H.A.S. Careplus Limited

St Marys Mount

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We inspected St Marys Mount on 22 June 2016 and our visit was unannounced. St Marys Mount provides accommodation and personal care for up to 30 older people some of whom may be living with dementia. There were 30 people living at the service when we visited. The service was meeting the regulations that we checked at the last inspection on 3 January 2014. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected from harm because some staff did not recognise all forms of abuse or report incidents in line with the safeguarding policy. There was not a consistent approach to support people whose behaviour could cause harm to themselves or to others. When incidents relating to people's behaviour were recorded they were not fully reviewed to ensure that the risk of repetition could be minimised.

Other risks were assessed and reduced and people were supported safely. Their healthcare needs were met promptly and plans were reviewed and amended to reflect any changes in people's needs. People and their relatives were involved in planning and regularly reviewing their care. People consented to their care and if they did not have the capacity to do this for themselves a best interest decision was made on their behalf. Applications were made to restrict people's liberty when it was identified that this was in their best interest to keep them safe.

People received the medicines they were prescribed safely and there were systems in place to reduce the risks associated with them. Mealtimes were not rushed and people said that the food was good. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk.

Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. There were enough staff to meet people's needs promptly and they had developed caring, patient relationships with the people they supported. People were encouraged to pursue interests and regular activities were planned for them. Visitors were welcomed at any time. People and relatives knew the manager and felt confident that any concerns they raised would be resolved promptly.

Quality improvement systems were implemented and regularly reviewed to ensure that they were effective. Staff said they were well supported by the registered manager and plans were in place to continue to develop their skills. There was an inclusive culture which welcomed feedback in order to support the development of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.
People were not always protected from harm and there was not always a consistent approach from staff to reduce the risk of harm to people. Medicines were managed and administered safely. There were sufficient staff and they had been through suitable recruitment processes to ensure they were safe to work with people.

Is the service effective?

Good

The service was effective
Staff received training and line management to enable them to work with people effectively. They understood how to support people to make decisions about their care and if they did not have capacity to do this then assessments were completed to ensure decisions were made in the person's best interest. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Good

The service was caring.
People were supported in a kind, patient and respectful manner. They were supported to communicate their choices about the care they received. People's privacy, dignity and independence were promoted.

Is the service responsive?

Good

The service was responsive
People and their families were involved in planning and reviewing their care. Hobbies and interests were encouraged and planned around people's personal histories. Complaints were investigated and responded to in line with their procedure.

Is the service well-led?

Good

The service was well led
People knew the manager and reported that they were approachable. The staff team felt well supported and understood their responsibilities. There were systems in place to drive quality improvement and regular checks took place.

St Marys Mount

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 was planned to check 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 inspection visit took place on the 14 June 2016 and was unannounced. It was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed 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. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with five people who lived at the home about their care and support and to the relatives of four other people to gain their views. Some people were less able to express their views and so we observed the care that they received in communal areas. We spoke with five care staff, the registered manager and a visiting health professional. We looked at care records for six people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from avoidable harm and abuse. Staff we spoke with had received training in safeguarding and were aware of their obligations to report any concerns that somebody may be at risk of harm. However, we observed one incident between two people which could have caused them harm and staff did not raise this as an incident with the manager or report it as a safeguarding concern. When we spoke with the manager they did refer it to the appropriate authority for possible investigation. The manager said, "I recognise that the staff team may be regarding abuse as something that happens by someone from the outside and not seeing it within the home". This meant that safeguarding procedures were not always followed to protect people from harm.

When people displayed behaviours which put themselves or others at risk of harm there was not consistent guidance for staff to know how to support people safely. We saw that a member of staff spoke to someone about their behaviour but did not take any action to diffuse the situation. When we reviewed the guidance we saw that it was unclear. One member of staff we spoke with said, "I am able to support the person because they will come with me but I am not sure what other staff do or what I would do if they won't come". Other records that we reviewed showed that incidents of behaviour were recorded but there was little analysis in terms of understanding the possible causes of the behaviour such as times of day, reacting to certain people or other concerns. The manager said, "We need to look at that to make sure we are reviewing it in the same way that we do other accidents and incidents". This meant that not all risks to people's health and wellbeing were managed to protect them from harm.

