

Carewell (Health Care) Limited

St Mary's Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Mary's is a care home providing personal and nursing care for up to 54 people. The service provides support to older people, some of whom may have physical and nursing needs. At the time of our inspection there were 44 people using the service. The care home is an adapted building across two floors.

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

The provider's governance system had not always been followed and actions were not always reviewed to make sure risks to people's health and safety had been fully resolved. There had been a number of changes to management which made it difficult to progress improvements. People had little opportunity for activities or social engagements.

People and relatives were positive about the caring nature of regular staff and had good relationships with them. There was a friendly culture in the home.

The provider tried to make sure there were enough staff to support people but there had been a lot of staff changes and the provider had to use temporary or agency staff too. Staff said there was not much time to spend with people but tried to make sure they were safe.

The premises had not been redecorated in some time and several areas were worn, dark or cluttered. The state of some bathrooms made them difficult to keep clean and some were odorous.

People said the meals were good and they were offered drinks and snacks at other times.

People were encouraged to retain their independence where possible, and their individual lifestyle preferences were respected.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People, relatives and staff said the new manager was open and approachable. Overall, relatives said people were well-cared for at the home. Relatives said there was a lot of issues to resolve at the home but they were hopeful the new management arrangements would address them.

Following our visits to the service, we asked the provider to send us an improvement plan detailing what actions they would take in relation to the issues identified during our inspection.

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 requires improvement (published 21 January 2020). 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 the provider remained in breach of regulations.

Why we inspected

This inspection was prompted in part due to concerns received about the management of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Mary's on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person-centred activities and the governance of the service. We have made recommendations about the timeliness of staff support at mealtimes and refurbishment planning.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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 is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. St Mary's is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and 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 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 7 people who used the service and 9 relatives. We observed the support people received. We spoke with 11 including the manager, area manager, deputy manager, nurses, senior staff, care staff, catering staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including audits, 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 limited assurance about safety.

Assessing risk, safety monitoring and management

- The provider's system for managing potential risks was not always effective. The provider had identified a risk relating to broken 'dorgards' which were designed to close bedroom doors in the event of the fire alarm sounding. The provider had recently replaced faulty dorgards, but during this visit several were still not working and those doors were being held open by chairs which posed a fire risk. The provider took immediate action to address this.
- Some bathrooms were cluttered with furniture and equipment but had not been locked so were a potential tripping risk to residents. The sluice room was also unlocked which was a potential scalding hazard. A shower room had chipped tiles and a rusting, stained shower chair. The shower chair was immediately replaced.

The provider's systems for assessing, monitoring and mitigating identified risks to ensure the fitness of the premises were not effective. This posed a potential risk to people. This contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments and care plans provided guidance for staff about how to support each person with their individual needs. These would benefit from more specific details, for instance target amount for drinking and pressure mattress settings.

Using medicines safely

- The provider had systems and processes in place to manage medicines safely, but the procedures regarding medicines records were not always followed by staff.
- Medicines records had errors, including gaps, crossings out and inconsistent codes used. Records for 'as required' medicines did not always include the rationale for administration or the effect after they had been given.

The provider had failed to ensure records were accurate and complete. This contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The storage of medicines was suitable and safe. Staff were trained in medicines management and their competency was regularly checked.

Staffing and recruitment

- The provider deployed sufficient staff on duty to make sure people received the assistance they needed. It was notable call bells sounded throughout the inspection visits. Staff said staffing levels were safe but they were "pressed for time".
- Overall, people and relatives felt the service was safe but had mixed views about whether the timeliness of the support people received.
- Records were not always in place to demonstrate the provider's recruitment processes had been followed. For example, an application form was unsigned and undated, it was not clear if employment gaps had always been explored and records of the safety induction of agency staff were difficult to retrieve. The area manager took immediate action to address this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and relatives were satisfied with the visiting arrangements.
- We were somewhat assured that the provider was using PPE effectively and safely. There were instances during this visit when some staff did not wear facemasks correctly. This was reported to the area manager for action.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The worn state of some bathrooms made them difficult to keep clean. Some used PPE and continence equipment had not been bagged before disposal in clinical bins which made some bathrooms odorous. The area manager stated this would be addressed immediately.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to protect the people who lived at the home.
- Staff had training in safeguarding. They understood their responsibilities to protect people and to report poor practices.
- People said they felt safe living at the home. Relatives commented that their family members were "safe and secure" and there was "nothing of concern".

