

SUSASH Middlesbrough Ltd

St Mary's Care Home

Inspection report

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Middlesbrough
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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. Mary's Care Home provides personal and care and accommodation for up to 40 people, some of whom are living with dementia. At the time of the inspection there were 38 people living in the home.

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

People felt very safe living in the home and with the support they received from staff. They were happy and spoke highly of staff members and the registered manager, describing them as "lovely", "very good" and "very friendly."

People were safeguarded from abuse. Risks to individuals and the environment were well managed. There were enough staff to meet people's needs and they were recruited in a safe way. The provider learned from previous accidents and incidents to reduce future risks. Arrangements were in place for the safe administration of medicines. The premises were clean and tidy and staff followed infection control procedures.

An assessment of people's needs was completed before they received support. Staff were supported and equipped to carry out their roles through ongoing training, regular supervisions and annual appraisals. 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. Staff supported people to enjoy a balanced diet and to access a range of health care professionals.

People were well supported and cared for. Staff treated people with dignity and respect and supported them to maintain their independence. People were supported to maintain relationships that were important to them and advocacy support was available, when needed.

People had person-centred care plans that detailed how they wanted to be supported. Staff knew how to communicate with people and most effective communication methods were detailed in care records. People and relatives had no complaints about the home but knew how to raise concerns. Any complaints received were fully investigated and actioned. People enjoyed a range of activities inside the home and accessed the local community.

The home was well managed. People and relatives were complimentary about the home and felt the registered manager was very approachable and open. An effective quality assurance process was in place. People, relatives and staff were regularly consulted about the quality of the care and support through surveys and meetings.

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 16 October 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the new registration of the service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Mary's Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of one inspector, a specialist professional advisor (nurse) 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 Care 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. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with ten people and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the head of care, the kitchen manager, two senior care workers, a care worker and the activities co-ordinator. We also spoke with a visiting health professional about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records. This included five people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this service following the change in registered provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems and processes in place to keep people safe. People and relatives felt the home and the support provided by staff was safe. One person said, "I feel so safe with the security on the front door."
- Staff were knowledgeable about people and felt confident they could protect them from abuse.
- The provider had a safeguarding policy and procedure in place. There had been no safeguarding concerns since the registration date of the home.

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

- Risks to people's health, safety and wellbeing were assessed and managed. Associated care plans were in place for staff to follow to reduce the likelihood of risks occurring. Staff understood potential risks to people and how to mitigate them.
- The premises were safe. There were environmental risk assessments in place and regular checks of the premises and equipment were carried out.
- All accidents and incidents that occurred were recorded. Immediate action was taken to make people safe and accidents were analysed to identify any trends or lessons learned.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People told us there were staff around when they needed them.
- Staffing levels were determined in line with people's needs. The registered manager said, "I'll bring in extra staff if necessary." There was a clear staff presence throughout the inspection and call bells were answered quickly.
- Staff were recruited in a safe way. All appropriate checks were carried out prior to staff commencing work in the home.

Using medicines safely

- Medicines were well managed. People received their medicines in a timely way and medicine administration records we reviewed were fully completed.
- Medicines were administered by trained and competent staff.
- Regular medicine checks and audits were carried out. Any errors were identified and actioned appropriately.

Preventing and controlling infection

- The home was clean, tidy and welcoming. The cleanliness of the premises was maintained by dedicated

domestic staff. Specific areas of the home were cleaned more frequently to meet standards and ensure comfort for everyone.

- The provider had an infection control policy in place. People were supported by staff who were trained in hand hygiene and infection control. Staff wore appropriate personal protective equipment such as aprons and gloves, when necessary.

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.

This is the first inspection for this service following the change in registered provider. This key question has been rated 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

- People's needs were assessed prior to moving into the home to ensure staff could effectively support them.
- Assessments and associated care plans were regularly reviewed and contained people's individual choices.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction into the home.
- Staff received regular training in a wide variety of areas to ensure they had the correct skills and knowledge to support people. This included training relating to people's specific needs such as epilepsy or diabetes.
- Staff felt supported in their roles. Their performance was regularly reviewed through supervisions and appraisals.

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

- People were supported to enjoy a nutritional, balanced diet. Comments included, "It's nice, well-cooked and tasty. You never go hungry in here."
 - Care records contained people's nutritional and hydration needs, including any specific dietary requirements.
 - Staff knew people well and supported those who required assistance, to enjoy their meals at a gentle pace.
- A visiting health professional said, "I was very impressed with the staff and how they dealt with the meal time as there were a lot of people with complex support needs."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People were supported in line with the principles of the MCA.
- Care records included details of people's capacity and if they were subject to a DoLS authorisation.
- Staff had a good understanding of MCA, they had received training and encouraged people to make decisions.

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

- People were supported to maintain their health. Staff were mindful of people's general health and consulted relevant health professionals quickly if people presented as unwell.
- Care records documented engagement with different health care professionals.

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

- The home was appropriately designed and adapted for people living there. There were large communal gardens for people to enjoy. The provider had a plan to develop and improve the grounds.
- People's rooms were personalised to their own specific tastes including décor, furniture and personal effects such as ornaments and pictures. There were murals on communal walls designed to stimulate people's memories, such as shop windows and post boxes.

