Innomary Limited

St Mary's House

Inspection report

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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

This unannounced inspection took place on 30 October 2017. This was the first inspection of this service under the current provider.

St Mary's House 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.

St Mary's House accommodates 28 people in one adapted building. It is a care home for older people some living with dementia.

A registered manager was in place. 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.

Staff knew how to respond to possible abuse and how to reduce risks to people. Risks to people from receiving care and support were appropriately assessed and managed. There were enough staff to meet people's assessed care and support needs. Staff had been recruited properly to make sure they were suitable to work in this environment. Medicines were stored and administered safely.

People were cared for by staff that had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a choice of meals, which they liked, and staff supported them to eat and drink enough. Where necessary people's food and fluid intake and weight was monitored.

Staff were caring and kind and treated people and each other with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. Activities in the service were limited. The management team were aware of this and were recruiting an activities co-ordinator to help make improvements. We have made a recommendation about activities for people living with dementia.

Complaints were investigated and responded to and people knew who to speak with if they had concerns.

Staff worked well together and felt supported by the management team. The monitoring process looked at systems throughout the home, identified issues and staff took the appropriate action to resolve these. The registered manager and provider were clear about how they were going to ensure the service continued to improve.

Further information is in the detailed findings below.

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.

There were enough staff on duty to meet people's needs.

Risks to people were assessed and managed to keep them safe.

There was an effective recruitment and selection process in place.

Medicines were stored, administered and disposed of safely by trained staff

Is the service effective?

Good

The service was effective.

Staff received training to help them in their roles. They were supported through regular one to one meetings.

People were supported to eat and drink sufficient amounts to meet their needs.

Staff had knowledge of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and correct procedures were followed to protect people's rights.

Is the service caring?

Good

The service was caring.

Staff knew people well and they provided care with dignity and respect.

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People were treated with kindness and compassion. Their independence was promoted.

Staff worked as a team to provide care and support.

Is the service responsive?

Good

The service was responsive.

People received person centred care that was reviewed regularly to reflect their changing needs.

Feedback from people and their relatives was sought and acted upon.

Some activities were provided but these were limited in scope.

Is the service well-led?

Good

The service was well led.

The registered manager provided strong leadership and was clearly committed to continuing to improve and develop the service.

Systems were in place to seek people's feedback and use it to make positive changes to the service.

Systems were operated effectively to assess and monitor the safety and quality of the services provided.

St Mary's House

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 checked 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 unannounced inspection was carried out on 30 October 2017. The inspection team consisted of an inspector 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. Our Expert by Experience had experience of supporting people receiving this type of care.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider 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 received feedback from two healthcare professionals who had visited the service.

During the visit we spoke with six people who used the service, and three relatives. We also spoke with the registered manager, four care staff and the catering staff.

To help us assess how people's care needs were being met we reviewed three people's care records and other information, for example their risk assessments. We also looked at five medicines records, four staff recruitment and training records, as well as a range of records relating to the running of the service including staff records and audits.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the service and that they were well looked after. One person told us, "It's a lovely place and I should know as I have been here a long time. Another person told us, "I definitely feel safe here, very much so."

There were system in place, including staff training, to protect people from abuse. Staff were able to recognise possible signs of abuse and knew who to report any concerns to. They had received training in safeguarding adults. One care worker told us, "If I saw it I would report it." The provider had a safeguarding policy in place which gave staff guidance on how to respond to cases of suspected abuse. Contact details for the local safeguarding authority were displayed in the staff room meaning they were readily available to staff should they need them.

People's care plans identified risks and gave staff guidance on how to mitigate those risks. Risk assessments were regularly updated and reflected people's changing needs. Staff were aware of the risk assessments and put them into practice. One member of staff told us, "I have read the care plans and risk assessments." Risk assessments covered areas such moving and handling, eating and drinking, pressure sores and malnutrition universal screening tool. We saw that where an action to mitigate a risk had been identified these were in place. For example the actions for one person's risk assessment for falls stated that they should have a pressure mat in place to alert staff when they stood up. We saw that this was in place.

