

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

St Mary's Nursing Home Margaret Street Stone

Magaret Street, Stone, ST15 8EJ

Tel: 01785813894

Date of Inspection: 20 November 2012

Date of Publication:
December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	English Dominican Congregation Trust
Registered Manager	Mrs. Anne Clark
Overview of the service	St Mary's Nursing Home provides accommodation, personal and nursing care for up to 58 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

During this inspection we saw that some people and/or their representatives were supported to make decisions and were involved in the planning of their care. We saw that where people found it difficult to make decisions, formal assessments were not in place to support them. Staff told us they get to know people well and so were able to support them with their care.

We spoke with staff about the care and support they provided each day, they offered an explanation of people's individual needs. We looked at a selection of care records to check the care being given to people. We saw some inconsistencies in the recording of people's care needs.

Some staff we spoke with told us about their understanding of safeguarding vulnerable adults and what they would do if they had any suspicions of wrong doings. Other staff were not too sure of the actions they would take. People told us they would speak with staff or a family member if they had any concerns about the care they received.

People who used the service told us the staff were very good and looked after them very well. We saw some staff supported people in a caring, compassionate way. Staff told us they were always very busy and additional staff would be beneficial.

We saw the service had a system for monitoring the quality of the service, some improvements would be beneficial.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 12 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We saw that many people who used the service were very dependent on staff to support them through the day. Many people stayed in their own rooms during the morning of this inspection and then went to the dining room for their midday meal. People told us that this was their preference.

Some people remained in bed or in their rooms for most of the day. We saw staff were busy and attended to the personal care needs of people. We did not see that the privacy and dignity of people was compromised during these interventions. We saw that staff were vigilant in this and ensured the door was closed before support was offered and provided to people.

We reviewed how the service followed the principles of the Mental Capacity Act 2005. Mental capacity is the ability to make an informed decision based on understanding a given situation, the options available and the consequences of the decision. People may lose the capacity to make some decisions through illness or disability. We looked at a number of care plans to see if assessments had been completed for supporting people who may not have the capacity to consent to their care, treatment and support. We did not see any of these assessments in the care plans we looked at. Staff confirmed this to be the case. The manager told us that some staff had received training in the Mental Capacity Act 2005 but as yet no action had been taken to put the theory into practice. We saw on the training planner that it was planned for other staff to receive training in this area but nothing had been confirmed for 2012. The manager offered an assurance that action would be taken.

Staff told us that as they got to know people they were able to provide the care people need even if people had problems with communication and were unable to make their needs known.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People did not always experience care, treatment and support that met their needs and protected their rights

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During this inspection we spoke with many people who used the service. Some people were able and willing to tell us how they found life and care at the home. They told us they were very happy and satisfied with the service provided. One person told us that they had recently made the decision to remain at St Mary's as they felt it was a "home from home". Some people were unable to talk with us either due to personal preference or due to frailty.

Staff told us of the varied and wide ranging care needs of people who used the service. They told us that many people were dependent on them for support each day. We saw staff mostly supported people in a kind and considerate way. People who used the service told us they were fully satisfied with the care provided and said the staff looked after and cared for them very well. One person told us "Nothing is too much trouble for the staff, they are very good".

One person who preferred to remain in bed told us they were not quite sure where they were or what they were doing. Staff were observed to be supportive and patient when trying to reduce the anxiety of the person.

Through a process called 'pathway tracking', we looked at four sets of care records. We saw that risk assessments and care plans for the identified care needs of people had been completed. We saw some documents and agreements to consent to the use of equipment had been signed by either the person or their representative.

We saw one person had been assessed as being at risk of dehydration and malnutrition. We saw that contact had been made to the speech and language therapist and the GP for advice for reducing the risk to this person. We saw that the person's weight had been monitored over a period of time and recorded a steady weight loss. We saw a document completed in October 2012 which instructed "increase calories". Staff were unable to tell us how this was being monitored and confirmed that the person's dietary intake was not recorded each day. This meant that this person was at potential risk of further weight loss because of inadequate monitoring systems.

We asked to see the care plan and risk assessments of a person who received respite care. We saw recorded in the daily notes that this person required help and support with mobility, pressure area care and continence. The nurse in charge of the unit was unable to show us any specific plan of care for this person and confirmed these had not been completed. This person told us they were feeling uncomfortable as they had sore areas on their body. Staff told us the daily care and support they provided to this person but confirmed no records were completed. The lack of assessments and documentation has the potential for this person not receiving the care they need in a consistent or reliable way.

The provider may wish to note that for an effective and reliable service to be provided to people, concise and comprehensive information should be available for staff reference at all times.

