

Anchor Hanover Group

St Marys

Inspection report

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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 Marys provides residential care for up to 60 people. At the time of our inspection there were 51 people living at the home. The home is split in to two areas. The area of the home known as Constable was supporting 23 people living with dementia. The remaining rooms in the main building were known as Gainsborough and Waterhouse.

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

People benefited from a well-designed and maintained care home with accessible gardens. People were supported by a staff group who were committed to providing high quality care and support. Staff were visible and available to people. Staff demonstrated kindness and caring values in their approach to people. Systems were in place to safeguard and mitigate risks of abuse and avoidable harm. People received their medicines when they needed them. Lessons were learned when things went wrong, and measures put in place to reduce the risks of them happening again. Staff were trained in infection control and used personal protective equipment where required.

Ongoing recruitment meant there were enough staff to ensure people were provided with the care and support required to meet their assessed needs and staff were recruited safely. Staff were trained to meet the needs of people. Where people required support with their dietary and health needs, this was assessed and systems in place to meet their needs.

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's care plans were person centred provided guidance for staff in how their assessed needs and preferences were met. People received care and support from staff who were caring and who respected their privacy and independence. People made decisions about their care and support, including how they preferred to be supported and their end-of-life decisions.

Systems were in place to monitor and assess the care provided, and where shortfalls were identified actions taken to make improvements. There was a complaints procedure in place and people's views were used to improve the service. The service worked well with other professionals involved in people's care.

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 27 January 2018).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good rated service to people due to the age of the last rating.

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 on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Marys

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.

Inspection team

The inspection team consisted of 2 inspectors 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 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.

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 a registered manager in post.

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 feedback from the local authority and professionals who work with the service. The provider was in the process of completing 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 prepare our inspection.

During the inspection

We spoke with 12 people who used the service and 4 visiting relatives. We reviewed the care records of 4 people who used the service. We also reviewed a range of records relating to the management of the service, including audits, policies and procedures, staff training, 4 staff files and recruitment records. We spoke with 4 staff members as well as those who facilitated us, such as the registered manager, administration person and district manager.

Following our inspection visit, we received electronic records and gave initial feedback remotely and in writing.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to reduce the risks of abuse, including providing guidance for staff in their roles and responsibilities in policies and procedures and training.
- People told us they were safe. One person said, "I do feel safe, staff are very good and always try and be helpful, I have got no complaints, I have been very pleased."
- Where concerns had been identified, staff had reported them appropriately to the required professionals, which demonstrated an understanding of how to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety was monitored.
- People had up to date care plans that contained detailed person-centred risk assessments and management plans to help staff keep people safe. These plans covered every aspect of people's lives including for example, mobility and risk of falls, nutrition, skin integrity, and COVID-19 and infection control.
- Risk assessments and management plans were regularly reviewed and updated as people's needs and risks changed. One person told us of the actions taken once they fell out of bed to prevent potential harm. They said, "Staff put a mattress down by the bed since then, I did roll out once onto the mattress but that being there makes me feel safer knowing that it is there."
- Staff had a good understanding of identified risks people might face and the action they needed to take to prevent or safely manage those risks. This included staff being aware of the action to take to minimise risks associated with people choking whilst eating and drinking. They also made sure people could safely move independently around the home and were aware that people who remained in bed, ran a higher risk of developing pressure ulcers.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- There were enough staff to meet people's needs. During our inspection, staff were visibly present, providing people with the appropriate care and support they needed. For example, staff available to spend quality and relaxed time with people. Staff were not task orientated and we observed numerous times throughout our visit where they had time to interact with people.
- People told us that the home had enough staff to meet their care and support needs. One person said, "Someone looks in twice in the night to check that I am alright, that makes me feel good, that is one of the good points, when I buzz and they come, they always help, they never make a song and dance of it."
- The provider's staff recruitment process was thorough, and records demonstrated that it was followed. The provider carried out thorough pre-employment checks to ensure the suitability of staff for their role.

These included checks on prospective new staff identity, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were being well managed. Staff were clear about their responsibilities and role in relation to medicines.
- People received their medicines as prescribed. A sample check of people's medicines, including controlled drugs was carried out and was found to be correct. People told us they received their medicines when they needed them.
- Where medicines had been prescribed for people on an 'as and when needed' (PRN) basis to reduce anxiety or manage pain, protocols were in place setting out the steps staff must take.
- Staff managed medicines consistently and safely. Medicines were stored correctly and disposed of safely, and staff kept accurate records.

