

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: 27 June 2013

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

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 27 June 2013, 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, talked with carers and / or family members, talked with staff and reviewed information sent to us by local groups of people in the community or voluntary sector.

What people told us and what we found

This was a unannounced scheduled inspection. The service did not know that we would be visiting.

At the time of our inspection 58 people were living in the home. We spoke with staff, visitors and people who used the service that were able to tell us about their experiences. One person who used the service told us: "I moved here after a stay in hospital. I can't go home so I am planning to stay and so far it has been excellent. I am trying to get my room sorted so that I can have some things brought in from my home. The staff are all very good and friendly. The food is good and I can join in the activities when I wish to. I have no concerns".

Another person said: "St Mary's is home from home".

A visitor told us of their satisfaction with the care and support provided to their relative. They went on to say how much their relative had improved since they moved in.

Some people were unable to speak with us either because of frailty or personal preference. We spoke with staff about the care and support they provided. They gave a detailed account of the specific individual needs of people. We saw that staff treated people compassionately; offering discreet assistance to those who required it.

We saw that systems were in place to ensure that medication was administered in a safe way. Some improvements were needed for storing medication that required a cool environment.

We saw systems were in place for recruitment of staff and for effective record keeping.

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

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spent time on each of the units within the home and spoke with the majority of the people. They told us that they were all very happy, satisfied and content with life at St Mary's. One person said: "I am very happy here, the staff look after me very well and do the things for me that I cannot do for myself".

Some people were unable to fully speak with us because of their frailty or their personal preference. People told us they were 'alright' and smiled when we asked after their welfare. Staff told us about the care and support they provided to one person who was very poorly. We saw this person was being nursed in bed; they looked comfortable and well cared for. We saw monitoring charts had been completed each time the staff had attended to their comfort. This meant that care and support was provided in a consistent way.

We spoke with a visitor who was visiting their relative. They told us that they were very satisfied with the care and support being provided and that they had no concerns or complaints. They said: "My relative was in a different care home before; we were unhappy with it so we came to look at St Mary's and we were impressed with what we saw. My relative has put on weight and is now much happier in herself. It's so lovely here, all the staff are great".

We saw that the dining room was well prepared prior to the midday meal being served. The tables were set with linen, serviettes and condiments. We saw that the mealtime was a lively social occasion; there was much discussion about the food, the staff and what people had planned for the afternoon. People told us the food was always very good and that alternatives could be provided if they did not like what was on the menu. We saw the daily menu was displayed in the dining room so that people were aware of what was on offer. We saw that there was a selection of different crockery and cutlery available to meet the individual needs of people. We saw that staff supported people with their meal in a discreet way and they were helpful when help was needed. This meant that people were

encouraged to be as independent as possible.

We saw that regular activities took place within the home. People told us that sometimes they joined in and at other times they declined. During the afternoon of this inspection we saw that a group of people enjoyed refreshments following the midday meal and a game of bingo. There was much discussion taking place and people were actively encouraged to join in the conversations. Staff told us that each day some sort of activity was arranged. One person told us how much they liked the religious activity that was available. They said that religion and the opportunity to practice their religion was very important to them.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the way the service managed people's medication.

We saw that medication was stored securely in locked cabinets in each of the units. A locked trolley was used to transport medication around the home. This meant that people were supported with their medication when it was required and in places which were convenient for them. We observed a member of care staff supported people with their medication at lunchtime. One person told us that the nurses always made sure that they had their medication at the correct time. They said: "I like the nurses to give me my medication as I am sure that I would forget to take them if I looked after them myself".

We saw that each person who was prescribed medication had a medication administration record (MAR). We saw that a photograph of the person was attached to the MAR for identity purposes. The MAR was completed each time a person was offered their medication. The MAR also recorded when a new supply of medication had been received. It did not record or carry forward any amounts of unused medication that had previously been prescribed and supplied. Without this information recorded on the MAR it was not possible to accurately check the amount of medication in the service at any one time. We spoke with the nurses and the manager about this. They offered an assurance that action would be taken.

Some medications required cool storage, a fridge in the treatment rooms on each unit had been provided for this purpose. We saw that medication was stored in these fridges but both were unsecured and not locked. The door of the treatment room was open so people had easy access to these areas. We saw that the temperature of the fridges were monitored and recorded daily. One record indicated that for a number of consecutive days the temperature of one of the fridges was above the recommended level. Medications should be stored in line with the manufacturer's instructions and there were minimum and maximum temperatures which should not be exceeded. The manager offered an assurance that action would be taken to ensure that the fridges were in good working order so that medication was stored correctly.

We saw that some medication had been prescribed for occasional use. This is sometimes

referred to as 'as required' or PRN medication. We saw that protocols and instructions for their use were available to ensure staff had the correct details of when PRN medication could be administered.

We saw a controlled drug register that was used to record the drugs that required additional safe storage. We saw that the register had been correctly completed on occasions. The amount recorded in the register and the amount of drugs in the controlled drugs cabinet accurately corresponded when we checked. The nurses told us their procedures for ensuring the safety of storing and administering these drugs.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the personnel files for three members of staff. We saw that the necessary checks had been made to ensure that suitable people were employed. A record had been made of the person's previous work history, qualifications, skills and experience to ensure they were able to do their job. Staff told us they had a contract of employment which was given to them shortly after their appointment.

Staff told us that they felt well supported by the senior staff and management. They said they felt able to speak openly and freely if they had any concerns. We were told of the regular staff meetings that were held. Staff told us these meetings were very helpful as they were able to discuss issues within the group and agree solutions.

We saw that the home had employed both male and female carers. This ensured that people who used the service were able to choose to have their care and support needs provided by male or female staff.

People who used the service were unanimous in telling us that the staff were very kind, friendly, knew what they were doing and supportive. One person told us: "This is the best home; the staff are all very helpful and kind. They know what they are doing. I am very pleased that I am able to stay here".

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We saw that each person who used the service had a set of records that included risk assessments, care and support plans, and monitoring documents. We saw other documents that recorded contact with other health care professionals and relatives. We saw that each care record and document we looked at had recently been updated and reviewed. We saw that most records had been reviewed within the last month. Some records had been more recently updated when a change of need was identified. We saw that monitoring charts, diet and fluids, turn charts and pressure care records, were completed each day. This meant that staff had the current information to provide consistent and reliable care.

We saw records that indicated that safety tests were completed at regular intervals. This included the fire alarm and emergency lighting system. We saw that the personal evacuation plans and action needed to be taken in an emergency had been completed and were available.

We saw other records for the safety of the premises and equipment were mostly up to date. We saw that the regular testing for legionella had not been completed although a full inspection had recently been completed. We spoke with the maintenance person and the manager who offered an assurance that action would be taken.

We saw that records were stored securely and most were readily available for inspection. This meant that people were protected from the risk of unsafe care, treatment, equipment and unsuitable premises because systems were in place to ensure records were up to date and available.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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