

Broad oak Group of Care Homes

St Marys

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced inspection of the service on the 10 June 2015.

St Marys is a care home with 23 places for older people and people living with dementia. On the day of our inspection 12 people were using the service.

St Marys is required to have a registered manager in post. 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. At the time of the inspection there was not a registered manager in post. We were already aware of this and was monitoring the situation. An assistant manager was in place that had three days of management hours a week. In addition they was also the cook for two days a week.

During our last inspection on 8 July 2014 we asked the provider to take action to make improvements to protect people living at the home. The provider was not meeting

Summary of findings

six regulations of the Health and Social Care Act 2008. We served two warning notices due to concerns in relation to infection control and the systems in place to assess and monitor the quality of service.

Additional concerns were found with consent to care and treatment, care and welfare for people, safety and suitability of the premises and supporting staff.

Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. Prior to this inspection we visited the service to follow up on the warning notice served in relation to infection control and found the provider had taken the required action. At this inspection we found that four of the remaining breaches had been met but improvements were still required. Some action had been taken to meet the requirements of the warning notice we served about the systems in place to assess and monitor the quality of service. However, we still had concerns that further improvements were required.

People and their relatives told us they were satisfied with the care and support provided and all felt their needs were being met. They had developed good relationships with the staff team and told us they were treated with kindness and respect and felt safe using the service. Relatives we spoke with confirmed this. Some people raised concerns about the lack of opportunities to pursue interests and hobbies.

We saw that people were well supported by a staff team that understood their individual needs. However, improvements were required to ensure people were consistently treated with dignity and respect. Whilst our observations showed at times staff had limited time to spend with people, the provider assessed and monitored people's dependency needs for changes.

The assistant manager understood the requirements of the Deprivation of Liberty Safeguards 2008. We found examples of where these procedures had been appropriately followed. Staff understood the Mental Capacity Act 2005 and people were supported to give consent to their care and treatment. Some shortfalls we found on the day of our inspection were addressed immediately by the provider.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before staff

started work. Staff received an induction and had received additional training to refresh and update their knowledge. Staff felt well supported by the assistant manager who provided formal opportunities for staff to discuss and review their practice and learning needs.

We found that the medicines policy and procedures needed some improvements. Staff were aware of safeguarding procedures to ensure that any allegations of abuse were reported and referred to the appropriate authority.

Improvements had been made in the planning and delivery of people's care and people had received the care and support they required. People's needs were assessed and plans were in place to meet those needs. Staff understood what people's individual needs were and acted accordingly. Risks to people's health and well-being were identified and plans were in place to manage those risks. People were supported to access healthcare professionals whenever they needed to. People's nutritional and dietary requirements had been assessed people received sufficient to eat and drink.

The assistant manager had worked at improving the quality of service provided. However, we were concerned about the leadership of the service. The continued absence of a registered manager impacted on the continued improvements required. After our inspection the provider sent us written confirmation of immediate action they had taken to address these concerns.

Staff were clear about the values and aims of the service and were committed to continual improvement. New quality and safety assurance systems had been introduced. However, these required further improvements to fully protect people. The provider was in the process of gathering the views and opinions of people who used the service and monitoring the quality of service provided. We had not always been notified of all relevant incidents.

We found the service was in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe

People were protected from avoidable harm. Staff were knowledgeable about their role and responsibilities in protecting people.

The medicines policy and procedure required further detailed information to ensure people were fully protected.

Staff had been properly recruited and there were sufficient numbers to meet people's individual needs. However, the deployment of staff sometimes meant people were left alone for frequent periods.

Requires improvement



Is the service effective?

The service was effective

People were supported by staff that had received appropriate training, support and who were competent in meeting their needs.

The provider took action to ensure the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2008 legislation was adhered to.

Action had been taken to ensure people were receiving effective care. Their health had been monitored and responded to and people were provided with a balanced diet.

Good



Is the service caring?

