Care Quality Commission

Grace and Compassion Benedictines

St Mary's House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We inspected St Mary's House on the 9 and 10 April 2015. St Mary's House is a residential care home that provides care and support for up to 22 people. On the days of the inspection, 17 people were living at the home. The age range of people varied between 70 – 100 years old. St Mary's House provides support for people living with varying stages of dementia, diabetes, mental health needs and long term healthcare conditions.

In 1954, St Mary's House was founded by Mother Mary Garson. Mother Mary Garson was motivated by compassion for some old people she visited who were living in squalid conditions unable to look after themselves. She felt compelled to do something about this situation and set up St Mary's House in Brighton where people could be cared for in a loving surrounding. Receiving the anonymous gift of exactly the money she required for the deposit on a house convinced her that this was God's will for her. In 1978, St Mary's House became part of the Grace and Compassion Benedictine family (provider).

Grace and Compassion Benedictine family follow the rule of St Benedict who lived in the 5th century. The rule is centred on Christ and aims at a balanced life of serenity and wholeness. The main work of the Benedictine family

Summary of findings

is hospitality particularly in the care of the old, the sick and the poor. The home is run by Sisters and care staff who work alongside one another. Next door to the home is the Sisters convent. A chapel is on also on site which is open to the public on Sundays.

A registered manager was 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 and associated Regulations about how the service is run.

People's needs had been assessed and individual holistic care plans developed. However, where someone was assessed at being high risk of falls or skin breakdown, documentation failed to reflect what actions were required to safely meet the person's needs or reduce the risk of any harm occurring. Despite concerns with documentation, we saw that people received the care they required. However, we have identified this as an area of practice that needs improvement.

Staff had received safeguarding adults training and had a firm understanding of what constituted adult abuse. However, staff were not clear on how to raise a safeguarding concern. We have identified this as an area of practice that needs improvement.

People who lived at the home and their relatives were encouraged to share their opinions about the quality of the home to make sure improvements were made when needed.

The Sisters and care staff referred people to other health professionals for advice and support when their health needs changed. Staff supported people with kindness and compassion. Staff reassured and encouraged people in a way that respected their dignity and promoted their independence. Staff understood the importance of gaining consent from people before delivering personal care.

People and their relatives felt people were safe and well cared for. People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. New staff received induction, training and support from experienced members of staff. Staff felt supported by the registered manager and spoke highly of their leadership style.

Staff offered people a wide range of choices for meals. Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for people's individual dietary needs.

Medicines were stored in line with legal requirements and people commented they received their medicines on time. People's social and emotional needs were met through a range of social activities and opportunities for social engagement. Staff understood and recognised people's religious and spiritual needs and provided support to ensure those beliefs were upheld and maintained.

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?

Requires improvement

Certain aspects of St Mary's House were not consistently safe. Staff had a firm understanding of what constituted adult abuse, but were not clear on how to raise a safeguarding concern. Recruitment practice needed improvement. Documentation did not always reflect the good practice undertaken by the provider when employing new members of staff.

Individual risk assessments had been developed and implemented. However, where people were identified at high risk of skin breakdown or malnutrition, risk assessments failed to demonstrate the actions required by staff to minimise the risk.

People told us they felt safe living at St Mary's House and the home had suitable number of staff to meet their individual care needs. Medicines were managed appropriately and people confirmed they received their medicines on time.

Is the service effective?

Good

St Mary's House was effective. Staff were trained and supported to meet people's individual needs.

People were supported to maintain good health and had access to on-going healthcare support. Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated an understanding of the legal requirements.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet

Is the service caring?

Good

St Mary's House was caring. People had built up trusting and caring relationships with the Sisters and care staff.

People were treated in a respectful and dignified manner with care needs being met with kindness, consideration and patience. People were encouraged to be as independent as possible, with support from staff. Their individual needs were understood by staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

St Mary's House was responsive. People's care was planned in a way that reflected their individual needs and wishes.

