

Bupa Care Homes Limited

St Mary's Care Home

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

St Mary's Care Home provides care and accommodation to a maximum number of 40 people. The service supports people who have a learning disability, mental health conditions, physical disability, older people and older people living with a dementia. At the time of the inspection there were 39 people who used the service.

St Mary's Care Home is an established service, which had been previously registered under a different provider. This is a first inspection of a newly registered service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

People and relatives told us there were enough staff on duty to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with people.

People were supported by a team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and the manager monitored this to make sure all staff were up to date with their training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were able to choose meals of their choice and staff supported people to maintain their health and attend routine health care appointments.

Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People and relatives were actively involved in care planning and decision making. People who used the service had access to a range of activities and leisure opportunities. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the manager. Quality assurance

processes were in place and regularly carried out by the manager and provider, to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met.

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.

Staff knew how to report any concerns about the safety of people who used the service.

The provider made the appropriate checks on any new staff to make sure they were suitable to work with people.

Risks to people were assessed and managed. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well trained.

Staff understood the Mental Capacity Act so they knew how to make sure people were not restricted unnecessarily.

Staff worked with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs

People and relatives felt staff were friendly and helpful.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans

were tailored to the individual and reviewed on a regular basis.

People were involved in a range of activities and outings.

People were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good ●

The service was well led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care.

Staff were supported by the manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

St Mary's Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 3 August 2017 and was unannounced, which meant that the staff and provider did not know we would be visiting.

The inspection was carried out by one adult social care 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.

Before the inspection we reviewed all the information we held about the service, this included notifications submitted to CQC by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the commissioners of the service and other professionals to gain their views of the service provided. We also spoke with a professional who was visiting the service on the day of the inspection.

We had not asked the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed a range of records. This included four people's care records including care planning documentation and medicines records. We also looked at staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with staff, which included the manager, a nurse, the chef, two care assistants and a senior care assistant. We spoke with 14 people who used the service and 11 relatives. We spent time observing staff interactions with people throughout the inspection.

Is the service safe?

Our findings

People told us they felt the service was safe. One person told us, "I really do feel safe. The staff are on hand and there to help you." A relative said, "When I go home from here I know [person] is in safe hands. I have absolute confidence in the staff."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff knew the various forms of abuse; signs to recognise them and what actions they would take to protect people. Staff had an understanding of the policies and how to follow them and were confident the manager would respond to any concerns raised. People were protected from the risk of abuse.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as falls, nutrition, pressure areas and moving and handling. This meant staff had the guidance they needed to help people to keep safe. Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) that we looked at were completed correctly; however we did note that staff had not signed for the medicines they had given on the tea time of the inspection. We pointed this out to the manager who took immediate action. They told us they had reminded staff that medicines must be signed for after administering to each individual person. In addition further competency checks were carried out with staff. We asked what information was available to support staff when handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy, which made it easy to find people's medicines. The room temperature in which medicines were stored was monitored daily to ensure medicines were stored at the correct temperature.

We spoke with people who used the service and relatives and asked them if there were sufficient staff on duty to ensure people's needs were met. One person said, "The nurses come straight away if they are not busy." Another person said, "They [staff] are very good, but very busy and sometimes I have waited, but they come when they can." Another person said, "I just press my bell and they [staff] are there." A relative said, "[Person] doesn't have to wait for anything, if [they] want something [they] get it. Another relative said,

"There are enough staff, friendly and caring."

We spoke with the manager who told us that on the first floor of the service there were 21 people who used the service. During the day there was one senior care assistant and two care assistants. At night there was a senior care assistant and a care assistant. On the first floor of the service, there was 18 people who used the service. During the day there was one nurse and three care assistants and at night there was one nurse and a care assistant. In addition the manager was supernumerary and worked during the day Monday to Friday.

We looked at records, which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and the fire alarm. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and were up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I really like living here. Staff are kind and I am well looked after." A relative said, "I think the staff are marvellous and the quality of care is very, very good." Another relative said, "We [the family] are very happy [person] has been so well looked after. When [person] first came in they were bedbound. The improvement was quite striking and [person] now has a lot of movement and that is down to the staff."

Care staff told us they were well supported in their role as the manager ensured staff received regular supervision and an annual appraisal. Supervisions provided staff with the opportunity to discuss any concerns or training needs. Records were available to confirm staff had received regular supervision and an annual appraisal.