The service was not consistently caring

People told us care staff supported them appropriately and were kind and respectful.

Although most people received care and support in a way that reflected their individual wishes and preferences, staff did not always provide care in a way that was respectful or protected the person's dignity.

People's confidential information was managed appropriately. People had access to advocacy information.

Requires improvement



Is the service responsive?

The service was not consistently responsive

People were not always involved in contributing to the planning of their care but people's preferences and what was important to them was known and understood. People received limited opportunities to share their experience about the service but this was being addressed by the provider.

Requires improvement



Summary of findings

People had access to the provider's complaint procedure but this was not available in an accessible format to ensure all people using the service could use it.

People told us that the provision of social activities and support to pursue interests and hobbies was limited. We did not see that people were offered the opportunity to participate in activities of their choice.

Is the service well-led?

The service was not consistently well-led

The service was without a registered manager and the assistant manager did not have sufficient hours available to fully meet the management responsibilities. The provider took immediate action to improve the leadership of the service.

Staff were clear about their roles and responsibilities. New auditing and quality assurance systems had been introduced but these required further development.

We had not always been notified of all relevant incidents that the provider is required to inform us about.

Requires improvement



St Marys

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 10 June 2015 and was unannounced.

The inspection consisted of 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.

To help us plan our inspection we reviewed the previous inspection report, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

On the day of the inspection we spoke with five people who used the service and two relatives for their experience of the service. We spoke with the assistant manager and a registered manager of another service within the organisation who was present during the inspection. We also spoke with three care staff, one senior care staff and the cook. During the inspection we spoke with two visiting healthcare professionals.

We looked at all or parts of the care records of four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we contacted the GP practice for their feedback about the service.

Is the service safe?

Our findings

At our last inspection of St Marys on 8 July 2014 we found that people were at risk because the premises and environment had not been adequately maintained to protect people's safety.

This was a breach of the Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan which contained details of how they planned to make the required improvements.

Following our last inspection Environmental Health from the local district council had visited the service. They informed us in April 2015 that the provider had taken action and was compliant with the improvement notices they had served.

The provider had made the required improvements. However, the provider had not ensured external environmental risks had been appropriately assessed. For example, a paved area where people had access to was cracked and uneven. This posed a risk to people who may trip and injure themselves. General debris was evident and the garden furniture was either stacked or dirty. During our inspection the maintenance and property contractor visited and took some immediate action to improve the environment. After our inspection we received written confirmation from the provider of further action planned to complete the improvements required.

Fire safety procedures and checks were in place that protected people and kept them safe. This included safety checks on equipment and the premises. Personal fire evacuation plans had been completed. Staff had detailed information available to them about how to support a person in the event of an emergency. Staff told us they had received health and safety training and attended fire drills. Records confirmed what we were told.

People we spoke with, including relatives, told us they felt safe living at the service and people were confident they were suitably cared for. A relative said their family member

had lived in several other care homes before moving to St Marys. They told us, "We now feel that [name] is totally safe and well cared for. We no longer have to worry about their safety and wellbeing."

Staff we spoke with had a good understanding of the different types of abuse and were aware of how to report any safeguarding concerns. Staff also told us about the whistleblowing policy in place and that they knew how to escalate their concerns if required. Staff training records confirmed staff had received appropriate safeguarding training.

Staff maintained records of all safeguarding, accidents and incidents. We saw these were audited by the assistant manager on a regular basis. Appropriate action had been taken to reduce further risks. For example, referrals to healthcare professionals had been made. Assisted technology such as sensor mats that alert staff to when a person is moving around were provided for people assessed at risk of falls. However, there was no system in place whereby the provider had an overview of accidents and incidents to analyse if there were any patterns or themes. Without this analysis there was a potential impact on people.

People's plans of care were supported with individual assessments of risk associated with their care needs. We found measures to reduce the risk were put into place that promoted people's safety and welfare. Where people had been assessed as requiring specific equipment to meet their individual needs and keep them safe we saw these were in place. Where people required additional monitoring such as regular position changes to protect their skin, this was happening in accordance to people's plans of care.