Learning lessons when things go wrong

- The manager had a system for checking accidents and incidents. These were reviewed to identify any trends of incidents.
- Actions were taken to reduce the risk of recurring accidents. For example, sensor mats were put in place for people at risk of falls.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

- The provider was not able to demonstrate nurses had up to date clinical skills in a timely way because the records were difficult to retrieve. This indicated the provider could not always be systematically assured the nursing needs of people would be met by existing and temporary nurses.

The provider lacked a comprehensive system for recording the skills and competence of nurses. This placed people at potential risk of inconsistent care. This contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had training systems in place to make sure staff received essential training in health and safety.
- The system for individual supervision sessions for staff had previously lapsed but had recently been brought back in place by the area manager. Staff had mixed views about the support from the provider due to previous changes in management.

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

At the last inspection we found the provider had not always followed dementia design. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of regulation 15, although further improvement were needed to the decor and bathing facilities.

- The home was an older building that had been adapted where possible to support people's needs. There was some signage and colour-contrasting door and handrails to help people get around the home.
- Some relatives told us their family member's rooms were rather dark and dingy and they had to have the lights on all day. One relative commented, "The care is good but the home is dated and basic. It hasn't been upgraded for years. Bathrooms are particularly unpleasant."
- Several toilets and bathrooms were out of use at the time of the inspection. There were alternative bathrooms on each floor and a new adapted bath was being fitted.

We recommend the provider put in place an improvement plan for redecoration, lighting and bathroom facilities.

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

- People were supported with nutritional well-being and this was reviewed regularly. People and relatives were complimentary about the quality of meals. Their comments included, "We're well-fed and we've got a good cook" and "[Family member] absolutely loves the food, they get a choice of meals." There were drinks and snacks served through the day.
- Catering staff were aware of people's dietary preferences but they did not receive information about any weight loss. This would be beneficial so catering staff could support those people with fortified foods.
- During the inspection visit, a small number of people were left a long time before being assisted so their meal and drink were cold.

We recommend the deployment of staff at mealtimes is reviewed to make sure people are assisted with their meals in a timely way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to the service.
- Information about people's abilities, preferences and needs was used to develop individual plans of care and these were kept under review.

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

- The service supported people to access health services, when necessary.
- Care records described regular input from a range of care professionals. Most relatives said the service kept them informed about any changes in health 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 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 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.

- The service followed the principles of MCA. People were involved in decisions about their care where they had capacity to do so. People who lacked capacity were supported by relevant representatives and decisions were made in their best interest.
- The service verified and recorded whether relatives had Lasting Power of Attorney (LPA) status. This made it clear who would have the legal right to make decisions in the future on behalf of people.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 said the staff were friendly and kind. There were good-humoured chats between people and staff.
- Relatives praised staff for their caring, positive attitude. Their comments included, "My [family member] may take a while to respond but the staff are lovely and patient with her" and "The staff do seem to be happy in their work, they are all very nice, smiling, and helpful."
- Staff respected people's diversity. Care plans included information on people's faith and strong beliefs.

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

- People's preferred lifestyles and how they communicated choices were recorded in their care plans.
- A relative commented, "They are very nice with [my family member] her, they take the time to explain things to her."
- Most relatives said they were involved in care planning and reviews about their family member's care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They helped to maintain people's independence by encouraging them to care for themselves where possible.
- Some people were able to go out without staff support and this was facilitated.
- Relatives felt people were assisted with their dignity and personal grooming. Their comments included, "Staff help my [family member] and they always looks really clean and tidy" and "They do their nails and help them shave."

Is the service responsive?

Our findings

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

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

At the last inspection there was a lack of planned, person-centred activities. Activities records were inconsistently completed and people told us there was little to do. 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 we found there was still a breach.

