The Sisters Hospitallers Of The Sacred Heart Of Jesus

St Augustine's Care Home

Inspection report

Simplemarsh Road
Addlestone
Surrey
KT15 1QR

Tel: 01932842254
Website: www.sistershospitallers.org

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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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

St Augustine's Care Home provides residential care for up to 52 elderly people, some of whom were living with dementia. The home is divided into four units. Units A, B, C and D. The service places a strong emphasis on the teachings of the Catholic church with support also being provided by the religious Sisters who live in the adjoining convent.

This inspection took place on 1 February 2017 and was unannounced. There were 48 people living at the service at the time of our inspection..

We previously carried out an unannounced comprehensive inspection of this service on 28 June 2016. At that inspection a number of breaches of legal requirements were found. As a result the service was rated Inadequate overall and the provider was placed into Special Measures by CQC. As part of this decision, we met with the provider to discuss our concerns. We also issued two Warning Notices which required the provider to take immediate action in relation to staffing levels, and the effective governance of the home.

Since our last inspection we have continued to engage with the provider. We required the provider to submit regular action plans that updated us about the steps they had taken to improve the service. We also asked the provider to submit us copies of weekly staffing information and provide assurances that safe staffing levels had been maintained. This inspection confirmed that the provider had taken the action they told us they had. Significant improvements to the way the home was being managed meant that the provider had complied with the Warning Notices we had issued and we have now taken St Augustine's Care Home out of Special Measures.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility
for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had not been working in the service for a number of months and their registration has now been cancelled with us. The day to day management of the home was being undertaken by the registered manager of one of the provider's other services who had been based at the service since July 2016.

There has been a period of considerable change at St Augustine's over the last six months. Whilst it was evident that the quality of care had significantly improved, the leadership of the home now needed to be embedded and sustained through the recruitment of a permanent manager and strengthening of the staffing team.

The provider had maintained safe staffing levels through the provision of agency staff. Considerable efforts had been made by the management team to ensure wherever possible the same agency staff were used and they were appropriately inducted to the service. Appropriate checks were undertaken to ensure only

suitable staff were employed. The provider also had also introduced systems to improve the vetting of temporary staff.

Through the use of one page profiles and detailed handovers, information about how to effectively support people was made available to staff who were less familiar with their needs. Whilst it was clear that the management team was taking every effort to provide consistent and safe care, the number of different staff supporting people, was still having some effect on the quality of care that people received.

The changes to the staffing team meant that the supervision and development of staff was at the start of an ongoing journey. Mandatory training was up to date and staff were now in the process of undertaking more bespoke learning in order to develop the necessary skills to support people effectively.

People were safeguarded from the risk of harm, because staff now understood their roles and responsibilities and knew where to go if they had concerns. The acting manager had introduced better systems to assess and manage the risks to people.

People's legal rights were better protected and staff ensured that they gained consent before delivering care. Where people lacked capacity to make decisions for themselves, there were processes in place to support people in line with their best interests. Whilst not all staff fully understands the principles of the Mental Capacity Act, there was a general awareness for people to be offered choice and for support to be delivered in the least restrictive way.

The management team were taking continuous steps to ensure medicines were managed safely and that people received their medicines as prescribed. Staff worked in partnership with other healthcare professionals to ensure people's needs were met in a more holistic way. People's medical needs were better assessed and now subject to on-going review to ensure that they received the most appropriate care. People received more personalised support and had opportunities to spend their time doing things that were meaningful to them.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. Where people had specialist dietary needs, these were known and respected. Assistance at meal times was provided with dignity by staff who knew people's preferences.

The atmosphere in the service was relaxed and friendly and people's emotional and spiritual needs were met. People had positive relationships with the staff who supported them and were now treated with kindness and in a way that respected their privacy and dignity.

People and their representatives were actively involved in making decisions and choices about their care. Both people and their relatives said they now felt confident about expressing their feelings. The provider took appropriate steps to ensure that any concerns or issues raised were listened to, treated seriously and resolved in a timely way.

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.

Staffing levels were now sufficient to meet people's assessed needs safely.

Appropriate checks were undertaken to ensure only suitable staff were employed.

People were now protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in safeguarding them.