Our observations of staff supporting people with their mobility needs identified that some moving and handling practice by staff was not appropriate. For example, one member of staff was seen to support a person to stand by gripping the person under their arm. We discussed this with the assistant manager. They told us that the person did not like to hold hands when walking but needed some assistance and staff had been advised to support from the elbow. They said they would review the plan of care and speak with staff.

Staff told us that they had appropriate checks carried out before they began working at the service. For example,

Is the service safe?

criminal record checks were completed and staff's work history and employment references were requested and reviewed. However, we found staff records were disorganised and some checks were missing, such as the requirement for each member of staff to have two references provided. The assistant manager told us that they were aware of this and that they had plans to review and improve their filing system as some information was also held at the providers head office.

People told us that they felt safe and well cared for, one person told us that they felt concerned about staffing levels. They said, "I don't think they [service] have enough staff, I have to wait a long time for things like going to the toilet." Another person said, "Staff come quickly, there are two ladies on at night."

We found the assistant manager reviewed people's dependency needs on a regular basis. They told us they were confident that there were sufficient staff employed and available to meet people's individual needs. This meant people's needs were monitored and the provider could take action if people's needs changed. Whilst this was good practice we observed staff's availability and interaction with people showed that at times they had limited time to spend with people. We found there were sufficient numbers of staff to meet people's individual needs. However, the deployment of staff sometimes meant people were left alone for frequent periods.

Staff told us that generally they thought there were enough staff. One member of staff said, "At meal times more people

are needing assistance, that's why we have two sittings." Staff told us they covered the rota from within the team and that agency staff were rarely used and the service had one bank staff. Bank staff are employed by the provider and work on a casual basis to cover staff sickness and holidays.

People told us that they received their medicines safely. We looked at the management of medicines including a sample of medicine administration records for people. These are used to record when people have taken or refused their medicines.' We observed a senior member of staff administer people's medicines. We observed that they were kind and patient allowing people time to take their medicines. However, we saw that a liquid medicine for one person was given to a second member of staff to administer. The senior staff member signing documentation to confirm medicines had been administered did not observe if this had happened. This was unsafe practice. We discussed this with the assistant manager they told us that they would address this and ensure additional training was provided.

Safe arrangements were in place to obtain, administer and record people's medicines. All medicines were stored securely. We found that the medicine policy and procedure did not include protocols for prn medicines (medicine administered as and when needed to manage pain) or variable doses to advise staff of individual circumstances for administration. We discussed this with the assistant manager who agreed to review the policy.

Is the service effective?

Our findings

At our last inspection of St Marys on the 8 July 2014 we found the Mental Capacity Act 2005 (MCA) legislation had not always been correctly adhered to when decisions were made for people. MCA is legislation that protects people who are not able to consent to their care and treatment. Where people lacked mental capacity to consent mental capacity assessments and best interest decisions had not been formally completed.

This was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which contained details of how they planned to make the required improvements.

At this inspection we found that the provider had implemented new documentation that recorded people's needs that considered people's mental capacity to consent to their care and treatment. Where people had a lasting power of attorney that gave them legal authority to make decisions about people's care and welfare this was documented. However, it was not always evident that people had legal representatives. This is important information that protects people's human rights.

Since our last inspection staff told us they had received training in MCA and gave examples of how they supported people to make decisions. Records confirmed staff had received MCA training.

Where people lacked mental capacity to consent to certain decisions about their care and treatment we found best interests decisions were not being properly recorded. However, we saw that staff understood that they needed to gain consent before providing care and treatment to people. We discussed this with the assistant manager they told us that MCA assessments and best interest decisions would be formally completed within two weeks of our inspection. After our inspection we received written confirmation of this and examples of completed MCA assessments and best interest decisions were provided. The capacity assessments provided showed the assistant manager had adhered to this legislation. People's mental

capacity to make specific decisions had been fully considered and assessed; best interest decisions had been made appropriately. We were satisfied that this breach in regulation was met.