- There was a lack of planned, person-centred activities. The post of activity staff was vacant and there was no additional staff time rostered to support people with activities.
- People did not feel they were supported with social inclusion. One person said they felt "isolated". Another person said, "We used to have activities but there is nothing now. I wish we could do bingo."
- During this inspection, there was occasional impromptu singing or dancing in one lounge with staff who were passing by but little engagement with people on the first floor or in their rooms. Staff stated they tried to spend time with people but other care priorities prevented this. They commented, "We are lucky if we get our breaks on the top floor let alone do activities" and "They have no activities not even a trip to the park to see the ducks."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Individual care plans were in place which gave staff directions about how to meet people's needs and personal preferences.
- People and relatives said the long-standing staff were familiar with their preferences. One person commented, "[Staff name] is lovely, he knows exactly how to help me and makes me feel calm." A relative told us, "They know [family member] and what makes her tick."
- New staff said regular staff were "knowledgeable about the residents" and understood how they wanted to be supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were given information in ways they could understand. For example, staff used pictures for people who had limited verbal skills so they could make choices and decisions.

- Relatives said staff tried alternative ways of supporting people with their communication needs. For example, one relative commented, "My [parent] is a little bit deaf, but the staff deal with it by speaking slowly or loudly or show her pictures of meals."
- The provider told us the information guide about the home was in easy-read format and could be given in braille and other languages too.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people had access to this.
- Relatives said they would feel comfortable about raising any concerns, although one relative described receiving no response to a complaint under the previous management.
- Complaints were recorded and investigations carried out where necessary to resolve issues. Recent responses were empathetic and apologetic in tone.

End of life care and support

- The service provided care to people who were at the end stages of their life.
- Staff had training and experience in supporting people with their palliative care needs.
- Specific support plans were put in place for people's end of life care needs when required.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been several changes to the management of the home over the past few months and there had been periods where there was inconsistent or lack of management oversight. At the time of this inspection, a new manager had just been appointed and was being supported by an area manager.
- The provider's quality assurance systems to manage risk and monitor quality were not fully effective. For example, monitoring visits in July 2022 had identified some of the premises' issues found during this inspection but these had still not been resolved.
- The administration of records was not effective. Some records were not well completed and routine records we requested during the inspection were difficult for the provider to find.
- The service had a history of non-compliance with the regulations. The provider had been in breach of the regulations at five of the six inspections carried out since 2015. The provider had failed to sustain improvements made after the last inspection.

The provider's system to monitor quality of the service were not always robust enough make sure the service was effectively managed. This could place people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visits to the service. we asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 provider had not held formal consultations with people for some time. Management staff said they intended to reinstate residents' meetings.
- Several relatives said they had not been kept informed about the changes in management arrangements. Some relatives said communication could be improved and wanted more openness about what was going on with their relative.
- There had been few formal meetings with staff and no clinical meetings with nursing staff for a considerable time.

We recommend a system of formal consultation is put in place for people, relatives and staff so their views about the service can be sought.

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

- Overall, relatives said the home provided them with peace of mind as people were well cared for. Their comments included, "Its good knowing that [person] is safe, and all their needs are met, and they are being looked after 24 hours a day" and "The best thing for us is that family member] is safe, happy, and well looked after."
- Relatives were hopeful that improvements could be made. They commented, "They have a new manager who has lot to resolve. The previous managers weren't approachable, but the new ones are, and you can have a good chat with them."
- Staff did not feel they were always able to provide the level of care they wanted to due to staffing levels constraints. Their comments included, "It's hard on morale, we want to give the best care we can but we have to come in do what we need to do and get out" and "It's stressful when we're understaffed and have to work across all roles including domestic and cooking."

Working in partnership with others

- The service worked alongside other health and social care professionals who were involved in people's care.
- Staff were starting to reintroduce some links with the local community which had been paused during the pandemic. These included local clergy.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to improve the provision of planned, person-centred activities. Regulation 9(1)
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in place to monitor the quality and safety of the service were not always effective and did not lead to sustained improvement. Regulation 17(1)(2)(a)(b)(c)(f)