

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

### Inspection report

Margaret Street  
Stone  
Staffordshire  
ST15 8EJ

Tel: 01785813894

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Mary's Nursing Home Margaret Street Stone is a care home providing personal and nursing care to older people. The service can support up to 59 people in one building over 3 floors. At the time of the inspection, the service was supporting 50 people.

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

Environmental risks to people had not always been mitigated enough to make sure people would always be protected. This included hot radiators and pipes and windows without appropriate restrictors on. There were some omissions in the information about 'when required' medicines and some gaps in recording, however no one had come to harm as a result of this. Quality assurance systems in place had failed to fully recognise and address risks to some people. Following feedback, all concerns were swiftly rectified by the registered manager and management team. Overall, medicines were managed safely, and people received these as prescribed.

People and relatives consistently felt safe living in the home and felt positive about the care they received. Staff knew people well. Staff understood their safeguarding responsibilities and how to recognise potential abuse. Staff were safely recruited to ensure they were appropriate to support those using the service. There were enough staff to keep people safe. The home was clean and tidy and without malodours. People and relatives confirmed this was consistently the case. There were no restrictions on visiting. Lessons were learned when things had gone wrong, with reviews taking place and an analysis of incidents to determine if there were any trends or further action needed.

People, relatives, and staff were consistently complimentary about the service, the registered manager and management team. The culture of the home was open and inclusive. People felt well cared for and all felt they could raise concerns if they needed to and felt confident these would be addressed. People were supported to practise their faith if they wished to do so. Staff felt equally well supported and there were extra support mechanisms in place. Learning was encouraged and shared, with staff empowered to be champions of areas they were passionate about. The registered manager was proactive and involved in many external organisations and schemes in order to continuously improve. Professionals confirmed the home worked in partnership. The registered manager was fully aware of their duty of candour.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 January 2022).

### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident was subject to further investigation by the CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of moving and handling. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. However, we found some environmental concerns. Please see the safe section of this full report.

Following the inspection, the CQC determined they would take no further action taken in response to the incident.

### Enforcement

We have identified a breach in relation to quality assurance systems in place failing to identify and address environmental risks to people.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 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 Mary's Nursing Home Margaret Street Stone 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 Mary's Nursing Home Margaret Street Stone 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 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. 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 10 people who used the service and 6 relatives. We spoke with 10 staff, including care staff and senior care staff, other support staff (such as activities and reception), the finance and administrator manager, the deputy manager and registered manager. We made observations in communal areas to find out people's experience of care. We also contacted external professionals after their details were shared with us by the home.

We reviewed 6 people's care plans and care records and multiple medicine records. We reviewed 3 staff files to check they were safely recruited. We looked at management records, such as audits and policies and procedures.

# 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 has changed to requires improvement. This meant some aspects of the service were not always safe and there was reduced assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Environmental risks to people had not always been mitigated so people had been left at risk.
- Hot radiators and hot pipes were not always covered, or temperature limited, to ensure they could not pose a burns risk to people. Risk assessments had been carried out, but action had not always been taken to address the risks.
- Windows on upper floors were not always appropriately restricted which left people at risk of falling from height.
- A cupboard containing hazardous substances and other hazardous items was observed to be unlocked and accessible to people on one occasion, despite it being labelled as needing to be locked.
- Following our feedback immediate action was taken to reduce the risk and rectify the concerns we identified. We will check these risks have been consistently managed during our next assessment of the service.
- People and relatives consistently told us they felt safe and well looked after. One person said, "I was very nervous [moving in] but amazed, pleasantly surprised. It is good care, they treat me like a person." One relative said, "My relative is absolutely safe here. My relative has been physically and emotionally looked after."
- One professional who worked with the service told us, "The nursing staff are very knowledgeable of their residents but also their families and appear to have good relationships with both."
- Other risks to people were assessed and planned for. Staff were able to tell us about people's needs and how they kept them safe.

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).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Using medicines safely

- Medicines were managed safely. Some minor improvements were needed regarding documentation around 'when required' medicines and the support being offered to 2 people around some medical equipment. However, no one had come to harm as a result of this and immediate action was taken to reduce the risk of a reoccurrence, following our feedback.
- Relatives felt confident their loved ones received their medicines as prescribed. One relative said, "[My relative's] medication is properly managed. I'm confident that it is always given at the right time."
- Medicine stock levels generally matched records, so we could be sure people were receiving their medicines as prescribed.
- Medicines storage was appropriate and being monitored to ensure it remained safe.

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

- People told us they felt safe. One person told us, "You can tell the staff anything, you can trust them, they're approachable and that's a big reassurance." Relatives all felt their loved ones were safe in the home.
- Records confirmed staff received training to help recognise and report possible abuse. Staff could all answer questions about safeguarding and records confirmed training was largely up to date.
- Appropriate referrals had been made to the local safeguarding authority when needed.