Preventing and controlling infection

- Infection control procedures and training, followed by staff, reduced the risks to people.
- Staff had access to personal protective equipment (PPE), which was used as required.

Visiting Care Homes

- The home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The home had regularly reviewed accident and incident records to reduce the possibility of reoccurrence. People, relatives and staff felt involved in the service and said they felt the registered manager was extremely approachable and acted on issues without fail if things went wrong.
- Any safeguarding concerns and complaints were reviewed, analysed, and responded to with emerging themes identified, necessary action taken and ways of avoiding them from happening again looked at. This was shared and discussed with staff.

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

- Pre-admission assessments were completed before people were admitted to the service.
- People's care needs were assessed, and a person-centred care plan devised. The plan of care set out in consultation with the person and described how they wanted to be supported.
- Care plans detailed up to date health guidance for people who needed support with their health conditions.
- Care plans were reviewed and updated to reflect people's changing needs.
- The provider's policies and procedures referred to best practice guidelines and legislation.

Staff support: induction, training, skills and experience

- Staff understood their roles and responsibilities, and applied their learning to ensure people had a good quality of life.
- Training was ongoing and an induction which incorporated the standards set out in The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- In addition to training, which was identified as mandatory, staff received training in people's diverse needs, including dementia, diabetes and mental health.
- Staff received 1 to 1 supervision meetings, which provided a forum to discuss their work, receive feedback and identify any training needs they had.

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

- The service provided good quality food with a variety of different options. The dining environment was pleasant, and food was well-presented. The lunch time meal looked and smelled appetising and was observed to be an enjoyable and sociable event. Where people needed assistance to eat, staff were observed to be kind and supportive, aiding the person to eat at a pace suitable for them.
- People had access to snacks between meals and were provided with sufficient food and drink throughout the day. One person told us, "Food is very good, it is varied, hot enough. We get fruit and plenty of drinks. They have big jugs of drinks in the corridors and you can help yourself."
- People on special diets received their meals, at the right consistency as assessed by speech and language therapy - (SaLT).

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

- People's care records identified their health needs and the support required to maintain good health; this included the support needed with their oral care.
- People experienced positive outcomes regarding their health and wellbeing. Records showed staff worked collaboratively with other professionals to understand and meet people's needs. Prompt referrals were made to health care professionals where needed.
- Any outcomes were incorporated into people's records to ensure guidance was being followed, for example received from a GP, occupational therapist and/or speech and language therapist.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Information in people's records showed they were empowered to make choices and have as much control and independence as possible. One person explained, "I get up and go to bed when I am ready. I watch TV until 10.30 if it is a film it might be a little later."
- Staff followed the correct procedures to protect people with limited capacity to make decisions about their own care, treatment and support.
- People, and their families had been involved in developing their care, support and treatment plans. People had signed their care documents to show they had consented to their plan of care. A great deal of care and attention had been paid to people's life experiences and history and this enabled staff to respect people's decisions and understand people better.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 they were supported by staff who were kind and compassionate. This was confirmed in our observations, staff interacted with people in a caring way. A person said, "Staff are very friendly, lovely and not forcible with you. It is light and friendly. They would help me." Another person explained the kindness of staff shown to them, "I feel the staff calm everything down. If I am getting anxious they help calm me down, they are very good on that, I do appreciate that."
- People's care records included people's diverse needs and guidance for staff in how they were to be met. One person told of their past experiences in the war and how important it was for them to remain clean. They confirmed staff were mindful and caring when helping them with personal care.
- Staff received training in dignity in care and equality and diversity.

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

- People's views were sought and valued in relation to the care and support they received.
- People's preferences were documented in their care records and guidance for staff in how to promote and respect people's choices.
- People told us they felt they were listened to in relation to their care. A person said, "They do have meetings, and send a newsletter every week and that says about the changes and ask us our views. They asked for ideas for Christmas; asked about traditions from our childhood – that is pretty good."

