Martha Trust

# Mary House

## Inspection report

Mary House, Martha Trust
490 The Ridge
Hastings
East Sussex
TN34 2RY

Tel: 01424757960
Website: www.marthatrust.org.uk

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service
Mary House is a care home providing personal and nursing care to up to 15 people. The service provides support to people with complex learning disabilities, autistic people and people with physical disabilities. At the time of our inspection there were 14 people using the service.

People's experience of using this service and what we found
Right Support:
The model of care and setting did not always maximise people's choice, control and independence. There were not always enough staff to provide people with person centred care. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People were not always offered choices effectively and how people spent their time was sometimes dependent on staff availability. Medicines were not always managed safely and improvements were needed to ensure processes for people receiving their medicines were robust and effective. People living at the home each had unique and complex health needs and staff knew people and understood risks to people.

Right Care:
The care people received was not always person-centred and did not always promote people's dignity, privacy and human rights. Staff did not always use people's preferred methods of communication. The provider had not fully considered people's needs and wishes in the planning and deployment of staff. This had led to some institutional practices. Records did not demonstrate that people were receiving appropriate care and support. Due to inconsistencies in record keeping, the provider could not be assured that people were receiving adequate support with food and fluids. Records did not show that people were being supported in the least restrictive way possible.

Right Culture:
People were not always supported to lead confident, inclusive and empowered lives. Audits were not robust to identify concerns or areas for improvement. There were tensions between some relatives and the management team. Relatives did not always feel comfortable to raise concerns. Staff told us morale was low and insufficient staffing impacted on their ability to provide person centred care.  People were supported by kind and caring staff. Staff spoke positively about people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 30 August 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We received concerns in relation to the management of the service and support people received. As a result, we undertook a focused inspection to review the key questions of safe, effective responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mary House on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, person-centred care, consent, staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report. 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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

The service was not always safe.

Details are in our safe findings below.

**Is the service effective?**

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

**Is the service responsive?**

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

# Mary House

**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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by three inspectors. One inspector attended for all four days. One attended for two days and another for one day.

Service and service type
Mary House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mary House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The Chief Executive Officer (CEO) was in the process of applying to CQC to become the registered manager. The home was being managed by a home manager. This was a different person to the CEO that had applied to register as the registered manager.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 25 October 2022 and ended on 7 November 2022. We visited the location's service on 25 October 2022, 26 October 2022, 30 October 2022 and 1 November 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
People were unable to communicate with us about the quality of the service, so we spent time observing staff interacting with people and people's experience of living at the home. We spoke to 10 people's relatives about the support people received and received feedback from three professionals that worked with the service. We spoke with 17 members of staff including the chief executive officer, home manager, registered nurses, senior care staff, care staff, chef, therapies lead and activities co-ordinator. We were sent and reviewed eight people's care plans, daily notes and multiple medication records. We also saw documents relating to the quality and monitoring of the service.

Requires Improvement

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

● Medicines were not always managed safely. Medicines were dispensed by the registered nurse in advance of each medicine round. Medicines were put into medicine pots placed into individual dishes with each person's photograph and name. Care staff then gave people their medicines. Care staff giving people their medicines had not been trained or competency checked to administer medicines. This process did not follow best practice guidance as care staff could not ensure they were giving people medicines in line with prescribed instructions.

● The provider's medicine policy stated that medicines should only be dispensed in advance of the medicine round and given to people with their food at the 17.00 medicine round and that the nurse on duty should directly give the medicines to the staff member supporting the person with their meal. We saw that medicines were dispensed in advance of the round and given to people with their food at all medicine rounds and that the nurse did not always directly give the staff member the medicines. The processes for medicine administration did not comply with the provider's medicine policy and was not consistent, this left opportunity for errors to occur.

● Medicines were not always signed for in a timely way. The registered nurse told us they would not sign the medication administration record (MAR) until they had all been administered, and care staff had confirmed people had taken their medicines. However, the nurse had no oversight of the process and was reliant on the carer telling them.

● Improvements were need to processes around medicines given to people 'as and when required' (PRN). There were PRN protocols to guide staff around the use of these medicines but the guidance was not always detailed or effective. For example, some protocols stated to give certain medicines for pain relief or acute distress but did not detail how staff could recognise if the person was in pain or distressed. Whilst there was a Disability distress assessment tool (DisDAT) there was no guidance to refer to the person's DisDAT tool or the person's care plan for more information. Some people were prescribed more than one medicine for pain relief but there was no guidance as to when each should be used. Staff did not record if pain relief had been effective. People were at risk of not receiving their PRN medicines when they were needed.