Incidents and accidents were recorded detailing where possible the cause of the accident, who was present and action taken. The registered manager carried out regular monitoring audits, where they reviewed the level of falls and accidents and incidents to identify any trends or patterns, changes needed or referrals to be made.

Gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and were safe. The temperature of the water was checked to ensure the water was not too hot or cold for people to use and reduce the risk of contamination. Equipment, such as wheelchairs and hoists, were checked in line with the manufacturer's recommendations to ensure they were safe to use.

People received care and support from sufficient numbers of staff to keep them safe. People told us there were sufficient staff to meet their needs. One person said, "They are pretty good at responding to my call bell despite the fact that I am at the top of the house." Another person said, "If I press my buzzer then they turn up pretty quickly." The registered manager told us that they used a dependency assessment tool that ascertained people's level of needs and the amount of direct support required to meet those needs. This was reviewed monthly to take account of people's changing needs. The registered manager told us that the tool took into account the layout of the building.

There was a system in place to ensure only suitable staff were recruited to work with people who used the service. We looked at staff files and found that checks were undertaken before staff started working at the service. This included, obtaining references, checking if they had any criminal records with the Disclosure

and Barring Service (DBS), checking their identification and that they were legally permitted to work in the United Kingdom.

Medicines were administered, recorded and stored safely. People told us that they received their medicines as they wanted. One relative described to us concerns they had that their relative hid their medicine under their tongue and did not swallow it. We spoke with staff that were aware of the concerns and described how they ensured that the person took their medicine as prescribed.
There were policies and procedures in place for staff to follow to ensure people received their medicines safely. Medicines were stored securely in a locked room and were disposed of safely and appropriately.

There were regular checks to ensure people had received their medicines and that they had sufficient medicines. The staff responsible for administering medicines had received training and had their competency checked. There were protocols for the administration of medicines prescribed to be given when the person required them. These gave information to the staff about when these medicines might be needed and specific administration instructions.

Good

Is the service effective?

Our findings

People and their relatives told us staff had the skills and knowledge to carry out their role. One person said, "The staff here are good and do know what they are doing and I should know, I have been to two other care homes." One person told us that new staff were still training and that long standing staff were more knowledgeable. However, they went on to say, "The rest of the staff are good. The manager and the senior nurse are excellent and certainly know what they are doing."

There was a training programme for staff to ensure they had the skills to meet people's needs. New staff went through an induction process when they started working at the service and received training on essential topics. The induction programme covered areas such as safeguarding and moving and handling. Staff who had not worked in care before completed the Care Certificate, a national training scheme. From the training records, we saw staff completed training in areas such as dementia care, the Mental Capacity Act 2005 (MCA), first aid and infection control. Staff told us the training that was provided helped them in their roles and gave them the skills to carry out their work effectively. The registered manager told us that since the provider had taken over the service in July 2015 they had worked to improve the quality of training staff received. This had included increasing the amount of face-to-face training.

Care staff also received regular supervision sessions and an annual appraisal to support their development. They told us that they felt supported in their role and could discuss any areas of concern with the management team. One member of care staff told us, "I had a nice supervision. It gives me a chance to open up and feedback. Our manager is very supportive."

The 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 service 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 applications for DoLS were made to the local authority when people were assessed as being deprived of their liberty. Where required, people's care plans contained mental capacity assessments. The registered manager was aware of when to make a referral to the supervisory body to obtain a DoLS authorisation. Records showed that the registered manager monitored the progress of people's applications to ensure current agreements did not go beyond their expiry date.

Care staff we spoke with were aware of the requirement of the MCA. One staff member said, "I am aware to give choice." People told us that care staff requested their consent before providing care and support. One

person said, "They always ask me if it's alright when they have to lift me. They are very thoughtful."