People told us that staff gained their consent to care and support before it was provided. We saw some examples where staff sought people's consent with day to day decisions. For example, decisions about what to eat and drink and where to sit. Relatives said that they had been included in discussions and decisions about their family members care and support.

Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to undertake specific activities is restricted. The assistant manager showed us an application they had completed and sent to the local authority to apply for an authorisation to restrict a person's liberty. This showed the assistant manager was aware of their role and responsibilities and that DoLS legislation had been adhered to.

At our last inspection of St Marys on the 8 July 2014 we found that staff had not been

appropriately supported in relation to their responsibilities. Staff had not received appropriate training, supervision and professional development. The provider sent us an action plan which contained details of how they planned to make the required improvements.

This was a breach of the Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which contained details of how they planned to make the required improvements.

Staff said that they had received training since our last inspection and told us about the planned training over the following weeks. One member of staff told us, "The dementia training gave me more of an insight into what's going on with people." and, "The good thing about the distance learning is that you keep your booklets so you can refer back." We saw records that confirmed what we were told.

Staff received formal and informal support and supervision opportunities to discuss and review their learning and development needs. One member of staff said,

Is the service effective?

“Supervision is quite informal. I know I can sit down with the manager if I need to; we’ve just been doing an appraisal. We have staff meetings about three times a year. I do feel supported.”

People we spoke with all felt they were supported and cared for by staff that were competent in meeting their needs. People’s relatives also agreed that staff had the appropriate training and support that enabled them to provide effective care. A relative said, “Staff talk to me about her care but basically I trust them.”

People spoke positively about the food choices and the quality of food available, this included receiving sufficient to drink through the day. One person told us, “Meals are good, we have choices, they [staff] come and ask you what is available.” Another person said, “Meals are not bad, they tell you what they have got and I can choose.”

We looked at the food and drink people were offered during our inspection and observed the lunchtime meal. While some people were being assisted they were encouraged to help themselves to eat where this was possible, staff assisted where needed. Staff were patient and warm and people were not rushed. Staff sometimes had to leave the table where they were assisting people to help others. Whilst we did not see that this caused people distress it may have impacted on how people completed their meal. Three people said that they had enjoyed their lunch, that it was warm and they had enough to eat.

Some people had specific dietary and nutritional needs. We found both the cook and care staff were aware of people’s needs and how to support them. This corresponded with people’s plans of care we reviewed.

People’s food and fluid intake was assessed and plans of care advised staff of people’s needs to keep them well. The cook was aware of people’s nutritional needs and preferences, including if people had health conditions that were affected by their diet and known allergies. This meant that people had effective support in relation to their nutritional needs.

The menu appeared to be nutritionally balanced and offered people a choice of what to eat. Food stocks were plentiful and where people required a high calorie diet appropriate food such as full fat milk, cream and cheese was available. People’s hydration was monitored including their weight.

When concerns were identified about people’s health, appropriate referrals were made to healthcare professionals.

We spoke with two visiting healthcare professionals that visited the service daily. They told us that people’s healthcare needs were well met by staff. They said that communication with the service was good, that any referrals made were done so in a timely manner and that staff followed any recommendations they made. After our inspection we spoke with a GP. They also spoke positively about how people’s healthcare needs were met by the service.

People were confident their health needs were being met and they told us they had been supported to see relevant health professionals when it was appropriate. Records confirmed that staff monitored and responded to people’s changing health needs when required.

Is the service caring?

Our findings

People we spoke with including relatives were positive about the approach of staff and described them as caring, kind and respectful. One person told us, “Staff are very good to me, very easy going.” Another person said, “It is very good living here; it is the best thing I ever did, moving in here. The staff are very good.” A visiting health professional described the staff as, “definitely caring and kind.”