● People's topical creams were not managed safely. On the first day of inspection we looked at people's topical creams. People's prescribed and over the counter creams were kept in cabinets in people's bathrooms. Care staff were responsible for applying people's creams and the nurse on duty would then tick the MAR once they were told the creams had been applied. Care staff were meant to sign a booklet for creams applied in people's bathrooms. MAR charts had been completed however the booklets had not been completed by staff for a number of months. We found some creams prescribed for time limited treatments remained in people's cabinets after the course should have been completed. Labels on people's creams were not always clear. The provider could not be assured that people were receiving their topical creams as

prescribed.

The provider had not ensured the safe and proper management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the fourth day of our inspection, following our feedback, the GP was carrying out a complete review of all the prescribed creams and the storage and signing of all creams was reviewed.

Staffing and recruitment

● There were not always enough staff to meet people's assessed needs to encourage fluid intake. For example, due to the high level of support people needed to get up in the morning, some people were not supported to get out of bed until late morning. Some of these people were at risk of dehydration and were unable to be supported with drinks whilst in bed due to a high risk of choking. Staff told us there were not enough staff to support one person out of bed to have a drink in the morning and support them again later to get washed and dressed. This meant the person had to wait until staff were available to support them to get washed and dressed before they had a drink in the morning. This minimised the person's opportunity to have enough to drink and increased the risk of dehydration.

The provider had not assessed the risks to the health and safety of service users of receiving the care or treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The management team told us there had been some recent staffing issues at the home. Recruitment for staff was ongoing and where possible, staff shortages were covered by staff working extra shifts or agency staff. Some staffing issues were caused by staff sickness levels. Where possible, the management team booked agency staff that had been to the home before. However, there were not always enough staff to provide people with person centred care.

● People did not always receive their assessed level of support. Some people were allocated a staff member to be with them at all times. Staff told us that when they were allocated to support these people, they often had to support other people at the same time. We saw on one occasion that a person assigned one to one support from staff was in the same room as that staff member, however the staff member was supporting another person with their meal due to no one else being available. One staff member told us, "Often when doing one to one support, I have to do other things, like give someone else breakfast or clean up and the person I'm assigned to support just has to sit there. I can't always give them my focus."

● Staff and people's relatives told us there was not always enough staff available to support people with therapeutic and social activities that formed part of people's assessed needs. One staff member told us, "There's not enough staff, we maintain people's lives, we don't make them better or enable them." Relatives were aware of staffing issues at the home and told us, "Some of the staff on the floor are incredible, there is just not enough of them." We saw that on some occasions staff had recorded in people's daily notes that activities could not take place for them due to staff shortages.

● People's relatives were concerned about the high use of agency staff. One told us, "We definitely need more staff that are permanent. We need staff that know our guys, how they react and their small ways that are really important to them. Voices are so important to [person] because she recognises them." The management team told us they were working on plans to improve staff sickness and decrease agency usage. Some agency staff had worked at the home multiple times and knew people well, other agency staff were new to the home.

The provider had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced

persons were deployed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People were not always protected from the risk of abuse. Systems to identify causes of unexplained bruising and injuries were not always robust. Staff recorded on body maps when they found bruises or marks on people's skin, these were monitored by staff until the area had healed. However, there was no process for investigating the cause of the injuries. The home manager told us that nursing staff monitored the bruises but could not evidence that any investigation or analysis into trends had taken place. This was an area that needed improvement.
● We saw other safeguarding concerns had been appropriately recorded and reported by staff. Health and social care professionals told us that staff provided accurate and detailed information around incidents when requested.
● Where accidents and incidents had occurred such as falls, staff recorded a detailed account of what had happened and the result of the accident and incident.
● Safeguarding incidents were discussed with staff in team meetings to ensure staff were aware of concerns raised and any changes made to prevent reoccurrence. However, as unexplained injuries were not always investigated, the provider could not be assured that lessons were always being learnt.