Other risks were assessed and managed to protect people and we saw that people were assisted to move safely in line with their plans. For example, one person was supported to stand using an aid so that they could move from a chair to a wheelchair. People used equipment to protect their skin and records that we reviewed showed that staff were supporting them in line with the guidance provided. Accidents, including falls, were analysed and action was taken to reduce the risk; for example, referrals to healthcare professionals and obtaining aids and assistive technology. Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home. Records that we reviewed clearly demonstrated this.

We saw equipment was maintained and tested. Portable appliance testing had been completed and other equipment including that used for moving people was regularly checked. This demonstrated the equipment was maintained so that it was safe to use.

There were enough staff to meet people's needs and one person said, "The staff are always close by". A relative we spoke with told us, "There are enough staff; my relative needs two people to help them move which there always are". We observed that there was always at least one member of staff available in the communal areas to attend to people promptly. Staff told us that there were enough staff to be able to do their job well. One member of staff said, "There are always enough staff and we all and help each other out so we rarely use agency". This meant that the provider ensured that there were sufficient staff to meet people's needs.

The provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. Staff told us that their references were obtained and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. One member of staff we spoke with said, "They did all of my checks and I didn't start until the DBS came back". Records that we reviewed confirmed that these checks had been made.

People received their medicines when they should and that they were happy with the way that they were managed. One person said, "The staff help me to take my medicines". We observed people being given their medicine to meet their individual needs and time was taken to support people if necessary. For example, one person administered their own eye drops while other people were gently encouraged to take their medicines with guidance from staff. Some people had requested that they take their medicines differently, for example, on top of food, and this had been checked with healthcare professionals to ensure that it was safe. People were asked if they wanted additional medicines which were prescribed 'as required' known as PRN medicine; for example, for pain relief. There were PRN protocols in place to give staff guidance when these medicines should be given. We saw that records were kept and that medicines were stored safely to manage the risks associated with them. This demonstrated that medicines were managed so that people received them safely

Good

Is the service effective?

Our findings

People we spoke with and their relatives told us that staff supported them well. One person said, "They do know what they are doing". One relative we spoke with said, "I have always found them to be very good and they have a good understanding of my relatives condition". Staff we spoke with told us that they received training and supervision to do their job well. One member of staff said, "We get loads of training and if we want more we can ask for it. I have recently requested end of life training and that is being organised for me". They also told us that they had their competency checked through observation. One said, "When I started doing medicine administration I was paired with another member of staff and they showed me. Then, I was observed to check that I knew what I was doing". Another member of staff told us how they had been supported to take on a role which developed their skills. They said, "I have done 'train the trainer' for moving people and so I now support the new staff by showing them how to support people and what equipment we use". Newer staff described their induction and one said, "I did the care certificate which was really thorough and then I also shadowed staff on shift to learn how to put it into practise". The care certificate sets out common induction standards for social care staff to enable new staff to provide people with safe, effective, compassionate and high quality care. The manager said, "When we implemented the care certificate I decided to put all of the staff team through it to check that everyone met the standards and we have found it a really useful exercise to see where different staff members strengths are". This showed that staff were given the support that they needed to meet people's needs and develop their own skills.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that staff asked for people's consent before providing care or support. For example, staff explained what they were going to do to help somebody to move safely and asked them if that was ok before they did it. When people did not have the capacity to make decisions we saw that assessments and best interest decisions had been completed. Staff we spoke with could describe people's capacity and what decisions they could make independently and when decisions had been made in their best interest; for example, a health intervention. When people had restrictions placed upon them there were DoLS in place to do this legally and further applications were being processed.