Summary of findings

People had access to activities that were important to them. These were designed to meet people's individual needs, hobbies and interests, which promoted their wellbeing. People's religious needs were not overlooked and staff supported people to attend mass, communion and other religious services.

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Is the service well-led?

Good

St Mary's House was well-led. The management team were approachable and defined by a clear structure. Staff and people spoke highly of the leadership style of the registered manager.

The registered manager kept up to date with changes in legislation, and how these applied in the home.

The home maintained strong links with the local community. A set of visions and values governed the day to day running of the home and was clearly embedded into practice.

St Mary's House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We inspected the home on the 9 and 10 April 2015. This was an unannounced inspection. The inspection team consisted of two inspectors and an Expert by Experience who had experience of older people's residential care homes. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with ten people who lived at the home, five visiting relatives, three staff members, two Sisters, and the registered manager.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We utilised the PIR to help us focus on specific areas of practice during the inspection. St Mary's House was last inspected in January 2014 where we had no concerns.

During the inspection we reviewed the records of the home. These included staff training records and procedures, audits, four staff files along with information in regards to the upkeep of the premises. We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at St Mary's House. This is when we looked at their care documentation in depth and obtained their views on how they found living at St Mary's House. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at St Mary's House. One person told us, "I am safe, I know. They are very polite, charming, just as it should be, really." Another person told us, "I got to the stage at home when I knew I couldn't cope. Here, I like everything, the carers are kind, and I don't worry now." Visiting relatives commented they felt confident leaving their loved ones in the care of St Mary's House. Despite people's comments on St Mary's House providing safe care, we found certain aspects of St Mary's House were not consistently safe.

Staff had a firm understanding of what constituted adult abuse and could clearly identify various forms of abuse. One care staff member told us, "It's about us making sure we are aware of the signs or symptoms of any abuse." The Sisters and care staff clearly understood that abuse was not to be tolerated and should always be reported. Any concerns of abuse or neglect were reported to the registered manager and the contact details for the local safeguarding team were made available for staff on the staff notice board. However, we posed the question to Sisters and care staff who they would report their concerns to if the registered manager was away. Sisters and care staff informed us they would alert their concerns to the most senior member of staff on duty. Staff were unaware of their own responsibility to raise a safeguarding concerns themselves with the Local Authority. We brought this to the attention of the registered manager who expressed confidence that the Sisters and care staff would know how to raise a safeguarding concern. Although the staff had not raised any safeguarding concerns, if the need arose, there was still the risk of safeguarding concerns not being raised in a timely manner and protection plans for adults at risk being delayed. This is not a breach of regulation, but we have therefore identified this as an area of practice that requires improvement.

Where required staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with people. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the home. However, positions whereby a DBS was not required (such as volunteer or kitchen assistant), documentation was not available to demonstrate that the provider had risk assessed their suitability to work in a care setting. One member of staff had commenced employment before their DBS check. The registered manager confirmed they never worked unsupervised; however, a risk assessment was not in place to demonstrate this. This is not a breach of regulation, but we have identified this as an area of practice that requires improvement.

The chance to live independently and manage their own lives should be as much a possibility for older people whilst living in a care setting. St Mary's House strove to promote positive risk taking and recognised that people's level of autonomy should be respected and promoted. The registered manager demonstrated a strong commitment to enabling people to take day to day risks whilst ensuring measures were in place to reduce the likelihood of any harm. Throughout the inspection, we saw people freely coming and going from the home and people commented they could live their lives as they so choose. The registered manager told us, "We have a couple of people who go out shopping independently, go to their own GP appointment by themselves and to the local Church without staff assistance."