Assessing risk, safety monitoring and management
● Some people were at risk of choking and had guidelines provided by professionals for how to support the person to eat safely. Staff ensured people received food that was a safe consistency for them. Staff were able to tell us how they supported people safely with their food and drink and how they would respond to incidents of choking.
● Where people expressed themselves through behaviours which may cause harm to themselves or others, people had positive behaviour support plans to guide staff on how to support them. Support plans detailed what activity to engage the person in depending on their mood.
● Some people had health conditions such as epilepsy and could experience seizures. Staff knew how each person presented when having a seizure and what action to take to protect the person. People's care plans had epilepsy protocols which contained guidance for staff on how to support people safely.
● People had a range of equipment to move around the home. A staff member had been designated to make frequent checks on equipment for any issues. This staff member ensured that wheelchair services were contacted with any issues. Hoists used to safely lift people were checked on a regular basis by an external company.
● People had been individually assessed for how to safely support them in the event of a fire. Staff participated in regular fire drills to ensure staff knew the procedures to keep people safe.

Preventing and controlling infection
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Clinical waste and general waste bins in some areas did not have lids. This had already been identified by the provider and new bins were in place on the third day of our inspection. We have also signposted the provider to resources to develop their approach.

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● People were able to have visits from their friends and relatives when they chose.

Requires Improvement

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 particular decisions, 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were not always followed by staff. People were not always supported or enabled to make their own choices. We saw for some people that were able to indicate a choice between two items that this choice was not always given to them by staff.
- We saw that people were moved around the home and kept together in groups in communal areas for one staff member to be sufficient to monitor people. Staff told us they needed to do this to keep people safe. Consideration had not always been given as to whether people were happy to be moved and being moved was appropriate for the person.
- People were given their medicines with their food. The manager told us that this was not a restriction as staff informed people that their medicines were on their food before giving them to the person. However, we observed four mealtimes where people were not always informed that they were receiving their medicines in their food. People were at risk of receiving their medicines without their knowledge or the authorisation to hide their medicines.
- Although people's mental capacity had been assessed around involvement in medical decisions, mental capacity assessments had not been completed to assess people's level of understanding around their medicines being given with food.
- Records did not always reflect that people were being supported in the least restrictive way. This has been further commented on in the well led section of the report.

The provider had not ensured people's capacity around decisions of their care and treatment had been fully

assessed and staff were not always working within the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● DoLS had been appropriately applied for and the manager kept a log of the progress. Any conditions stipulated in people's DoLS were logged to monitor whether these had been met or if action was needed to meet them. For example, one person's condition stated that a best interest meeting had to take place by a certain date, the manager provided us with evidence that this meeting had taken place.

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

● We received mixed feedback from health professionals about the service. One professional told us, "Mary House are usually the most organised of homes. The notes are written up and the parents are notified of any updates by email. The residents get a very good standard of care generally and have key members of staff who work with them."

● However, another professional told us that communication with the service needed to improve. They said, "It can be very difficult to communicate with the staff that you need to. The nurses aren't given the opportunity to speak to us and there have been multiple times where we've turned up to the service for no one to know why we are there."

● We saw that people were supported by staff to build physical strength and maintain mobility through passive stretches and time spent in equipment that supports people to stand. Staff had been supporting one person to regain their confidence in moving around more independently. Staff celebrated achievements with this person.

Staff support: induction, training, skills and experience

● Staff received training that was specific to people's care and support needs. For example, as well as mandatory training, staff had received training in catheter training, oxygen therapy, suctioning and apnea and intensive interaction.

● However, further staff training needed to be utilised to support people with engagement and activities. For example, only one member of staff was trained to use the eye gaze machine that people could use to draw pictures with the movement of their eyes. This meant people did not always have the opportunity to use this machine if the staff member was not working that day.

● Staff received an induction to the home when they first started working. Staff said they spent three weeks shadowing experienced members of staff in different areas of the home and took time to get to know people.

Supporting people to eat and drink enough to maintain a balanced diet

● People did not always experience person centred support to eat or drink. People were not always involved in choosing what they wanted to eat and drink. Some people were unable to communicate choices and staff told us that choices for these people were established through the process of elimination. However, we also saw people who were able to communicate their choices were not always offered one and staff did not always tell people what they were eating and drinking.

● We saw staff spent time supporting people to eat and drink. Some people were at high risk of choking. Staff we spoke to understood these risks and how to support the person safely. People at risk of choking received specialised diets in line with guidance from speech and language therapists (SALT).

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

● Areas of the home required decorating. Some walls had marks and small holes along them from people's wheelchairs and some fixtures in people's bathrooms were broken. The manager had already identified this

and had plans in place to redecorate areas of the home.

● People's bedrooms had been personalised and decorated in partnership with people and their families. Some people's bedrooms had photographs of family and friends, toys and sensory items. Each person's bedroom was different and unique to them. Staff told us they were planning to decorate a person's room with wallpaper featuring a picture of something meaningful to the person.