Records we looked at showed care staff had received the training they needed to meet the needs of the people using the service. This training included, safeguarding, infection control, moving and handling, medication and fire training. Staff confirmed the training was good and provided them with the knowledge to support people and meet their needs. One staff member said, "Our training is very good. The dementia training was very good and taught us about the different types of dementia."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions for them. We saw records to confirm this. The manager kept a tracker of all DoLS authorisation so these could be renewed in a timely manner.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the provider had made 14 applications to the local authority about the people who lived at the service because people needed supervision both inside and outside of the home. Twelve people's DoLS applications had been authorised by the local authority and two were pending. In this way the provider was complying with the requirements of the Mental Capacity Act.

We looked at the menu plan which provided a varied selection of meals and choice. Staff supported people to make healthy choices and the chef ensured that there was a plentiful supply of fruit and vegetables included in this. We asked people if they enjoyed the food that was provided. One person said, "The food is very good and you always get a choice you know." A relative said, "The food is fabulous, [person] now weighs more than me. [Person] has put on a ton of weight since being here."

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. People were weighed on a regular basis and this was monitored by nurses and the manager of the service.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist and their doctor. The manager said that they had excellent links with the doctors and community nursing service. Visits from professionals were recorded in care records and detailed outcomes of these visits.

Is the service caring?

Our findings

People told us they were very happy and that the staff were very caring. One person said, "I like all the staff, especially the manager, [they] come round to see me." Another person said, "I like living here because all of the staff are very kind and thoughtful. A relative said, "Staff give wonderful care to [person]. [Person's] face lights up when [person] sees them. [Person] blows kisses to them."

As part of the inspection process we contacted professionals to seek their views and they spoke highly of the service. One professional wrote and told us, 'I have had a wide variety of service users at St Mary's and I have always been impressed by the excellent care that is provided. [Manager] and [their] team have a very person centred approach and work well to promote independence and choice.' Another professional wrote, 'The care staff at St Mary's offer a high standard of care and support to all clients. Care is person centred and appropriate to the individual. Care staff are welcoming and are able to discuss individuals efficiently & effectively during meetings.'

Observations throughout the inspection showed staff were caring and respected people's privacy. Staff were polite, friendly and caring in their approach to people. When one person came into the lounge area, staff took time to make them comfortable and carefully helped them to put their feet up. This person said to the staff member, "You are very helpful you are." The staff member responded and stroked their cheek. The person obviously appreciated the affection as they gave a warm smile to the staff member. Staff were very patient and encouraging when helping people to mobilise. We saw how staff provided reassuring touches and were affectionate with people. When one person was distressed a staff member sat next to them and stroked their hand. We saw how this brought comfort and reassurance to the person. These examples showed that staff were knowledgeable about each individual and were able to use this knowledge to have meaningful interactions with people in a very caring way.

There were many occasions during the day where we saw staff and people who used the service engaged in meaningful conversation. People and staff had a good rapport and engaged positively with each other. We saw staff speak with people in a friendly and courteous manner and saw staff were discreet when speaking to people about their personal care. This showed us that that people were treated with dignity and respect and this promoted their well-being.

We saw that people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. People were able to choose to go to their rooms at any time during the day to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

It was clear staff knew people's care needs well. Staff were able to give detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built. One relative said, "I like the way they treat [person]. They [staff] tell me what [person] has been doing and how [person] has been."

We looked at care plans to see how people had been involved in decisions about their care. Examination of records confirmed that people were involved in making decisions about their care and treatment on an ongoing basis. Peoples lifestyle, religious and personal choices were respected by the service, people were supported to continue their preferred way of living.

Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. On the morning of the inspection staff asked people who were accommodated on Cleeton unit if they wanted to watch the television or listen to music. People chose to listen to music and enjoyed this. A relative told us how the person who used the service had a friend who also lived at the service. Each evening staff brought this person along to their room and they sat and enjoyed each other's company and watched the television together.

Information on advocacy was available for anyone who required this and was displayed around the service.

The service accommodated people who required end of life care. The manager told us how they worked closely with other professionals to ensure people received excellent end of life care. One professional wrote and told us, 'Staff within the home, I have found to be very caring, and in dealing with palliative patients if they require advice or support are good at referring to our team.' We saw a compliment the service received from a relative. This read, 'Please can I thank you and your team of wonderful caring staff for the kindness, care and attention shown to [person], me and my family during [person's] stay with you but especially over the past week. It has been difficult for all concerned but the genuine warmth of the care and affection your team showed helped so much in the circumstances. Please thank them all on behalf of me and my family. You are so lucky to have such special people working with you.'

Is the service responsive?