Risks to people's safety were assessed, managed and reviewed. Risk assessments included moving and handling, mental health, personal care and falls. Assessments considered the identified risk, the aim and the action plan to minimise the risk of harm whilst enabling the person to take day to day risks. Despite risks to people being assessed and individual, where people were identified at high risk of skin breakdown or malnutrition, the action required to prevent the risk was not clearly reflected in the care plan. For example, one person's Waterlow Score (tool for assessing the risk of skin breakdown) was assessed as 19, which meant they were at high risk of skin breakdown. Documentation recorded 'see care plan'. We could not locate a specific care plan. The person's personal hygiene care plan made no reference to the Waterlow score of 19 and the actions required to minimise the risk of any skin breakdown. One person had been identified at high risk of falls. We could not locate a specific falls care plan which reflected the actions required to reduce the risk of the person falling. The individual's mobility care plan identified reduced level of mobility, but no reference to the heighted risk of falls. Despite this, staff members had a firm understanding of people's care needs and the measures

Requires improvement

Is the service safe?

required to minimise the risk of skin breakdown or falls. However, we brought this to the attention of the registered manager and have identified this as an area of practice that requires improvement.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. We spent time observing the medicine round at lunchtime. Medicines were given safely and correctly. Whilst administering medicines, staff preserved the dignity and privacy of the individual. For example, staff discreetly asked people sitting in communal areas if they were happy taking their medicines there. Sisters and care staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

Medicines were ordered in a timely fashion from the local pharmacy and Medication Administration Records (MAR charts) indicated that medicines were administered appropriately. MAR charts are a document to record when people received their medicines. Records confirmed medicines were received, disposed of, and administered correctly.

Helping people to look after their own medicines is important in enabling people to retain their independence. The registered manager told us, “Before someone moves into the home, we always ask and assess whether they would like to continue with their medicine administration, if that would be safe or whether they would like us to support.” The registered manager also added, “For people it’s important to remain in control of their medicines.” A sample of people were self-administering their own medicines on the day of the inspection. Self-administration medicine risk assessments were in place which were subject to regular reviews. People reflected they appreciated being able to take their own medicine as it provided a continuity of control in their daily lives.

There were enough skilled and experienced staff that contributed to the safety of people. Sisters provided care and support for people throughout the day. Alongside the Sisters, care staff were available throughout the morning and afternoon. Staffing levels consisted of three Sisters throughout the day and three care staff. The night shift consisted of one care staff and one sleeping care staff with the registered manager providing on-call support along with the Sisters (lived in the Covenant next door). Throughout the inspection, we observed that people received care in a timely manner and call bells were answered promptly.

People and their relatives felt satisfied with staffing levels. One person told us, “There’s always someone to help me.” Staffing levels were based on the individual needs of people. The registered manager told us, “When considering staffing levels, the home is divided up into four units with various units having people of high and low dependency. If I have people with higher dependency, I increase my staffing numbers.” The registered manager demonstrated how recently staffing levels increased to ensure the care needs of a resident were sufficiently met. Sisters and care staff commented they felt the home had sufficient staffing numbers to provide safe care.

Systems were in place for the monitoring of health and safety to ensure the safety of people, visitors and staff. For example, weekly fire alarm tests, weekly water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. A business continuity plan was in place which considered what the home would do in the event of a gas failure, severe weather such as snow or a heat wave or the loss of heating. People’s ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Good

Is the service effective?

Our findings

People living at St Mary's House received effective care and support. One person told us, "Everything is well done. You can ask for any foods and they'll get it; they are all fair, and kind. I'd be the first to say if it was otherwise." Another person told us, "I had falls at home, and now I'm very uncertain on my legs, the manager tells me I should do longer strides when I'm walking, and I try. The staff are so good, just the right kind of people to encourage you, help you, the manager picks the right sort of girls. So I always come down for meals and some of the activities. I couldn't be in a better place." People and their relatives felt the Sisters and care staffs received sufficient training and were competent to deliver safe and effective care.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support the needs of older people living at St Mary's House. The provider operated an effective induction programme which allowed new members of staff and Sisters to be introduced to the running of St Mary's House and the people living at the home. The induction programme was based on the common induction standards as identified by Skills for Care (now replaced by the care certificate), an organisation that works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. Alongside completing the induction, staff worked with more experienced staff to observe them working with people and gain confidence. The registered manager commented that new members of staff would only work unsupervised; once it had been assessed they were competent to do so.

