

Qualia Care Limited

# St Mark's Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Marks Care Home is a care home providing both nursing and personal care to people. The service accommodates up to 39 people with a range of needs including some living with a dementia. At the time of inspection 26 people were living at the service.

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

The service failed to maintain accurate and complete records in respect of people's care and support. Individual risks associated with medical conditions were not identified. Some care plans contained inaccurate and missing information. Medicines were not managed safely.

The communication of important information about changes in people's needs was not always effective. Governance systems were ineffective and failed to identify these shortfalls.

The provider had made some improvements since our last inspection. People had a safe environment. Health and safety checks were regularly conducted. Areas of the home had been repaired, resolving infection control issues. Safeguarding matters had been appropriately managed by the service.

People said they were happy with their choice of care home and they liked the homely feeling. People and relatives were complimentary about the care and support received. One relative told us, "My parent needs 24/7 365 days care because of their condition. I have no concerns whatsoever regarding their safety and can only praise everyone for the care."

The provider had systems to learn from accidents and incidents, analysing the information for trends to enable them to reduce future incidents.

The service was open and transparent. An effective complaints process was in place and relatives and people we spoke with had no complaints.

The activity co-ordinator was enthusiastic about making people happy. Not everyone had the opportunity to access the community due to their care and support needs and there were limited activities available for people living with a dementia.

We recommended that the service research environments and suitable activities to support people living with a dementia.

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

People were confident with staff members' ability to support them safely. One person told us, "The staff seem to be trained to manage care safely and I feel confident when they are helping me." The service supported staff with regular supervisions and appraisals.

The service had established partnerships with healthcare professionals to ensure people received joined up care. People, relatives and staff were regularly asked to provide feedback about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires inadequate (published 18 June 2019) and there were multiple breaches of regulation. This service has been in Special Measures since 18 June 2019. During this inspection the provider demonstrated some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

At this inspection we found some improvements had been made but the provider had a continued breach of regulation 17.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Mark's Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of three inspectors, a specialist professional advisor (nurse) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Mark's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted professionals in local authority commissioning teams and safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the service and three relatives. We spoke with ten staff, including the deputy manager, deputy head of nursing, two seniors, activities co-ordinator, kitchen assistant and three staff members.

We reviewed six people's care records as well as other records relating to the running of the service, such as medicine records, complaints and training records. We spoke with a visiting healthcare professional.

Following the inspection

We spoke with a healthcare professional after the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection medicines were not managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the service failed to maintain and complete accurate records in relation to people's care and treatment. This is a breach of regulation 17.

- Medicines were not managed safely. Due to poor recording we could not see if people received their medicines.
- The service did not always follow national guidelines for managing medicines in care homes.
- Following the inspection, we spoke with a visiting healthcare professional. They told us they had identified a person had not received their medication but the reason why had not been recorded.

These are breaches of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff responsible for administering medicines had completed the appropriate training.

### Assessing risk, safety monitoring and management; preventing and controlling infection

At our last inspection the service failed to ensure the safety of the building and equipment, have infection control measures to protect people and identify and respond to risk.

These were breaches of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made in relation to the safety of the premises and infection control. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service did not have systems and processes that enabled them to identify and assess risks to the health, safety and welfare of people who use the service.
- Environmental and individual risks were not always identified. Risks associated with specific health conditions were not managed safely. Documentation to support staff to keep people safe was not in place.

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

- People lived in a safe environment. Certificates relating to premises and equipment were in date. Health and safety checks were regularly conducted. Fire drills and training had been completed.
- There were systems in place to ensure people were protected from the risk of infection. Environmental issues such as broken cracked tiles and paintwork down to bare wood had been repaired and painted.
- Staff had access to protective personal equipment such as disposable gloves and aprons.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the service failed to take immediate action upon becoming aware of an allegation of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Safeguarding concerns had been recognised, fully investigated and referred to the appropriate authorities. Records showed the service acted swiftly when safeguarding concerns had been raised.
- People and relatives felt the service was safe.
- Staff had completed safeguarding training and were aware of what action to take if they witnessed abuse or harm.

Staffing and recruitment

- The service had a thorough recruitment process. The deputy manager told us people living at the service were encouraged to be part of the interview process, sitting and chatting with applicants prior to the interview.
- Staffing levels were calculated by the provider using a dependency tool based upon people's care and support needs. Our staff observations were very different over the two days. Although the same number of staff were on duty, on the first day we noted people were left unattended for periods and had little engagement from staff. Whilst on the second day staff were present throughout and had a positive rapport with people.

Learning lessons when things go wrong

- Accidents and incidents were regularly analysed to identify any trends and lessons learnt.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Management and staff were not always aware of people's health conditions and there was a risk of people not being supported correctly.
- Hospital appointments were not always recorded, followed up and guidance added to care plans.
- Monitoring information about specific medical conditions was not recorded appropriately.

This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home had developed positive relationships with external health professionals. For example, the community matron held a surgery in the home every month and telephoned on a regular basis to check how people were.

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

- Areas of the service had recently been decorated.
- There were some pictorial signs on bathrooms and toilets, but no other dementia friendly adaptations had been made to support people to navigate the service independently.

We recommend the service research environments to support people living with a dementia.