Some people had lived at St Marys for many years and told us that some of the staff had worked at the service for a long time and that they had developed positive relationships with them. Relatives told us they felt staff knew the needs of individuals very well. One relative said, “She [family] has been here a long time and certain care staff have been here since 2007, so know Mum very well.”

Care records showed that people’s individual needs, wishes and preferences had been sought and recorded. When talking to staff they demonstrated they had a good understanding of individual needs.

We observed staff showing good interactions with individuals when carrying out caring duties. They explained clearly what they were doing and why. Staff could describe the different ways in which they respected people’s privacy and dignity. One member of staff said, “We discuss personal and confidential information away from people.” and, “We watch people’s body language and how they act to see if they’re comfortable in the room.”

We saw a staff member taking the time to have a quiet chat with individuals. We also heard some staff speaking with people about their families. This showed positive caring relationships had developed and that people felt valued and listened to. Staff used good communication skills when communicating with people such as speaking with people at the same eye level. Additionally, they included people in discussions and decisions as fully as possible.

We observed the lunchtime period where the atmosphere was calm and relaxed. Staff knew their individual roles. People received a choice of where they wished to have their meal. On the whole we found staff to be caring, attentive to people’s individual needs and respectful.

However, we saw some examples where staff showed a lack of dignity and respect towards the people they were

caring for. For example, we saw a person struggling to eat. They were using only their right hand to try and get food onto a fork. A plate guard was not provided which may have helped. Staff did not offer assistance. We observed a member of staff went to the person and ‘moved the food around the plate’, however, they did not speak to the person and walked away. This person had been sat at the table by themselves for an hour.

We observed a member of staff insist on waking up a person to give them a cup of tea. The person was still half asleep but the staff member kept giving them the drink. This caused the person to cough and splutter, they insisted that they had the drink before they could go back to sleep.

Another person asked to go to the toilet; the member of staff fetched the wheelchair and then shouted across the room to another staff member that the person needed the toilet so could they help.

We observed a person was supported by staff to transfer into a chair. We observed a member of staff say that the person needed to be hoisted into a better position. However, we did not see this happen. These examples were discussed with the assistant manager who agreed that this practice was not dignified or respectful and that they would bring this to the attention of the staff.

On arrival we observed breakfast being provided. We noted that porridge was left in a large bowl on a table with no way of keeping it warm. We saw the menus were written in small writing on a white board on the wall. Some people had communication needs and may have benefitted from this information being presented in a more accessible format.

Some people told us they had been involved initially with the development of their plans of care and felt they were involved in discussions and decisions. People and their relatives told us that individual needs were known by staff and that they were satisfied these were met. Some relatives could not recall any formal involvement in updating and reviewing plans of care. One relative said, “Staff talk to me about my relatives care but basically I trust them.” Another told us, “We have discussed the care plan but not for a long time. I don’t know when they review these.”

The assistant manager told us that they did not arrange formal review meetings but spoke with relatives and

Is the service caring?

people using the service as and when changes occurred. They said, “I have an open door policy and a good relationship with relatives, we discuss things when they visit.”

Relatives told us that there were no restrictions on when they visited and that staff were welcoming, friendly and approachable. A relative told us, “We can turn up when we want and we know they will ring us if there is anything untoward.” Another relative said, “It is like a family place and they [staff] are concerned about us to.” Additionally, “We can visit anytime and are made to feel very welcome. They [staff] have said that we can stay for meals if we wish.”

People had limited choice of where they could meet with their visitors that promoted confidentiality and privacy. However, people’s rooms, communal lounges and dining rooms were used.

People that used the service and staff could be assured that confidential information was appropriately and securely stored. Confidential and sensitive information was shared on a need to know basis.

The provider had ensured people had information about independent advocacy information provided by ‘Speak Up’ and ‘Alzheimer’s Research UK’. However, some people had needs associated with their communication and may have found it helpful if this information was in a more assessable format.

Is the service responsive?