People we spoke with told us that the food was good and they enjoyed it. One person said, "The food is good and we get our favourites and know what we will be having later". Another said, "This meal was good and I am going to get seconds" and we saw that they did have an additional portion. We saw that people were asked what meal they would like to eat and that when people needed support they were shown

photos of the different options and assisted to choose. One member of staff said to someone they were supporting, "You can see that this one has gravy but I don't think you like gravy, would you like the other one instead". This approach helped the person to make their choice. We observed that tables were set with condiments at lunch time and there was a jukebox playing to create a relaxed environment. Staff were attentive and discreetly assisted people who didn't eat independently; for example, cutting up the meal and placing the utensils in someone's hand to prompt them while encouraging independence. When people required specialist diets to meet their assessed needs we saw that these were provided and records were maintained. This meant that the provider ensured that people had enough to eat and drink to maintain a balanced diet.

People's relatives told us that they had their healthcare needs met. One relative we spoke with said, "They sorted everything out with the doctor and the hospital when we needed it". We saw that a concern about someone's health was followed up immediately and the person was visited by a healthcare professional within a couple of hours. Staff we spoke with said, "We have a good relationship with the local healthcare professionals and we know that we can alert them to any issues and they will come". One healthcare professional we spoke with said, "We have developed a good working relationship". In the PIR the provider told us about monthly meetings with local healthcare professionals which kept everyone up to date. Records that we reviewed showed that healthcare appointments were made when needed as well as routine check-ups and that care plans were updated to reflect any recommendations. This meant that people were supported to maintain good health and to access healthcare services.

Good

Is the service caring?

Our findings

People we spoke with and their relatives told us that the staff were caring. One person said, "They are really good and kind". One relative we spoke with said, "They really look after my relative well and I am amazed at their patience, they take a long time encouraging and supporting them". Another relative said, "The staff are lovely and my relatives eyes light up when they see some of them". We saw that staff were patient and caring with people. They offered encouragement to people and were affectionate. When one person was distressed staff spoke with them gently and joined in their conversation about their relatives which helped to orientate and calm the person. People chatted freely with staff who knew them well, including their life histories and interests. When people were less able to communicate we saw that they smiled with staff and kept eye contact which showed that they knew and liked them. One staff member we spoke with said, "The people we support are all lovely and we are like a big family".

People were involved in making decisions about their care. We saw staff ask people what they wanted throughout the day and heard people make decisions; for example, to spend time in their room or to sit with a friend away from the lounges. If people were less able to communicate verbally staff asked them if they were ok and waited to see if they used body language to say yes when they could.

People were supported to be as independent as possible. We observed that one person was supported discreetly when they were going in the wrong direction to their room and then left to continue independently. When we spoke with the manager they said, "Sometimes it is a balancing act between people wanting to do things for themselves and protecting them from accidents. We try to work with them as long as possible to keep their independence while supporting them in the background".

People's dignity was promoted and they were treated with respect. We saw that staff knocked on people's doors before entering and asked permission to go into their rooms. Visitors were welcomed and one relative told us, "I can come anytime and I am always welcomed". A relative we spoke with said, "I live some distance away and so I have kept in touch with my relative here through Skype each week". People were celebrated and we saw that a birthday party was planned for two people with live music and invitations sent to relatives.

Good

Is the service responsive?

Our findings

Staff knew people well and could describe their likes and dislikes. We observed that when one person was unhappy they were supported to go out to the local shops. One staff member we spoke with said, "They have always lived around here and know the local shopkeepers well and so it always cheers them up to pop out and buy a few bits". Staff knew what was in people's care plans and this included people's life histories. One member of staff told us, "We talk about peoples care on a daily basis at handover to check that we are all up to date but we talk to each other all the time as well". We observed a handover and saw that information was given to ensure that the next team knew about any changes so that they met their needs. A healthcare professional we spoke with said, "There is a lot of information in people's care plans and the staff respond well to changes and alter the records". Records that we looked at confirmed that plans were updated to reflect people's changing needs.