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

- Pre-admission assessments were not always completed in full or on the correct documentation. This meant information was not always available to guide staff and people's needs were not always recorded in full.

Staff support; induction, training, skills and experience

- Staff were not up to date with all mandatory training. Some training had been booked, however, these additional sessions did not address all the gaps. The deputy manager said they planned to take disciplinary action if staff did not complete all necessary online training.
- Staff received regular supervision and annual appraisals were in the process of being completed.
- New staff completed induction training before supporting people without supervision. This included

shadowing more experienced members of staff.

Supporting people to eat and drink enough with choice in a balanced diet

- Mealtime experience varied on the two days we visited. On the first day, staff supported several people to eat in the lounge chairs they had sat in all morning without giving them opportunity to move to a dining table. Tables had cloths but were not set with cutlery, condiments or any decoration. On the second day, staff were attentive to people's needs and tables were set.
- Kitchen staff were not always provided with full details of people's dietary requirements. Following the inspection, the deputy head of nursing reviewed people's dietary requirements ensuring the kitchen had the correct information.
- Soft and pureed foods were sent from the kitchen without labels to guide staff. Staff were not always aware of the different options available to ensure people at risk of choking were not given unsuitable food.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to make day to day decisions such as what they wanted to do and what they wanted to eat. Staff demonstrated awareness around people's right to choose.
- Consent to care was not always correctly recorded. Some documents inaccurately stated that a family member had lasting power of attorney (LPA) giving them legal right to act on their relative's behalf in respect of their health and wellbeing. The deputy manager advised the service was currently asking relatives to bring in confirmation of LPA.
- Staff completed mental capacity assessments for specific decisions about a person's care. Best interest decisions records were completed but did not always contain a full description of how the decision had been reached.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains as requires improvement. This meant people were supported with dignity and respect, but staff did not promote and encourage people to be independent.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind. One relative said, "When my parent was discharged from hospital it was a scary time, but the staff have been very good."
- People said staff were caring but too busy to stop and talk sometimes. Our observations over the two days varied. On the first day there was little staff interaction with people. On the second day staff were attentive to the needs of people and clearly knew people well.

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

- Staff supported people to express their views. The deputy manager had introduced resident and relatives' meetings and had invited all relatives to come to the service to discuss people's care and support.
- Staff told us people were supported to make daily choices.
- Information about advocacy services was clearly displayed to support people. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People said personal care was delivered in a respectful and dignified way, so they didn't feel uncomfortable.
- People were not always promoted to be independent. Bathrooms were locked with a bolt at the top of the door, which meant people were not able to access them independently.
- People's confidential information was not always held securely. On a number of occasions, the staff office which held care records and clinical information was left unattended with the door open. The deputy manager told us they would address this matter.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

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

- Care plans did not always have accurate and current information about people's needs.
- The quality of care plans varied and lacked personalisation. This had been recognised by the provider and new guidance for care plan writing had started to be rolled out to staff.
- The communication of important information about changes in people's needs was not always effective.

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

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and the service offered information in various formats, such as easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their religious beliefs with representatives visiting the service.
- People were offered a range of activities. The activity co-ordinator was enthusiastic and told us, "I want to make people happy." During our visit we observed a person enjoying painting and two people went out for lunch.
- Some people were supported to access the community including visiting the cinema and attending local social events. Not everyone had the opportunity to access the community due to their needs and there were limited activities available for people living with a dementia.

We recommend that the service research suitable activities to support people living with a dementia.

Improving care quality in response to complaints or concerns

- Information about how to make a complaint was displayed around the service. One person told us, "I would not be "scared" to complain but probably speak to the staff first anyway."
- Complaints had been recorded, investigated and complainants received an outcome of the investigation.

#### End of life care and support

- When people wished to discuss their wishes and preferences regarding end of life care, care plans were created. Thank you cards praised staff for their care and support during this time.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the service did not maintain an accurate and complete record of people's care and treatment and have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the service was still not ensuring accurate and complete record of people's care and treatment were kept. This meant the provider remains in breach of regulation 17.

- Governance systems were not effective in identifying and mitigating all areas of risk within appropriate timescales. For example, missing and incomplete record keeping. The deputy manager had started to address some issues with staff responsible.
- Recording of information about people's care and support needs was poor. Information was not always accurately recorded and communicated to staff to enable them to support people safely.
- Staff were clear about their roles and responsibilities. The deputy manager was acting manager during the inspection and was supportive throughout.
- The provider understood the legal requirement to notify the CQC of certain accidents, incidents and events. The provider had plans to advertise the role of registered manager.

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

- Staff told us they enjoyed working at the service. They said they worked well as a team and supported each other.
- The deputy manager demonstrated a keen interest in continuous learning. They had created additional documentation to drive improvement.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The provider and deputy manager understood their responsibilities to be open with people and relatives when things went wrong.

- The service was open and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People and relatives had opportunities to share views and get involved in the service.
- Staff meetings were regularly held which discussed the running of the service.
- The service worked in partnership with health and social care professionals who were involved in people's care.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The service did not maintain an accurate and complete record of people's care and treatment. The service failed to assess, monitor and mitigate the risks to people. The provider did not operate effective systems to monitor and assess the quality of the service. Regulation 17 (1) (2)

### **The enforcement action we took:**

Warning notice issued.