People were supported to have food and drink that met their dietary needs and health requirements. One person said," The food is alright." Another person said, "The food here is very good and I can't complain." People's care plans contained a nutritional risk assessment which was reviewed monthly. Care plans contained information on what steps had been taken to ensure people maintained a healthy weight. Where people needed to follow a specific diet to maintain good health, for example if living with diabetes, this was recorded. This ensured that care staff were aware of their requirements and action needed to support the person. Care plans also demonstrated that where appropriate referrals had been made to the dietician or speech and language therapist.

We observed the lunch time meal. People could take their lunch where they preferred. Some people ate in the dining room, which had tables appropriately laid with tablecloths and cutlery. Others chose to eat in their rooms or in the lounge. Where people required support with their meal we saw that staff provided this, sitting level with the person and not rushing them.

The registered manager told us that the local GP visited the service weekly and carried out a surgery. The service informed the GP surgery who would need to be seen before they visited. This ensured that people could see their GP when needed. People also told us that they were supported to access other healthcare professionals such as podiatrist and optician. Care records demonstrated that staff sought advice from dieticians where there were concerns about people's nutrition and speech and language therapist in relation to choking risk.

Good

Is the service caring?

Our findings

People told us that staff supported them with kindness and compassion. One person said, "The care I get here is excellent and nothing is too much trouble for them. Even when it comes to lifting me they do it with much sensitivity. They always speak so nicely to me and make sure they have a smile on their face which cheers me up. If I want to go to the lounge then they will make it happen for me."

We found a calm and relaxed atmosphere throughout the service. We saw that people were free to spend time in their rooms or in communal areas with any visitors they had. Staff were friendly and knew people's likes, dislikes and preferences. We saw staff being patient and considerate when supporting people with their needs.

One person, describing the care received by two of their relatives living in the service and their involvement with the care said, "The care my [relatives] get is good. They [staff] are always there for them and make sure that they get all they need. They always speak nicely to my [relative] who understands them and work very had with my [relative] given their condition. They keep me informed of their progress and they helped in organising any changes that are needed."

Care plans demonstrated that people had been involved in writing them. Where they were able, people had signed their care plans to demonstrate their involvement and consent.

People were supported by staff who respected their privacy and dignity. For example, staff knocked on people's doors before entering their rooms and addressed them by their preferred names. Staff treated people as individuals, respected their rights and allowed them to make decisions. One member of staff said, "We are good at knowing people well and what they need."

People were encouraged to maintain their independence where it was safe to do so. One person told us about how they walked out to the local shops, although their condition meant that they needed to be accompanied.

Staff we spoke with told us that the staff understood and promoted respectful and compassionate behaviour within the team. One member of staff said, "I like it here as we help one another and work as a team."

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. A relative said, "I think they [staff] know what my relative likes and they do try to keep [person] happy. Because we visit regularly we chat to the senior staff, see how things are going and what we think of the care." A person living in the service told us, "They do know how I like things, particularly how I like things in my room. I have no complaints." Care plans were regularly reviewed in conjunction with people and their relatives.

Prior to joining the service, an assessment was carried out to assess people's needs to ensure the service could meet those needs. This assessment was then used in the development of people's care plans.

Care plans were person centred and well organised. They covered people's health needs and detailed the level of support people required to have their needs met. Care plans were regularly reviewed and updated to reflect people's changing needs and to ensure the correct level of support was provided. People and their relatives, where appropriate, were involved in the reviews of their care plan. One person said, "We get an opportunity to discuss [person's] care plan on a regular basis."

Staff told us that there was an effective handover between shifts to ensure that the staff coming on duty were aware of any changes in people's needs. One member of staff told us, "When I came back after a week off they went over everything."