Throughout staff's employment with the provider, on-going support and professional development was promoted. Staff received a yearly appraisal and supervisions. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Regular supervision provides an insight into what the role of the person being supervised entails, the challenges they face and what support they need. It is an aspect of staff support and development. Staff reflected they felt valued and supported as employees. One staff member told us, "We have regular supervision, but we can always request additional supervision if needed." The registered manager demonstrated a strong commitment to the on-going professional development of staff. The registered manager told us, "I always encourage and advocate for my staff to under National Vocational Qualifications (NVQ) (now care diploma), most of my staff have achieved or are working towards a NVQ level three." The NVQ is a nationally recognised qualification which is designed to teach staff how to deliver an excellent level of care, create a safe and healthy environment for themselves and the people they care for. The registered manager recognised the importance of having a skilled, confident and experienced workforce.

Sisters and care staff spoke highly of the training opportunities. Training schedules confirmed training was provided on the specific care needs of people. Many people living at St Mary's House were living with dementia. Dementia awareness training had recently been provided by the Dementia In-Reach Team (local organisation). Sisters and care staff spoke highly of the training and how it enabled them to provide safe and effective dementia care. One staff member told us, "The training helped us to understand how to respond to people in the moment and recognising changes in people at different times."

The Sisters and care staff recognised that people's health needs could change rapidly and for people living with dementia, they may not be able to communicate if they felt unwell. One member of staff told us, "Often if the person is more confused, it may be an indicator they are suffering with a urinary tract infection, so we would dip their urine."

People's health and wellbeing was monitored on a day to day basis. The registered manager told us, "We know our residents well and can identify when they may be unwell or need medical attention." Staff also reflected that due to the good retention of staff, it had allowed meaningful relationships with people to develop and enabled them to understand and spot when people may be unwell. One staff member told us, "One lady, if she's quieter, that can be a sign, something isn't right." People commented they regularly saw the GP and visiting relatives felt staff were effective in responding to people's changing needs. One visiting relative told us, "I know the GP and nurses who come here are very good, and they always tell me if they are coming."

Communication within the home was seen as vital in supporting people to maintain their health and wellbeing. On a daily basis, Sisters and care staff recorded how people presented, their mood and any information of concern. Daily meetings were held which allowed the Sisters and

Good

Is the service effective?

care staff to raise any concerns or inform other staff members if anyone had any GP appointments, visiting nurses or hospital appointments that day. Where concerns were identified and raised, referrals to healthcare professionals such as mental health, community district nurse or Parkinson's nurse were made in a timely manner. For example, concerns regarding someone's mental health needs were raised; a referral to the mental health team was made whereby information and advice was sought.

People were involved in making their own decisions about the food they ate.. For breakfast, lunch and supper, people were provided with options of what they would like to eat. A daily menu was displayed in the dining room and if people did not like the options available, alternative meals could be offered. Information was readily available on people's dietary likes and dislikes and the chef had a firm understanding of people's dietary requirements. Where a need for a specialist diet had been identified we saw that this was provided. For example, people who were diabetic, diabetic desserts were provided. People's weights were recorded monthly (if consented to by the individual) and any concerns regarding nutritional intake or dehydration were recorded and reported to the registered manager.