People who used the service told us the food was very good and that they enjoyed what was on the menu. Staff told us and we saw that no choice was readily available for the midday meal. Catering staff told us that alternatives were available if people asked for them. They said, "We know the likes and dislikes of people but mainly people are satisfied with what is on offer". We observed people in the dining room; people we spoke with expressed a satisfaction with the food provided. One person said, "It's lovely and I am really enjoying my dinner". Some people needed help and support with eating, we saw staff assisted people in a discreet and timely way.

Staff told us that recreational activities were arranged each day in the Garden Room. They said that people could participate if they so wished. One person told us they liked playing the piano and singing. Staff told us they did this several times each week. Other people told us they attended the religious services that were arranged and attended mass several times a week. Another person told us of their preference not to participate in the arranged activities and said they were quite happy with their own company.

We saw that some people had been assessed as needing bed rails to reduce the risk of them falling out of bed. We saw that bed rails were being used without the added protection of bumpers to cover the rails. This was not in accordance with published guidance on the safe use of bedrails. This meant that people were at potential risk of harm when the bedrails were in use.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with staff about their understanding of safeguarding vulnerable people. Safeguarding means protecting people's health, wellbeing and human rights, enabling them to live free from harm, abuse or neglect. Some staff we spoke with were able to confidently demonstrate their understanding of safeguarding procedures. Other staff were not quite sure of the actions they would take. The manager told us that information and training in safeguarding vulnerable people was included in the induction programme for all new staff and training was arranged on an ongoing basis for other staff. We saw that training records confirmed this. The provider may wish to consider additional safeguarding awareness training for how, when, where and to whom staff should be referring any concerns or allegations.

We did not speak directly with people who used the service about safeguarding issues. People told us they would either speak with staff or family members if they had any concerns. One person was not quite sure who they could speak with but thought perhaps their relative would help. They went on to say that during their time at St Mary's they have never had any cause to complain.

We reviewed the financial records for people who used the service to see what measures were in place to protect people from financial abuse. We spoke with the manager about the way the service safe keeps money that it holds on behalf of people. We saw individual documents had been completed and signed for by one staff member for each transaction. The provider may wish to note that for additional safety and security two signatures should be obtained for each transaction.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of this inspection 54 people were using the service. The manager told us staffing consisted of registered nurses, senior care staff and care staff. A team of ancillary staff were on the premises. Staff were allocated to work within the different units but were available to support in other units if that was necessary. Staff told us they felt the staffing levels were sufficient for them to meet the needs of people who used the service. Some staff went on to say that additional staff would be beneficial.

We observed the carers in one unit to be very busy, staff told us that the majority of people accommodated in this unit were very dependent and needed the full support from staff each day. They went on to say that most people needed support with transferring from area to area and as such two staff was always required. Some people told us they had to wait for help and support and we observed some delay in the call bells being answered.

The provider might find it useful to note that a needs analysis and risk assessment should be the basis for deciding sufficient staffing levels. Thereby ensuring there are enough staff with the right skills and experience to meet the needs of people in a consistent and reliable way.

The manager told us that they felt the levels of staff were sufficient for the care needs of people to be fully met. They went on to say that some days are busier than others as the needs of people fluctuate.

Staff told us that the training provided was sufficient for them to do their job. We saw a training planner that included the training planned and completed for 2012.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people receive. Some amendments to the auditing process would ensure continued compliance with the regulations.

Reasons for our judgement

The manager told us of the many audits they complete on a weekly, monthly and annual basis. For example, the fire alarm, bed rails, emergency lighting and call bells. All records we asked to see were readily available and in good order. The manager told us that they randomly select a number of care plans each month to check as part of the ongoing quality assurance system. They told us that the nurses had the responsibility for ensuring the care plans and associated documents were reviewed, completed and offered an accurate reflection of the care being provided. During this inspection we found some omissions of information to ensure people's care needs were met consistently and reliably.

The provider may wish to consider an alternative way to ensure care records, risk assessments and monitoring forms are audited to ensure they are complete and an accurate reflection of the care being provided.

We saw that satisfaction surveys had been sent to the relatives of people who used the service in April 2012. This to get an opinion of how they think the home operated and if they had any suggestions for improving the service. The questionnaires that were returned were checked by the manager. They told us that no suggestions for improving the service had been received.

The manager told us of the systems for passing information and for obtaining the views of staff and people who used the service. Many meetings were arranged and held with the various disciplines at regular intervals throughout the year. Minutes of the meetings were produced and action taken when necessary.

We saw the environment was in good decorative condition and the furnishings suitable. We saw all areas of the home in a clean and hygienic condition. One person told us that the service had a very homely feel and that the decision made to move into St Mary's was a very good one.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures	How the regulation was not being met: The registered person has not taken proper steps to ensure that each service users needs are fully met. The planning and delivery of care does not always ensure the welfare and safety of the service user or reflect published guidance issued by the appropriate professional and expert bodies. Regulation 9 (1) (b) (ii) (iii)
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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