Our findings

At our last inspection of St Marys on the 8 July 2014 we found that people were at risk of receiving care that was inappropriate or unsafe. The planning and delivery of care did not meet people's individual needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which contained details of how they planned to make the required improvements.

At this inspection we found that the provider had followed the action plan and new documentation to record people's individual needs had been implemented. This information included people's needs, preferences, routines and what was important to them. Additionally people's religion, sexual orientation and allergies were recorded. This demonstrated the provider had considered people's needs in enabling a personalised and responsive approach in the delivery of care.

People's care plans were reviewed monthly or sooner if required by the assistant manager for changes. Where people's needs had changed we saw plans of care, including risk assessments had been amended. A visiting healthcare professional told us, 'They're [staff] really good. They always phone us with any concerns.' This meant that staff had up to date information that was responsive to people's fluctuating needs and appropriate action was taken in response to changes to people's needs.

We saw examples that demonstrated staff were responsive to people's needs. For example, some people were living with diabetes. The plan of care said that this person must not have breakfast or tea before the district nurse administered insulin. We saw that this was the case at tea time.

Where people had specific healthcare needs, we saw staff had additional information that provided specific details of how to provide effective and responsive care. This meant people could be assured that staff had information available on how to meet their needs.

Whilst the provider had met this breach further improvements were required to ensure people received

consistency and continuity in the care they received. For example, the plan of care for a person living with dementia stated, 'visual and auditory hallucinations do not seem to cause the person distress'. However, no advice on what these might mean for the person or signs and symptoms were recorded for staff. Additionally, a person's plan of care stated that due to a specific health condition staff were advised to keep the person's legs elevated. We did not see this happen.

Relatives we spoke with told us they were happy with the care their family member received and were confident that their individual needs were met. One relative said, "Staff really know her, when she has a good or bad day. They really go out of their way to look after her. They make her food especially for her, like when she was unwell, they cater for individual needs."

Staff told us how they provided care that was personalised. A male member of staff said, "Some residents aren't keen for me to do personal care. I understand. I ask them if they'd like me to get a female." Another member of staff told us, "We have ladies that usually take themselves off and put on jewellery and make up, they always dress smartly. Some people have their hair coloured because that's the way they've always been."

People's preferences with regard to their religion and spiritual needs were recorded. A member of staff said, "I don't think there's anyone who is particularly religious. We have a church service each month." The assistant manager confirmed what we were told but people we spoke with could not confirm this and there was no information on display advising people of the dates of worship.

We asked people how they spent their time and if they were supported to pursue any hobbies or interest they had. One person told us, "When I first came in here they [staff] used to do all sorts of things like skittles and games, they don't do anything now. I just sit here all day looking around and talking – it gets a bit boring." Another person said, "They [staff] say outings are going to be done but never happens. The last one was 5 years ago." and, "We can choose what CD's we want to listen to."

The staff told us about the activities that were provided. They said that they tried to provide activities in the afternoon but these were not set in advance but people were asked and given a choice. One member of staff said, "Activities are good when you can get the residents to

Is the service responsive?

participate. There's not really many outings. We have skittles, cards, football, colouring and knitting. We do sometimes have entertainers." Another staff member told us, "Activities are ok. Lots of people don't join in. Some want to sleep. I haven't been on an outing in the 12 months I've been here."

On the day of our inspection we did not see that people were supported or offered the opportunity to participate in activities. We observed staff putting the television on but did not see that people were given a choice of what to watch. We noted that there were no books, magazines, newspapers, and memorabilia around for people to use.

The provider had attempted to provide a suitable environment that was supportive to the needs of people living with dementia. For example, to orientate people appropriate signage on toilet doors and the dining area was provided. People had their photos and names on

bedroom doors. Whilst a pictorial calendar in the lounge was visible, the details did not correctly reflect what day it was. This may have caused confusion and distress to people.