People spoke highly of the food and drink provided. One person told us, "The main course was 95%, and the pudding was first class! They always are." Another person told us, "The food is amazing, it always is." We spent time observing lunchtime in the communal dining area. The dining area was well attended by people and the dining experience was made available to people. Tables were laid out with refreshments available. Napkins and condiments were also available and the cutlery was of a good standard. Adapted cutlery was made available for people to promote their independence. The registered manager joined people for lunch and sat and interacted with people whilst enjoying the meal. There was lots of chatter and support available during lunch time and people enjoyed a sociable experience whilst having their meal.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had a clear understanding of DoLS and what may constitute a deprivation of liberty. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they get the care and treatment they need, where there is no less restrictive way of achieving this. Staff demonstrated a sound understanding of the legal requirements of MCA and DoLS, alongside the importance of gaining consent. One staff told us, "It's about people's ability to make specific decisions."

People commented they were able to make their own decisions and these were respected by staff. One person told us, "They always gain my consent; they are very good like that." Staff understood the importance of gaining consent from people before delivering care and respecting people's decisions if they refused, declined or made unwise decisions (decision that may place them at risk). One staff member told us, "They may decline to have a wash, but we always offer and accept their decision or ask again later."

On the day of the inspection, no one was under a deprivation of liberty safeguard. People's freedoms were appropriately protected. The manager demonstrated they were aware of the recent Supreme Court ruling that clarified expectations regarding the legislation and what is now considered a deprivation of liberty in a residential care setting. Although there were no current DoLS authorisations under consideration the manager maintained knowledge of the planning process to make sure the care people received remained effective.

Good

Is the service caring?

Our findings

People and visiting relatives were all extremely positive about the home. One visiting relative told us, "Mum has thrived here. She just keeps going. You can see how cheerful she is! I can't criticise anything, she is valued, loved, important to them. All the carers are wonderful." Another relative told us, "There's been an amazing transformation in Mum since she's been here, she used to be agitated and unhappy, but look at her smile now!" The Sisters, care staff and the registered manager were praised for their kindness and compassion.

The home was calm and relaxed during our inspection. People were regularly coming and going and were encouraged to treat the home as their own. With the sun shining, people sat outside watching the world go by with drinks to hand, chatting to one another and staff. Staff recognised the importance of ensuring people felt valued and involved in the running of the home. We were informed of one person who regularly went round and watered all the plants.

People were treated as individuals and were able to do what they wished, making their own individual decisions helped and supported by staff. The registered manager told us, "We respect people's identity and recognise that each person is an individual." One relative told us how they had seen a complete transformation in their loved one since they moved into the care home and how it felt their loved one had a new interest in life. The Sisters and care staff recognised the importance of people being able to make their own decisions and chose how they spend their days.

The Sisters and care staff were supportive and caring. Staff showed they were able to communicate with people and understood their needs. They interacted in a meaningful way which people enjoyed and responded to. With compassion, staff spoke about people's life history, likes and dislikes. One staff member told us, "We have to know our residents, as it's integral to provide care in line with their needs. One lady loves to look smart while another person does not wish for us to check on them during the night."

The principles of privacy and dignity were embedded into everyday care practice. The Sisters and care staff had a firm understanding of how to provide care that upheld people's privacy and dignity. One member of staff told us, "When providing personal care, making sure the door is closed and the person is covered up." Another member of staff told us, "It's about always explaining to the person and gaining their consent." Privacy and dignity was covered during staff's induction and the provider had policies and resources readily available for staff which provided guidance and advice. Throughout the inspection, people were called by their preferred name and Sisters who were now residents, were still addressed as Sisters. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

People confirmed staff upheld their privacy and dignity. One person told us, "They always explain everything and cover me up" Another person told us, "The staff are always respectful." Visiting relatives confirmed they felt their loved one was treated with dignity and respect, and praised the Sisters and care staff for the continual preservation of privacy and dignity.

People commented that they were made to feel comfortable at St Mary's House and to treat St Mary's House as their own home. People's rooms were personalised with their belongings and memorabilia. With pride, people showed us their photographs and items of importance. People commented that staff recognised that their bedroom was their own space and this was respected by the Sisters and care staff.