### Staffing and recruitment

- People were supported by enough suitably recruited staff.
- One person said, "There's always enough staff to help. If I need the call bell you have to wait, and more during the day than at night, but never so long that it's not safe."
- There was a dependency tool used to help determine staffing levels.
  - Staff had checks on their suitability to work with people, such as on their employment history, references and criminal record 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.

### Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- The home was clean and tidy, with no malodours. People and relatives told us they often visited at different times of the day, and they had never encountered any issues with the cleanliness of the home.
- We observed domestic staff cleaning throughout the day.

### Visiting in care homes

There were no restrictions on visiting.

### Learning lessons when things go wrong

- Lessons were learned when things went wrong. Accidents and incidents were recorded, reviewed and clear actions were recorded.
- There was an analysis of accidents and incidents monthly to check if there were any trends and further improvements which could be made.
- When a serious incident had occurred, action had been taken to investigate the circumstances, re-train staff and reduce the risk of a reoccurrence.

# 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 quality assurance systems were inconsistent. Despite this there was still a positive culture within the service and people, relatives and staff were positive about the leadership of the service.

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

- The provider had failed to fully recognise and address the concerns associated with the care home environment.
- Quality assurance systems in place had failed to fully identify and act on concerns with hot radiators and pipes, windows not being appropriately restricted, access to hazardous items and some minor medicines omissions.

The provider failed to adequately assess and mitigate risks to the health, safety and welfare of some people who used the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and management team were swift to address these concerns and open to feedback.
- Despite the concerns we identified, other systems in place were effective at monitoring trends and ensuring omissions were addressed.
- Relatives and staff were overwhelmingly positive about the home management team, feeling any queries raised were always addressed and feeling their loved ones were safe. Relatives felt communication was 'fantastic'.

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

- The culture of the service was open and inclusive. People and relatives were exceptionally complimentary of the service and of the management team.
- One person said, "I couldn't ask for better care, I can't fault it. It's absolutely brilliant." Another person told us, "They treat me like one of their family." Another person commented, "Staff are very friendly. They will go the extra mile and if you need anything they will always come with a smile on their face. They make you feel that you count."
- A relative commented, "It is brilliant here, there is a lovely feeling and calm atmosphere, and oozes love and happiness."
- Staff felt very well supported and were also universally complimentary of the registered manager and management team. One staff member said, "There is nothing they [registered manager] won't do, support

was second to none. Every step I was supported by each and every one of the management team." Another staff member said, "[The registered manager] made me care about what I was doing and the impact I was making. [The registered manager] made me feel part of the team. They made me understand why we're doing things and made me passionate."

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

- People, relatives and staff felt fully involved in the service and they could feedback if they wanted to.
- One person said, "They [the managers] always listen and take action." Another person told us, "[The registered manager] is faultless, they know all the residents personally. [The registered manager] wants you to raise any concerns, or even comes to you first. They would get stuff seen to the same day if they possibly could."
- People were supported with their protected characteristics from the Equality Act, such as sex, gender, religion, and ethnicity, for example. The provider was a religious organisation and people were supported to freely practise their religion with the option of attending church services and prayers prior to mealtimes.
- Staff confirmed there were staff meetings where they could discuss the service and felt very supported by the registered manager and their colleagues. One staff member said, "I cannot speak highly enough of St Mary's. [The registered manager] has been a diamond. They go over and above for staff, same as for residents. This home has been my saviour. It's a joyful place – staff are so happy and cheerful. It's a lovely place to work."
- There was a culture of support for staff in the service. Staff had access to support outside of their work and staff who may traditionally be disadvantaged were also given extra support. The registered manager was passionate about equality and diversity.

Continuous learning and improving care; Working in partnership with others

- The registered manager and service worked in partnership with other organisations and professionals. This assisted in their continuous learning and improving care. One professional told us, "I find that the staff listen and respect my professional advice, but that also the nursing staff are not afraid to discuss the decision-making process and are happy to contribute to that as well. I feel that the nursing staff and the management are keen to work with me and from this we have formed a respectful working relationship."
- The management team had been proactive to review any learning following an incident and engaged with staff, through various means to ensure learning was effectively communicated.
- The registered manager was part of the local registered managers network and engaged with other services to share learning. There was also involvement with other schemes, such as engaging volunteers and students to encourage community liaison and develop those volunteers and students.
- The registered manager was proactive at supporting staff with a range of needs and staff were empowered to be champions of areas they felt passionate about.
- The registered manager had also been recognised for their contribution to social care during the COVID-19 pandemic.

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 registered manager and management team were aware of their duty of candour. They acknowledged and apologised if something had gone wrong.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to adequately assess and mitigate risks to the health, safety and welfare of some people who used the service.