Our findings

People told us they felt the service provided personalised care. One person said, "They [staff] help me with all my needs. I need help on a morning to get washed and dressed. The staff are ever so good." A relative said, "This is a really good care home. The manager makes sure residents get all the help they need and more."

Professionals told us the manager and staff were responsive to people's needs. One professional wrote, 'My service users tend to be people with a learning disability and although this home is not a specialist home for learning disabilities, [manager] and the staff team have been extremely welcoming and supportive with my service users. For example, I had an elderly [person] with Down Syndrome and dementia who had to be admitted to St Mary's following the closure of [their] previous home and thanks to the expertise of the staff team, [person's] transition to the new environment went very well and [their] dementia improved after admission.'

Another professional wrote and told us, 'The most outstanding quality of the team is the importance they place on service user involvement which reflects in the presentation of the service user on every visit and is strongly represented in the service users support plan and the observable work undertaken by the staff team. The team are proactive in identifying early any issues and acting promptly to resolve this. They provide care to a high standard and are insightful and creative in how they provide support to meet each person's individual needs.'

Another professional wrote and told us, 'A case I would like staff to be acknowledged for was work undertaken with a [person] who was discharged from hospital in to nursing bed at St Mary's.' This person was very unwell on admission to the home and relied on staff for total care and support. With the support of other health professionals and staff at the service this person gained independence and was supported by the manager to move in to their own home. The professional also wrote, 'Professionals still discuss this case and are still amazed at the progress, this improvement is due to the dedicated care and support provided by staff at St Mary's Nursing home. This was a positive outcome no-one could have predicted.'

The service employed an activity co-ordinator who worked to ensure people who used the service took part and enjoyed meaningful activities. People and relatives told us there was a plentiful supply of activities and entertainment. One person said, "I go to the park with the staff and feed the ducks. I also go to the town to do window shopping." Another person said, "I like to paint." A relative said "There are sing-alongs and people get to play instruments which are good for their muscles."

At the time of the inspection staff were busy enhancing the external gardens and making raised beds so that people who used the service could be involved in planting.

People and relatives told us about activities and outings that people had taken part in. This included trips to parks, museums and shopping." We spoke with one person who told us they were going out to the cinema and then after that they were going to have their lunch out.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. The manager told us any form of dissatisfaction was taken seriously. There had not been any complaints since the registration change of the service. We spoke with people and relatives who told us that if they were unhappy they would not hesitate in speaking with the manager or staff. One person, "I would go and speak with [manager] and they would sort it out."

Is the service well-led?

Our findings

People who used the service and relatives told us they liked the manager and they were very approachable. One person said, "The manager is visible within the home and seems very nice and honest." Another person said, "[Manager] is fantastic and goes out of [their] way to help people." A relative said, "[Manager] has always been good. [Manager] is always very welcoming and never too busy to answer or speak to you. [Manager] keeps you up to date with everything that's happening."

Professional's spoke highly of the manager one professional wrote and told us, 'The manager is very professional and has a wonderful way with the residents.' Another wrote, 'St Mary's is very well led by [name of manager]. [Manager] is very proactive and is always available to all, residents, carers and families, staff, professionals and members of the public. [Manager] displays a professional manner at all times.'

Staff told us the service was well-led and the manager was extremely approachable and supportive. One staff member said, '[Manager] is really good and [managers] door is always open to talk to and support us.' Another staff member said, "[Manager] is so supportive. This home is very well run." Staff were happy in their work, were motivated and had confidence in the way the service was managed. Staff were well looked after and understood their roles and appreciated what was expected from.

The manager and staff had a clear vision, to deliver a high quality service to people, and these were demonstrated by all staff. We found the culture of the home was positive. It was evident that the manager had a passion and people who used the service were at the centre of everything they did or planned to do.

The provider hosted a yearly recognition awards for staff. In May 2017 a staff member from the service recommended the manager for a People Manager of the Year Award. This recommendation was made as they had supported the staff member through bereavement and illness. They described the manager as inspiring and empowering. These awards took place in June and the manager was awarded runner up in the finals.

The provider had a quality assurance system to check the quality and safety of the service. The manager carried out a number of quality assurance checks, in areas including medication, infection control, care planning, health and safety and staff files to monitor and improve the standards of the service. Any areas identified as needing improvement during the auditing process were analysed and incorporated into a detailed action plan. A detailed report was frequently produced in relation to quality. We saw that the manager made unannounced visits to the service during the night to check on staff, care and service provided.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to talk about safeguarding, any concerns, audits and any news relating to the provider. Meetings for people who used the service had also taken place. These were used to discuss menu choices, activities, upkeep of the home and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service.

The manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.