The home had a strong emphasis of promoting people's independence. One staff member told us, "We don't want to take away people's independence." The Sisters and care staff demonstrated the steps they took to enable people to be as independent as possible. One staff member told us, "For people who can wash and dress independently, we only support if they ask us and then we would always encourage them to remain independent." Another member of staff told us, "For people who do require support with personal care, we will encourage them to wash their face independently and do as much for themselves as possible."

People told us they were able to maintain relationships with those who mattered to them. Visiting was not restricted; people were welcome at any time. Throughout the inspection we observed friends and family continually visiting, taking people out and being welcomed by staff. The registered manager was seen meeting with family

Good

Is the service caring?

throughout the day, providing emotional support and talking through any changes to the person's health and wellbeing. Visiting relatives told us they felt involved in their loved one's care and were kept informed of any changes.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Everyone was treated as an individual and all support was personalised to their needs and wishes. People commented that staff were responsive to their individual need and spoke highly of the opportunity for social engagement. One person told us, "You couldn't wish for nicer people. They've engaged new people since I came, and they're very nice too. Some come to the activities and games, make it very sociable; they do their very best."

The Sisters and care staff had a real commitment to providing individualised care and talked about how they personalised care to each person. Staff demonstrated a sound awareness of people's individual healthcare needs. One member of staff told us in depth how the diagnosis of Parkinson had affected one resident both emotionally and physically. Another member of staff told us how a person's diagnosis of dementia affected them. Throughout the inspection, we observed staff interact with people according to their personalities, this included humour, assisting with a jigsaw and providing psychological support.

Each person had their needs assessed before they moved into the home. The registered manager told us, "I will always go and assess before the person moves in. I need to ascertain whether we can meet their needs and if St Mary's House is the right environment for them." Pre-admission assessments were then used in aiding the formation of the person's care plan. Care plans captured a holistic approach to care and included the support people required for their physical, emotional and social well-being. They were personalised and unique to the individual. No care plan was the same.

Individual care plans considered a specific care need of the person, the aim, action plan and outcome. For example, one person had the aim of maintaining a weight of 40kg. Actions were documented which included a high carbohydrate diet, monthly weights and offering snacks throughout the diet. Another care plan identified how a person's arthritis affected both of their knees. Guidance was in place on how the pain may affect the person's level of mobility and when to offer pain relief. The registered manager demonstrated a strong commitment to ensuring care plans were personalised to the individual and reflected information to assist staff in providing care in a manner that respected people's wishes.

Information was readily available on people's life history, their daily routine and important facts about the person. This included their food likes and dislikes and what remained important to them. For one person, this included spending time with their sister. Staff commented on how they found the personal information in the care plans useful in engaging with the person about their past and life history.

For many people living at St Mary's House, their daily routine was guided by their religious life, prayer, communion and religious congregation. The home held daily mass every morning and communion before lunchtime. The registered manager told us, "We have links to the Catholic Church, but we are open to any religion." Care staff were respectful of people's religious needs and ensured any support required was provided in time to allow people to attend mass and communion. St Mary's House also empowered people (if they so wished) to continue holding mass in the home's chapel. For people living with dementia, care staff recognised they may be disoriented to time or not recall when mass or communion may be. The Sisters and care staff provided prompts for people and recognised that although the dementia may be impacting upon their orientation, continuing to attend to mass and communion was integral to their well-being and identity.

It is important that older people in care homes have the opportunity to take part in activity, including activities of daily living that helps to maintain or improve their health and mental wellbeing. They should be encouraged to take an active role in choosing and defining activities that are meaningful to them. Arrangements were in place to meet people's social and recreational needs. People were involved in various activities in the home. An activities timetable was displayed on a noticeboard and we saw staff supporting people with activities. People participated in activities at home, which included arts and crafts, entertainment, bingo, quizzes and word games. On the days of the inspections, we observed an exercise class taking place alongside an arts and crafts session.