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.

This is the first inspection for this service following the change in registered provider. This key question has been rated 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 were respected, listened to and well cared for. Comments from people included, "Everybody is absolutely wonderful. I can't fault the place. I feel listened to, they [staff] really care" and "They're [staff] fine. They're more like friends. The staff are very good."
- People were supported to maintain relationships that were meaningful to them. One person said, "My [relative] visits two or three times a week." Relatives enjoyed meals and activities with their family members in the home.
- People were supported to follow their religion/faith. For example, specific dietary restrictions, the requirement for personal space and visits from local clergy to deliver services. Care plans detailed people's religious beliefs and if they actively followed their faith.

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

- People were involved in making decisions about their care. Staff discussed people's care plans with them and their relatives regularly.
- People's communication needs were recorded in care plans including appropriate methods to use to help people understand and express their choices and preferences.
- Some people received regular support from advocacy services when making decisions about their care and support. An advocate helps people to access information and to be involved in decisions about their lives. Information about advocacy services was accessible to people.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect when receiving support from staff. Staff approached people with a friendly, gentle manner and supported them patiently. Staff knocked on people's doors prior to entering their rooms and sought permission from people before supporting them.
- People were encouraged and supported to maintain their independence as much as possible. One person said, "I like to be independent. I do my own laundry, staff showed me." Staff also supported people to make their own medical appointments, where possible. Care plans detailed people's capabilities and what they required support with from staff.
- People's personal information was stored securely in lockable filing cabinets and password protected computers. Records could be located quickly upon request by authorised staff.

Is the service responsive?

Our findings

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

This is the first inspection for this service following the change in registered provider. This key question has been rated 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 received person-centred care. Care plans were personalised and detailed how people wanted staff to support them.
- Care plans were regularly reviewed and updated when people's needs changed.

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.

- People were given information in a way they could understand. Care plans detailed effective methods of communication staff should use with individual people, for example, using short sentences.

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's social needs were met. Some people enjoyed and took part in activities in the home and others enjoyed doing hobbies. Comments included, "I love it [living in the home], it's great. There's always plenty to do. I do whatever activities are on" and "I set up a bird feeding station in the garden, so I can take photos of the birds. I also do a lot of weeding in the garden."
- The provider employed an activities co-ordinator who organised a range of activities in the home, such as, pamper sessions, armchair exercises and baking. Activities were also tailored to people's individual hobbies and interests. For example, one person liked to do little DIY jobs around the home and in the garden with the handyman.
- Staff supported some people to access the local community for appointments, socialising and exercise. Some people accessed the community independently such as the local shopping centre or disco events. One person was supported to organise an outing to the theatre for a few people which they were proud of.

Improving care quality in response to complaints or concerns

- People and relatives had no complaints about the care and support received but knew how to raise concerns if needed. Comments included, "No, nothing [to complain about]. I would tell them if there was [anything wrong]" and "If I had anything I was worried about I would speak to [registered manager]. He's really good. But I've never had any issues."
- The provider had a complaints procedure. Complaints received had been fully investigated, actioned and the outcome communicated to the appropriate people.

End of life care and support

- People were supported at the end of their life to be as comfortable as possible. Staff were trained in end of life care. Some people's care records contained their end of life wishes, including any religious, cultural and spiritual beliefs or preferences.
- Emergency health care plans and/or Do Not Attempt Cardio Pulmonary Resuscitation plans were included in people's care records to reflect their preferences at such a time when they would be unable to express their wishes.

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.

This is the first inspection for this service following the change in registered provider. This key question has been rated 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

- The registered manager promoted a positive culture in the home. They were open and approachable to all. Comments included, "[Registered manager] really talks with respect to you. He has a very calming effect on me. He's a lovely person" and "He's very nice, very approachable."
- The home was well-managed. People, relatives and a health professional spoke highly of the registered manager and the staff. One person said, "It's done me the world of good, I needed to come in here. It's cosy and comfortable. I've got my confidence back and am thinking clearly now" and "It's been a good move for [family member]. This is the best place for [them]."

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 acted on the duty of candour. They conducted themselves in an open and honest way. They submitted statutory notifications in a timely manner for significant events that had occurred.
- The registered manager and staff fully understood their individual roles and responsibilities.
- The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care and to drive improvement. This included the completion of regular audits and the registered manager spending time around the home with people and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives were asked to share their views about home. Regular meetings were arranged to discuss areas such as activities, food and staffing.
- The registered manager also sought views from people and relatives through annual surveys. All feedback received was analysed and any identified actions were completed. Results and actions were displayed on the noticeboard in the home.
- Staff were kept updated about the home and any improvements through regular meetings.

Working in partnership with others

- Staff worked in partnership with key stakeholders to achieve positive outcomes for people.
- The registered manager had developed good links with the local community. People enjoyed attending clubs in the community such as dominoes, discos and coffee mornings at a local church hall. School

children visited the home a few times a year to sing and do activities with people.