● People's bedrooms had ceiling hoists to support people to move safely. People shared bathrooms which were attached to their bedrooms with doors separating each side for privacy.

● Areas of the home had been specifically designed for therapeutic experiences. This included a sensory room which had different lighting and sensory items, an IT room which included an eye gaze machine and equipment to support people's dexterity and learning. There was also a hydrotherapy pool.

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

● People's needs were assessed before they moved into the home. People planning to move in were supported to do this gradually and at their own pace. People's initial assessments contained information about their health, emotional and social needs. We saw that one person was being supported to spend short periods of time at the home to get used to people and staff. Staff told us that the person's move date would be based on how comfortable the person was feeling as they wanted the experience to be positive for them.

● People's care plans were created in partnership with people's relatives and health professionals. Where people had received assessments and support from health professionals around eating and drinking and manual handling, this information was clear to see in people's care plans.

Requires Improvement

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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; 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's support was not always provided in line with the person's recorded preferences. For example, one person's relative told us that the person would not want to be supported with personal care by a male member of staff. However, we saw that male staff members had supported the person with personal care. This person's care plan stated they would prefer female staff to support them. Staff told us male staff members would always support people with a female staff member, but this did not appear to be the person's preference.
- People's ability to be involved in daily life was not always enabled or encouraged by staff. One person's care plan stated that when supporting them to eat and drink, a hand over hand method should be used to involve the person in the eating and drinking process. The person's relative told us, "The reason for hand over hand is so they can feel they have some control and input over what's going into their mouths. [Person] enjoys eating and loves food so it is important to make it a pleasurable activity. But staff are not involving them." We saw that this practice was not used by staff for this person.
- Activities provided for people were not always appropriate or engaging. For example, we saw occasions where people were sat in front of a film. People's relatives told us that for some people, this would not be a meaningful activity for them due to their sensory needs and how they interpreted the world around them. We saw some people disengaged from this activity and people did not always receive interactions from staff to gauge their interest and involve them in watching the film. People were not offered an alternative to watching the film.
- We saw staff read to people on several occasions while they were waiting for their meal. This was a large group activity for people in a communal area. On two occasions whilst people were being read to, the activity was interrupted by other staff speaking or music playing. Some people were moved out of the room by staff and back in later, missing parts of the book being read. This meant people may not have been able to follow what was happening. Consideration had not been given by staff as to whether this activity was appropriate for everyone in the room.
- People did not receive equal opportunities to go out. Staff told us, "There's not enough drivers to take people out. The same people seem to go out all the time. It's all down to staffing." Some people's records showed that they went out regularly with the support of staff. However, other people were not supported to go out regularly. People's relatives told us they felt they had to come and take their loved ones out otherwise the person wouldn't go out. One relative told us, "We come purposefully to take her out because they're the only times she's getting out and it wasn't like that before." Records confirmed that this person had only been out twice in a three month period, once with family and once with staff. Staff had recorded on three occasions that this person had not been able to go out due to staff shortages.

● Staff and people's relatives told us that people were not supported to use the hydrotherapy pool as much as people wanted to. For one person, staff told us, "The pool is a brilliant tool to help with mobility. [Person] can have their knees really clenched tight. But 10 minutes in the pool and their legs completely relax." This person's care plan stated that the hydro pool was one of the person's favourite activities, however their daily notes showed they had only used the pool once in a three month period.

The provider had not ensured that people's care and treatment was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We saw some interactions between people and staff that were positive. People were involved in decorating the home for Halloween and staff involved people in arts and crafts around balloons and pumpkin lanterns. Some people were also supported by staff to have their nails painted in Halloween themed colours.
● People's records showed that they had recently received a visit from a company that brought animals into the home. People's relatives told us how much people had enjoyed this experience and people's records showed that this had been an engaging and meaningful activity for them.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
● People were not always communicated with in their preferred methods. For example, two people used specific hand movements to express themselves. Staff did not always use these to communicate with people.
● Some people had communication aids to enable them to show choices. We did not see these aids being used during our time at the home. Relatives confirmed that communication aids were not being used or referred to consistently by staff.

The provider had not ensured that people's care and treatment was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● For one person who had a hearing impairment, staff wore a clear mask so the person could see the staff members lips when supporting them to eat and drink. Staff had arranged a British sign language assessment for this person to assess whether the person was able to use sign language to communicate.