Respecting and promoting people's privacy, dignity and independence

- People's care records included guidance for staff in the areas where people could attend to their care needs independently and where they required support. A person said, "I can get up and use my walker and go to the toilet on my own, I don't have to call them for that. I need help with the bath and prefer to have a soak, so they sit and chat to me when I am in the bath."
- People told us their privacy was respected and their records identified how people's privacy and dignity was promoted and respected. We observed staff to always knock on people's doors and wait to be invited in.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained 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 they received the care and support they needed. One person said, "I am very well looked after, so pleased that staff treat me like their dad. I do feel safe, staff are very good and always try and be helpful."
- People were well supported as individuals, in line with their needs and preferences. People's needs were kept under constant review and decisions and choices were respected. People did have choice and control. A person told us how they were respected as an individual and their choices respected. "Overall care they really think about you as an individual, not just part of a mass group. They look after every bodies individual needs." Another person said, "I can ask for fresh fruit instead of desert and they bring me cut up strawberries, grapes, melon, I cannot fault them on that They bring me a banana always for my breakfast, I ask for it and they give it."
- People's care records were written in a person-centred way and included people's specific needs and preferences and guidance for staff in how they were to be met.
- People's records were kept under review and updated when people's needs or preferences changed. People were included in their reviews and care planning, which evidenced their choice and control was promoted and respected.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records included information about how they communicated and guidance for staff in how to communicate effectively with the individual. For people living with dementia this included how their dementia impacted on their current health and wellbeing and how they would communicate.
- Where required, documents, such as the complaints procedure and service user guide, was provided in accessible formats.

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 were supported well to maintain relationships, follow their interests and take part in activities that were relevant to them. Relatives told us how they could visit any time, how they were made welcome by staff and how they were able to access a small kitchen to make a drink for themselves and their relatives. Several

relatives were visiting at the time of our site visit.

- The environment led people to sit and socialise in small groups or sit in well positioned chairs to people watch and see staff. People had access to outside seating areas and we saw people use the spaces.
- There were many appropriate activities on offer based upon what people requested to do such as baking, planting bulbs, growing indoor plants. Whilst on our site visit we saw people carving pumpkins as it was Halloween.
- There were displays of activities that people had undertaken. These were displayed with information and dated, so people could see themselves and remember.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- Records of complaints demonstrated they were investigated and responded to in line with the complaints procedure and used to drive improvement and reduce the risk of future concerns.

End of life care and support

- People's records included the decisions people had made in relation to their end-of-life care and support. This included if they wished to be resuscitated and where they wished to be cared for if they were becoming unwell.
- Records demonstrated people's decisions were respected, such as if they wished to receive treatment or not. This demonstrated they were in control of their lives and received information to make their own informed decisions.
- Staff worked with other professionals, involved in people's care at the end of their lives. This included anticipatory medicines in preparation should they be required to be given by health professionals.

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. The rating for this key question has remained 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People told us they were happy using the service and that the service was well-led. A person said, "The lady manager I have spoken to her. She is nice and I see her walking around. There is nothing to change here, they look after us, feed us and make sure you are alright." A relative said, "It is lovely, it feels clam when you come in. Staff are all helpful. There are lots of activities and an amazing choice of good food."
- Staff were empowered in sharing their views about working for the provider. For example, a recent staff survey saw 100% return on feedback sought.
- The registered manager understood the requirements of their role, including informing us of notifiable incidents, as required. The care and support provided to people was kept under review to reduce risks, and people were at the centre of the service to achieve good outcomes.
- Audits were undertaken which assisted the registered manager to identify shortfalls and address them. A district manager was available for regular support and facilitated improvement plans which identified when improvements were needed, set timescales for implementation and when they had been completed.

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; Continuous learning and improving care

- There was a duty of candour policy and procedure in place, which was understood by the registered manager. They were able to give examples of action they had taken that demonstrated that they were open to learning and improving the service for people.
- Discussion with the registered manager and records viewed demonstrated the duty of candour policy was followed where required.
- Staff told us they could raise any issues with the registered manager and knew they would be listened to. One staff member told us, "It's a good place to work, I feel supported by manager and deputy, and the team leaders."

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

- People were asked for their views about the service in residents' meetings and care reviews. Their comments were valued and used to drive improvement. An example being the décor within St Marys. Residents were consulted and chose changes such as wallpaper. A relative told us, "If I want to chat to staff, they say come anytime. We get a newsletter telling us what is happening and what is coming up. We are

invited on the 31st in the afternoon for a party and we're allowed to bring pets in."

- Staff attended staff meetings, where they received updates to the requirements of their role, shared good practice and discussed any changes or concerns they had about people using the service. One staff member said, "It's a happy place to work, we are a happy team, and work well as a team, we love the residents."

Working in partnership with others

- The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included health and social care professionals, but also hairdressers and beauty therapists to ensure people had access to all services.