There were limited opportunities available for people to become involved with meaningful activities. One person said, "There are no real activities in the home. We have things like bouncing a balloon around the room which is not very challenging." Another person told us, "We have had the same quiz three times." We saw a list of activities displayed on a board in the lounge which listed reciting nursery rhymes and nail painting amongst the activities to be provided. People did tell us that the service had organised two trips out over the summer one to Norwich Castle and a boat trip on the river Waveney which they had enjoyed. We spoke with the registered manager about the activities provided. They told us that they were aware of the problem and were currently recruiting an activities co-ordinator to improve this aspect of the service. They went on to tell us that a singer came into the service weekly along with an accordion play who would visit people in their rooms if they were unable to go down to the lounge. They also told us that a fitness instructor come into the service weekly to provide armchair exercise.

We recommend that the service finds out more about activities, based on current best practice, in relation to the specialist needs of people living with dementia.

There was signage in place to help people living with dementia orientate themselves around the service for example the dining room was named. On the day of our inspection, signs were being put up on people's bedroom doors to support them in identifying their own bedroom.

On the day of our inspection, we saw that people's relatives and friends were able to visit freely.

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The service had a complaints policy which detailed how any complaint would be dealt with by the service. People told us that they knew how to make a complaint and were confident it would be investigated appropriately. There had been two formal complaints in the last year. We saw that these had been managed under the complaints procedure.

The service also held regular meetings for people and their relatives to gain feedback on the service provided. Suggestions for improvement made at these meetings were acted upon. For example a musician now visited the service. This had been requested at a residents and relatives meeting.

Good

Is the service well-led?

Our findings

People we spoke with told us that the service was well-led and they had confidence in the manager. One relative said, "I think the home is well managed and our [relative] has confidence in them [staff]." Another person said, "The manager is very approachable and easy to talk with."

We saw the registered manager was visible in the service and people knew who they were. This helped them provide oversight of the home and understand people and their individual needs. Information provided in the PIR prior to our inspection was consistent with what we saw on the inspection. This along with the understanding they demonstrated of the people and topics we asked them about provided us with assurance they understood how the home was operating.

All staff we spoke with demonstrated a pride in working in the service and the standard of care and support which they delivered. They told us that staff meetings were used to exchange information and update and consult them on changes. One member of staff told us that they were being consulted on the introduction of new care plans which would be computer based. They were confident that their views would be listened to.

The registered manager understood their responsibilities. They were supported by the provider's wider management team. They told us that when they had first started managing the service the provider had visited twice a month. As they had become more established this had reduced to a quarterly visit. The provider's regional manager visited the service regularly and carried out a programme of audits which included health and safety, staff files and care plans. The regional manager was in contact with the registered manager during our inspection to provide them with support.

The registered manager told us that the provider supported them to keep their knowledge up to date. This had included a visit to the recent Care Show in London.

We discussed with the registered manager how they planned to drive improvement in the service. They told us they felt supported by the provider to improve. They told us how, since taking the service over, the provider had improved the training provision for staff with more face to face training. The environment of the service had been improved with alterations to make the building lighter and more accessible. They went on to tell us that this had produced its own challenges as the building was listed. The provider's priority on taking over the service had been to improve the building and this phase was coming to an end. They were moving on to improving the quality of the service provided as demonstrated by the recruitment of an activities co-ordinator.

The provider was planning to improve the care planning system, transferring written care plans to a computer based system. The registered manager and staff told us that they were consulting with staff about this to ensure that any system they adopted would meet the needs of the service and support the delivery of good quality care.

A range of audits and checks were undertaken by the registered manager and senior staff team to ensure the

service operated effectively. Daily, weekly and monthly medicines audits were undertaken as well as audits in areas which included, care plans and health and safety. We saw evidence these were effective in identifying issues. Many of the audits contained an analysis produced showing the actions and learning. This demonstrated the registered manager was committed to continuous improvement of the service.

The service carried out regular quality assurance surveys requesting feedback from people, staff and visiting professionals. The last survey had been carried out in April 2017 with mainly positive feedback. One area for improvement that had been identified was the furniture in the lounge. We saw that this had been replaced in response to people's suggestions.