Improving care quality in response to complaints or concerns
● There was a clear complaints process in place and various ways that people's relatives could raise concerns. This included raising concerns through a 'parent rep' who attended meetings with the management staff to discuss concerns.
● Concerns raised informally by people's relatives had not been recorded in a measurable way. We discussed this with the manager as an area for improvement in order to be able to evidence that all concerns raised had been actioned.

Requires Improvement

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Continuous learning and improving care

- The provider's processes for quality assurance and audit were not robustly applied. The providers quality assurance checks had failed to identify some of the concerns we found at inspection in relation to the management of medicines, person centred care, deployment of staff, mental capacity and records.
- The most recent medicine audit had not identified the areas for improvement we found on this inspection. Medicine audits had not been completed on a consistent basis in order to ensure people's medicines were managed safely.
- The provider did not have sufficient oversight to ensure that staff were complying with the MCA. Systems had not identified that mental capacity assessments did not always assess decisions around specific aspects of the person's care and treatment.
- The management team had not identified that people were not always receiving person centred care. Although the management team had assessed minimum staffing levels to ensure that people were safe, consideration had not been given to staff levels needed to support people's emotional, social and therapeutic needs.
- The provider had not identified that systems in place did not robustly protect people from the risk of abuse. Although accidents and incident audits monitored and identified themes and trends, this analysis did not include unexplained bruises or marks on people's skin recorded on people's body maps.
- People's records did not always show that people at risk of dehydration and malnutrition had been offered sufficient food and fluids. The failure to ensure care records and information relating to people's care were accurate meant records could not be relied upon as a true record of people's care and management of their risks.
- Records did not reflect that people were being supported in the least restrictive way. For example, for one person whose movements were restricted by equipment, the person's care plan stated that they were to have these removed three times a day to enable the person some relief from the restriction. In a two-week period, staff recorded that the person was only without this equipment on two occasions. The manager assured us that this was happening more frequently than the care plan stated. Improvements were needed to record keeping to reflect this.
- The online recording system for people's daily notes was relatively new to staff and more time was needed to embed its use into staff practice. The manager regularly reminded staff through meetings to ensure that records accurately reflected the care and support people received. Plans were in place for a staff member to be designated responsibility for auditing people's care notes to quickly identify any recording issues in the future.

The provider had not maintained securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care and treatment provided. The provider did not have effective systems to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Staff we spoke to told us that morale was low amongst the staff team. Staff told us they wanted to be doing more to enable and engage people but that this was currently difficult. One staff member told us, "It's difficult with the current staffing levels to do what we'd like to do with people. The guys are very safe, but we have to be focused on tasks that keep people safe and have little time for much else. Personal care, eating and drinking, skincare and medicines take up all the time we have."

● Staff spoke positively about people and what people could achieve. We saw most staff spoke to people with kindness and respect and communicated with people on their level. Staff told us how amazing people they supported were and we saw people express in their own ways that they were comfortable around and happy to see staff.

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

● Relatives we spoke to did not always feel comfortable to raise concerns with the management team. We discussed this with the management team who told us about the various ways people's relatives were encouraged to give feedback. The management team acknowledged that it was important to try and improve communication and relationships with people's relatives. People's relatives told us that the manager had set up meetings with them to discuss their concerns and were taking positive steps to improve things.

● People's relatives were encouraged to give feedback through their parent representative, a relative designated to speak on behalf of people's relatives with the management team. People's relatives were also given the opportunity to feedback on the quality of the service through surveys. Survey responses were analysed for themes and trends to improve things. Relatives were also encouraged to attend family forums which were joint meetings between Mary House and their sister home.

● Staff meetings took place regularly. We saw recent staff meetings addressed changes in people's needs, improvements needed to staff practice and updates and learning on safeguarding concerns. Staff also attended 'listening meetings' where staff could raise any concerns with the management team.

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 understood their responsibilities around duty of candour and the importance of being open and honest.

● The provider appropriately notified CQC of events at the service, following regulations.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The provider had not ensured people's capacity around decisions of their care and treatment had been fully assessed and staff were not always working within the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had not ensured the safe and proper management of medicines. The provider had not assessed the risks to the health and safety of service users of receiving the care or treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

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 9 HSCA RA Regulations 2014 Person-centred care |
| Treatment of disease, disorder or injury | The provider had not ensured that people's care and treatment was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

**The enforcement action we took:**

Warning notice

| 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 provider had not maintained securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care and treatment provided. The provider had did not have effective systems to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

**The enforcement action we took:**

Warning notice