

Saroia Staffing Services Ltd

St Mary's Nursing Home

Inspection report

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Doncaster
South Yorkshire
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03 August 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

St Mary's Nursing Home is a residential care home providing personal and nursing care for up to 56 people. At the time of our inspection there were 20 people residing at the service, some of whom were living with dementia.

People's experience and what we found

Improvements had been made since our last inspection which took place in August 2019. We found the service had made positive changes in how the service was managed and effective systems had been developed and embedded to ensure people received safe person-centred care and support.

We looked at care plans and found these had improved since our last inspection and now reflected people's needs and preferences.

People were safeguarded from the risks of abuse, staff received training in this area and knew how to recognise and report abuse. Staff were confident that appropriate action would be taken to keep people safe. Risks associated with people's care were identified and risk assessments were in place to minimise the risk. Staff were knowledgeable about risks associated with people's care.

Accidents and incidents were monitored, and trends and patterns identified. Lessons were learned when things went wrong.

People received their medicines as prescribed. Competency checks were carried out and staff were knowledgeable about medicine management. The provider had a robust recruitment procedure which ensured new starters were recruited safely.

We observed there were sufficient staff available to meet people's needs and to socially engage with them whilst adhering to the current restrictions due to the COVID-19 pandemic. Staff we spoke with felt there were enough staff available and were able to meet people's needs.

The home was clean and there were PPE stations situated at several points throughout the home. The provider had managed the current COVID-19 pandemic well and implemented effective procedures.

A range of audits took place to ensure the service was monitored and quality maintained.

Since our last inspection the provider had employed a clinical governance manager who had oversight of quality audits and actions required to resolve any issues and drive improvements.

The management team supported staff to deliver person centred care to people. The provider engaged people in the service and listened to their comments.

We spoke with people who used the service and their relatives, and they were complimentary about the care they or their relatives received. Many described the home as being, 'friendly and caring.' Relatives felt involved in the care of their loved ones and felt staff were adequately trained. People felt the home had a 'happy atmosphere.'

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inadequate (published 10 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 14 August 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person-centred care, good governance, safeguarding and staffing.

We undertook this focused inspection in line with our current methodology in the COVID-19 pandemic, to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. 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 Mary's Nursing Home' on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Mary's Nursing 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 was carried out by two 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 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.

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

We gave short notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and make arrangements to speak with people, their relatives and staff by telephone after our visit. This helped minimise the time we spent in face to face contact with the registered manager, staff and people who used the service.

Inspection activity commenced on 28 July 2020 and ended on 3 August 2020. During this time, we contacted relatives and staff via telephone to gain their views. We visited the service on 28 August 2020.

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. 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 three people who used the service and ten relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, senior care worker, nurse, care workers and ancillary staff. 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 a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service and spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider's systems for reporting safeguarding concerns, were not always effective. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The provider had effective systems in place to safeguard people from the risk of abuse.

Assessing risk, safety monitoring and management

At our last inspection we found risk's associated with people's care and treatment were not always identified and measures were not always put in place to minimise risks occurring. We also found some areas of the environment posed a risk, for example some fire doors had been propped open by items of furniture. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Risks associated with people's care and treatment had been identified and risk assessments were in place to minimise risks occurring.
- Staff we spoke with were fully aware of risks and took appropriate actions and followed people's care plans to ensure people were kept safe.
- Some people using the service required staff to closely monitor areas of their care. For example, where people were at risk of poor nutritional intake and weight loss, food charts were in place to monitor this aspect of their care.
- One relative said, "I am very happy with the way [relative] has been cared for and the attention they get. It's very safe." Another relative said their family member was, "Safe and well looked after."

Staffing and recruitment

At our last inspection we found the provider had not taken appropriate steps to ensure staffing levels and the deployment of staff were sufficient to always meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- People were supported by sufficient numbers of suitably qualified and competent staff who were effectively deployed.
- We found there were enough staff available to respond to people's needs and to socially engage with them.
- Relatives told us there was always staff available to assist people. One relative said, "If you needed to call anyone, somebody comes promptly. There is always someone around if you need to speak to somebody."

Using medicines safely

At our last inspection we found the provider did not have effective systems in place to manage medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Effective systems were in place to ensure people received their prescribed medicines in a safe way.
- Protocols were in place to support people who were prescribed medicines on an 'as and when' required basis. These were informative and provided a clear guide in how to support people.
- Staff received training in the safe handling of medicines and had a competency check completed on an annual basis, or before if required.

Preventing and controlling infection

At our last inspection we found the provider did not always protect people from the risk and spread of infection. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- We saw the home was clean and there were no malodours. PPE stations and hand sanitisers were strategically placed throughout the home. This ensured staff and any visitors adhered to the current guideline during the COVID-19 pandemic.
- At our last inspection we saw areas of floor covering which needed replacing and sluice rooms and other areas of the home were in need of a deep clean. On this inspection we saw these areas had been addressed.

Learning lessons when things go wrong

- The management team ensured lessons were learned when things went wrong.
- Accidents and incidents were analysed, and trends and patterns were identified to ensure future incidents were minimised.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. At our last inspection we found systems in place to monitor the service were not effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the service was no longer in breach of regulation.

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

- The management team consisted of the registered manager, deputy manager and the clinical governance manager. Senior care staff and nurses were also responsible for leading and guiding staff. Staff felt able to raise issues with the management team and felt listened to.
- Since our last inspection the provider had appointed a clinical governance manager to oversee the governance of the service. This had a positive impact on the service.
- Staff we spoke with fully understood their roles and responsibilities and were keen to ensure a good quality service was provided.

Continuous learning and improving care

- Since our last inspection the provider had developed and embedded effective governance systems to monitor the service.
- Audits were effective, we saw a range of audits took place and identified areas to improve on. We saw actions had been followed through and resolved.

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

- People who used the service, their relatives and staff were engaged in the running of the service.
- The provider carried out a quality survey in October 2019, and the results were mainly positive. People living at the service raised some issues about the catering service saying there could be more choice. This was actioned in a timely way. On the day of our inspection we saw a range of options available.

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

At our last inspection we found people did not always receive person-centred care which met their needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The management team promoted a positive culture within the home where people felt included. The management team and staff were dedicated in ensuring people achieved good outcomes.
- We viewed a selection of care plans and supporting documentation and found people's needs and preferences were included.

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 management team understood their responsibility in relation to the duty of candour and were open and honest when needed.

Working in partnership with others

- The provider worked in partnership with other professionals and took on board their recommendations and advice.
- We spoke with a health care professional who raised concerns in relation to someone's care. We raised this with the registered manager who took timely and appropriate actions to remedy the issues and put systems in place to improve the service.