People spoke highly of the opportunity for activities and social engagement. One person told us, "There's always

Good

Is the service responsive?

something to do." A visiting relative told us, "They really keep people stimulated and have a lot on offer." The registered manager told us, "We take a keen interest in finding out people's hobbies, interests and ensuring we help them pursue those interests." Throughout the inspection, staff commented on how people spent time doing what was important to them. One member of staff told us, "One lady loves to paint, while another makes homemade cards and sends them to people."

People and their visiting relatives felt confident in raising any concerns or complaints. When people moved into the home, a copy of the complaints procedure was provided which detailed how to make a formal complaint and the timescales in which the complaint would be acknowledged and addressed. The provider had not received any formal complaints in over three years. The registered manager told that if a complaint was received this would be investigated in accordance with the home's policy.

Good

Is the service well-led?

Our findings

People, relatives and staff were positive about the registered manager and their leadership. One member of staff described the registered manager as, "Very hands-on, efficient, and fair." People and their relatives felt the registered manager was approachable and transparent.

There were various systems in place to monitor or analyse the quality of the service provided. Regular audits were carried out in the service including health and safety, environment and care documentation. Audits are an integral aspect to the provider's quality assurance framework. Quality assurance means raising standards and driving improvement whilst promoting better outcomes for people. Any shortfalls identified would be noted, with a plan of action. Subsequent audits identified whether the shortfalls had been addressed and rectified.

There was a clear management structure at St Mary's House. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. In the absence of the registered manager, a Sister would be in charge and would oversee the running of the care shift. Staff said they felt well supported within their roles and described an 'open door' management approach. The registered manager was seen as approachable and supportive, taking an active role in the running of the home. People appeared very comfortable and relaxed with the registered manager.

Staff told us they were happy in their work, were motivated and felt the home operated within a model of honesty and transparency. One staff member told us, "We have daily meetings whereby we discuss any concerns or raise any issues." Staff reflected they felt able to approach the registered manager and enjoyed coming into work every day. The provider and registered manager recognised the importance of a happy workforce and how this improved the quality and delivery of care and outcomes for people living at St Mary's House.

Information was used to aid learning and drive quality across the home. The registered manager held learning sets with the Sisters and care staff on all the recent changes within the health and social care sector. This included the Care Act 2014 and the fundamental standards (Health and Social Care Act 2014). The registered manager also attended meetings in the local area with other registered care home manager's to discuss practice issues, legal issues and to learn from one another.

St Mary's House was governed by a set of visions and values which influenced the day to day running of the home. The registered manager told us, "People come here for a new way of life and a new stage in their life. We want to support their well-being and promote their identity." The registered manager also added, "We are one big family and we want people and their relatives to feel safe, secure and comfortable here." The Sisters and care staff had a firm understanding of the vision of the home and the values and philosophy which governed the day to day delivery of care. One staff member told us, "I feel it's wonderful for the people living here, more like a hotel." Another staff member told us, "There's a real focus on getting to know people as individuals and respecting and promoting their identity and individuality."

People, their relatives and the staff were involved in developing and improving the service. Resident meetings were held throughout the year. These provided people with the forum to discuss any concerns, queries or make any suggestion. Minutes from the last meeting in October 2014 confirmed food, activities and fire was discussed. Satisfaction surveys were also distributed to people and their relatives to obtain their feedback on the running of the home. Feedback from relatives included, 'Exceeds all expectations.' 'Staff and Sisters are compassionate, caring and professionals.' Feedback from people included, 'I can't think of one thing I would change.' 'I am very lucky I found this place.'

The home maintained links with the local community. Volunteers regularly attended the home on a weekly basis, providing interaction for people and supporting with tasks around the home. St Mary's House had strong links with St Mary's Church and throughout the day, people attended services at St Mary's Church. The chapel within the home was open to the public on Sundays which enabled people from the community to meet the residents of St Mary's House.