People and their relatives told us that they would not hesitate to make a complaint if they needed to. No one we spoke with told us that they had cause to make a complaint. Staff told us that if anyone made a complaint they would inform the assistant manager, who they felt confident would respond appropriately.

The provider had a complaints policy and procedure that was available for people and their relatives or representatives. Some people had communication needs and may have benefited from this information being presented in an assessable format. The assistant manager told us that they had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

At our last inspection of St Marys on the 8 July 2014 we found the systems used to assess

and monitor the quality of the service were ineffective. We served the provider with a warning notice.

This was a breach of the Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which contained details of how they planned to make the required improvements.

At this inspection we found that the provider had followed the action plan and new systems had been introduced to check the quality and safety of the service. For example, various weekly and monthly management safety audits were in place such as; checks on equipment for moving and handling, slings used with hoists, pressure relieving mats and medicines management. These checks had been completed on a regular basis by the assistant manager. Staff used a maintenance book to record anything that required fixing or replacing. Since our last inspection the provider had replaced window frames that were in poor condition and completed some internal decoration.

However, where issues had been identified there was no action plan to show if the required action had been completed. We found some issues with the management of medicines that the assistant manager had not identified in the weekly checks. For example, missing staff signatures on medication administration records. Whilst we established that people had received their medicines and there was no impact on people in this instance, this could have been a potential risk. In addition the risks we identified with the external environment that required action to make the area safe and usable for people had not been identified.

The management audits did not include recorded visits by the provider to demonstrate that they had visited the service to assess and monitor quality and safety. The assistant manager told us, "The provider visits most weeks, I don't know why these visits are not recorded, we used to get monthly audit reports." After our inspection we received written confirmation from the provider to advise us that

future visits would be recorded with immediate effect. Effective governance is important to ensure the provider mitigates any risks and drives continued improvement in the quality and safety of the service provided.

Whilst new systems to monitor quality and safety had been implemented further time was required for these to become established. We were not confident that the provider could demonstrate sustainability at this time and further improvements were required.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with including relatives told us that they had not been involved in any meetings or been asked to complete any surveys to share their experience about the service. The assistant manager told us that they had recently sent a survey to people that used the service and relatives requesting their feedback. We saw an example of a survey that had been sent out. The assistant manager told us that returned surveys would be reviewed and analysed and action taken where required. In addition the assistant manager told us that they were planning to introduce monthly newsletters from July 2015 as a method of communicating with people. Additionally, they said they would consult people and relatives about introducing meetings on a more regular basis as historically these had not been well attended in the past.

People and relatives told us that they had a good relationship with the assistant manager and we saw they were visible to people during our inspection. Some relatives raised concerns about the frequent changes with managers in the past and that this was unsettling. A visiting healthcare professional said, "It's really good here, one of the good ones."

Staff spoke positively about the assistant manager and said that they felt well supported. Comments included, "The management are doing alright. I do feel valued and listened to." and, "I am very well supported."

We were concerned that the leadership of the service was affected by the continued absence of a registered manager. The assistant manager had three days a week to complete management tasks. We were concerned that this was insufficient to drive forward the continued improvements that were required. After our inspection we received written confirmation from the provider of changes to the leadership with immediate effect. This included the

Is the service well-led?

assistant manager having an increase in management hours to five days week. The appointment of a registered manager was to be more widely advertised. A registered manager within the organisation was to add St Marys to their registration condition. This would enable them to be the registered manager of St Marys until a permanent registered manager had been appointed.

We identified that both the 'statement of purpose' and information available for people and their relatives that

advised what St Marys offered was out of date. In addition the provider's business continuity plan that advised staff of the procedure to follow in the event of an emergency affecting the service was not sufficiently detailed.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had failed to notify CQC of an incident that affected a person. We raised this with the assistant manager for future reference.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The provider did not have effective governance. Assurance and auditing systems and processes required further improvements to drive forward quality and safety of the service provided. Regulation 17 (1) 17 (2) (a) (b) (c)</p>