Relatives were involved in planning and reviewing people's care. One relative said, "We set a plan about how to support my relative together but we can also change that anytime. When it was sunny the staff supported my relative to move differently so that we could sit in the garden together". A healthcare professional said, "The team accommodate reviews of people's care and they participate and are informative".

People were encouraged to pursue interests and hobbies. We saw that there was singing and dancing in the lounge which people enjoyed and participated in. Activities were planned around people's histories and interests. Records that we reviewed showed that time had been taken with people's relatives to complete detailed booklets which showed people's past interests, vocation and family life. For example, one person was reading a book with a member of staff and talking about their career. One person was cared for in bed and had a mobile sensory unit next to them so that they could look at lights and pictures whilst listening to soothing music. In the PIR the provider told us that they had a minibus so that people could plan trips out. The manager told us, "We have an activities co-ordinator in place who plans for each person including those who are less able to participate. We also have group activities and this weekend is the summer fair".

The environment had been planned to meet people's needs. People were able to move freely around the building because the corridors formed a square and there was a secure garden that people could access at any time. Bathrooms had been renovated and people could have Jacuzzi baths if they chose them and there was also a refurbished professional hair salon. There were signs and pictures to help orientate people living with dementia.

People and their relatives knew how to raise any concerns or complaints that they had. One person told us, "I have nothing to complain about but I know I could speak to them if I did". A relative said, "We did raise one concern and we were pleased that they dealt with it straight away". The manager told us, "We try to learn from anything we get wrong and on that occasion we implemented a new communication system to avoid it happening again". The provider had a procedure in place to deal with complaints and had resolved any complaint according to this. In the PIR the provider told us that they had received fourteen compliments in the past year thanking them for supporting people well.

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood the responsibility of their registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken. Staff said that they were supported by the manager and that they were listened to if they had a concern or a suggestion. One member of staff said, "The manager is lovely and will always make time to speak with you. There is a real team spirit here". Another member of staff said, "The manager has done wonders in their time and made massive changes. Anything that we think we need they sort out for us". Staff said that they had regular supervision and team meetings and one said, "They are a really good opportunity to talk about how you are getting on and what needs to be done in the future". Staff understood their responsibilities and one told us, "Seniors lead the shift which means ensuring that all staff are meeting people's needs and also do medicines administration and record keeping".

The provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they felt confident that they could do this confidentially and be supported. One staff member said, "I would definitely speak to the manager or the seniors if I was worried; it's not tolerated here".

People and their relatives that we spoke with knew who the manager was. One person told us, "They are lovely and always stop for a chat". We saw that people who were less able to communicate verbally responded to the manager and smiled when they were spoken to which showed that they were comfortable with them. A relative said, "The manager is approachable but if I have any concerns I know I can speak to any of the staff and they will sort it out". We saw that there were residents meetings to get feedback on the direction of the home and to ask what changes they wanted. They had made suggestions about the building and about activities which had been put in place. There was also a monthly newsletter to let people know what had been happening and future plans which asked relatives to get involved and to make suggestions. This demonstrated the provider asked for the opinions of people that used the service and their relatives and used this information to bring about changes.

Audits were completed regularly to drive quality improvement. These included the management of medicines and one member of staff told us, "We carry out monthly audits ourselves including reviewing errors and near misses. The provider is qualified and so they also review the medicines; they are really helpful and we know we contact them anytime. The pharmacy then completes annual audits". Senior staff had champion roles to develop their knowledge and to enable one person to focus on areas of improvement. These included infection control, health and safety, emergency plans and medicines. In the PIR the provider told us that there was a plan in place to replace all of the carpets with laminate floor to improve infection control and we saw that this had been implemented in communal areas. There were maintenance and refurbishment plans in place and we saw that refurbishment work had taken place to modernise the shower rooms to wet rooms for easier access.