatever their diverse needs are. I am passionate about breaking down barriers and promote this across the whole staff group to ensure people feel comfortable discussing all areas of their lives."

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

- People told us staff asked them what they needed before they provided support. One person said, "Staff listen to me and give me time to answer them."
- We observed staff encouraging people to make choices in the way they received their care and people's choices were respected. They showed patience, giving people time to answer questions about the support they wanted.
- Staff understood people's individual methods of communicating and support plans were in place to give staff guidance on the most effective way to help people express their views.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by staff who promoted their privacy and dignity. One person said, "The staff treat me very well. Staff give me privacy when I need it." A relative said, "The staff treat my relative with the upmost respect and dignity. They call my relative Mrs [surname], which they prefer."

- People told us they were supported to be as independent as possible. One person said, "I am a very independent person and the staff respect my wishes."
- Staff explained the importance of supporting people in a way that met their needs and encouraged their independence. For example, staff ensured people were asked what they felt they could do for themselves before they provided support.
- People had access to equipment to aid their independence such as walking frames, which meant they were able to move around the service when they wished.

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 now remained the same at Good. This meant people's needs were met through good organisation and delivery.

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

- People told us staff knew their likes and dislikes. One person said, "They know everything I like. I don't even have to tell them how to make my drinks they do it just how I like it."
- People and their relatives were involved in the planning and reviewing of their support. This ensured people were supported in line with their changing needs and wishes.
- Staff knew people well and supported people in line with their preferences. Support plans detailed people's preferences and diverse needs which were followed by staff.

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

- People told us they enjoyed taking part in the activities provided. One person said, "I enjoy the social evening which is tonight. The singer is good, as are the school children, who come and visit us. We've also had a brass band and they are coming again. Sometimes we have a guitarist and singer."
- Daily activities were planned and displayed on the noticeboards around the service. We observed the activities, which people enjoyed, and staff ensured everyone was happy to be involved.
- People accessed the community independently where they were able to do so, and other people were supported by staff to go shopping or take a trip to the local café.

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.

- Staff understood people's individual methods of communicating. We observed staff giving people time to answer questions and using short sentences to help people understand what was being asked.
- Support plans were in place to give staff guidance on the most effective way of communicating to help people express their views.
- Information was available to people in various formats to aid their understanding and promote choices.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint if they needed to. Without exception people told us they had not needed to complain about the service, but they would talk with a staff member or the registered manager if needed.
- There had been no complaints at the service since our last inspection. However, there was a complaints

policy in place which ensured any complaints received were investigated and responded to.

End of life care and support

- Staff were caring and sensitive to people who were at the end of life stages. One relative said, "Everything was calm, peaceful and reassuring during my relative's last days."
- A quiet corridor was set aside for people at the end of their lives and specific staff were allocated to care for people. This meant people had consistent staff who knew people's wishes at this time of their lives.
- Staff allocated to provide end of life care had received specific training in this area. This training was due to be provided to all staff within the service to ensure they had the knowledge and skills required to provide end of life care.
- People's end of life wishes were recorded to ensure they were supported in the way that was important to them. There was a catholic sister available to people if they wished and the registered manager had links to other religions dependent on people's preferences.
- The registered manager had formed good links with the local hospice who provided advice when required. They had arranged for nurses from the hospice to visit the service to speak with families and staff.
- The registered manager was taking part in a project with the hospice to continually improve end of life care for people. They said, "It is important we are continually reviewing the care we provide to ensure people receive a comfortable and dignified death."

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. 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

- People and relatives were positive about the registered manager. One person said, "[Registered Manager's name] is very good, they always have time for me and have made so many improvements." A relative said, "Absolutely outstanding. The registered manager enjoys speaking to all the people who live here. The standards are so very high. Their vision is excellent."
- Staff felt supported by the registered manager. They told us they felt valued in their role and they understood the values of the service. Staff showed enthusiasm in supporting people to maintain a good quality of life.
- The registered manager was committed to providing a good quality of care to people that was person centred. They said, "I am committed to providing the best care possible and my staff have the same values as me. We have made so many improvements so far and we will continue to improve."

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

- The registered manager understood their legal responsibilities in relation to duty of candour. They were open and responsive to feedback and were committed to continually improve the service people received.
- The registered manager had systems in place to monitor the service and mitigate risks to people. Audits that had been carried out contained details of the actions taken to ensure improvements were made to the way people received their care.
- The registered manager understood their responsibilities of their registration with us. They had notified us of events that had occurred at the service and their rating was on display.
- The provider had systems in place to ensure the service was working in line with regulations. For example, regular meetings were held with the Board of Trustees and the registered manager to ensure they had an oversight of the service provided.

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

- People and relatives felt involved in the service. Feedback was gained through the completion of surveys and meetings. The feedback was analysed, and the registered manager had taken action to make improvements where needed. For example, one relative commented that pureed food would be more appetising if they were served in shapes of food. They told us this idea was adopted by the registered

manager.

- The registered manager was in the process of implementing a 'You said, 'We did' report to ensure people and relatives were aware of how their feedback had been acted on to make improvements to the service provided.
- Staff were encouraged to provide feedback to improve the service during handovers, staff meetings and supervisions. Staff told suggestions they made were listened to and changes made to make improvements to the way people received their care.

Continuous learning and improving care

- Staff told us the registered manager encouraged them to develop their skills and knowledge to assist them to support people effectively. One staff member said, "The registered manager is always open to ideas and will access training in specific areas where people's needs change."
- The registered manager carried out a daily walk around the service and competency assessments were carried out to ensure that staff were supporting people in line with their assessed needs.
- The registered manager was involved in meetings and forums with other registered managers to share good practice and ensure they continuously improved the service.

Working in partnership with others

- The registered manager had developed good working relationships with a range of external organisations and professionals. This ensured people received their support in a consistent way and enabled the plans of care to include a holistic view of people's needs.