The service now had better systems in place to appropriately assess and manage risks to people.

The management team were taking continuous steps to ensure medicines were managed safely and that people received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always supported by staff who were familiar to them or who fully knew their preferences.

The changes to the staffing team meant that the supervision and development of staff was at the start of an ongoing journey.

There were systems in place to gain consent from people and care was now provided in a less restrictive way.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet.

Partnership with other healthcare professionals had improved. People were better supported to access the other healthcare services they required.

Is the service caring?

Good

The service was caring.

The atmosphere in the service was relaxed and friendly and people's emotional and spiritual needs were met.

People had positive and caring relationships with the staff who supported them.

People were involved in making decisions about their care and staff now understood the importance of respecting people's choices and individual preferences.

Staff respected people's privacy and took appropriate steps to ensure their dignity was promoted.

Is the service responsive?

Good

The service was responsive.

People experienced a more personalised approach to care and staff had a better understanding about their needs as a whole. Developments to care plans were on-going.

People had opportunities to engage in activities that were meaningful to them.

There were now effective systems in place to ensure that when people raised issues that they were listened to.

Is the service well-led?

Requires Improvement

The service was not wholly well-led.

The service had recently experienced significant changes to the leadership of the home which needed to be embedded and sustained. The appointment of a new registered manager is crucial to this process.

Systems for monitoring quality and auditing the service had improved and were now being used to develop the service.

The culture within the service was much more positive and placed a much greater emphasis on placing people at the centre of their support.

St Augustine's Care Home

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 was a re-inspection of this service to check whether the provider was now 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 an updated rating for the service under the Care Act 2014.

This inspection took place on 1 February 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We asked the provider to complete a Provider Information Return (PIR) before our inspection. This 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 used the information from the PIR in the planning of this inspection and in making the judgements contained within this report.

As part of our inspection we spoke with eight people who lived at the service, four visitors and six staff, including the acting manager. We also met with an independent consultant who was providing on-going management and training support to the service. In the planning of this inspection, we gathered feedback from a number of other health and social care professionals who have been working with the service and encouraging improvement.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed interactions between people and staff during the morning and afternoon on each unit. We joined people in the communal areas across the service at lunchtime to gain a view of the dining experience.

We reviewed a variety of documents which included the care plans for five people, three staff files, medicines records and other documentation relevant to the management of the home.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in June 2016, we found that there were not enough staff to meet people's needs. Consequently, we issued a Warning Notice that required the provider to ensure people were cared for by sufficient number of qualified, competent and experienced staff. We also found that medicines were not always managed safely and systems to safeguard people from abuse were not always followed. As such we set two requirement actions for the provider make improvements in each of these areas.

Following that last inspection, the provider sent us regular action plans outlining the steps they had taken to improve. We also monitored the staffing rotas on a weekly basis. At this inspection we found that the provider had taken the action they told us they had ands that systems to manage staffing, medicines and safegudaing were now safe. The Warning Notice and requirement actions had therefore been complied with. What is needed now is a period of stability for the service so that the improvements can be embedded and deliver sustained improvements to the safety of people's care.

At this inspection people told us that they felt safe. For example, one person told us, "The staff make me feel safe. The help they give and knowing there is always someone around." Another person also informed us, "I used to fall a lot before I came here. Here there are always people about." A further person described the service as giving them, "A sense of security."

People told us that there were now sufficient staff to meet their needs and that they didn't have to wait long if they called for help. For example, one person commented, "They always make sure you have a bell beside you and if you call them, they come." Visitors informed us that staffing levels had increased and that this had improved the care their family member received.

Discussion with the acting manager confirmed that everything was being done to recruit permanent staff and that the use of temporary staff was now starting to reduce. A number of new staff were in the process of undergoing employment checks and some staff who had previously chosen to leave under the previous management arrangements, had since applied to return.

Staffing numbers were now appropriate to deliver safe care. We observed that people were appropriately supported and received support in a timely way. During the day we noticed, two brief periods of time where staff were not correctly deployed on one of the units. This was immediately noticed by senior staff and rectified.

Following our last inspection, the management team had reviewed the dependency needs of people and increased staffing levels as a result. Current minimum staffing levels were set at 12 care staff in the morning, ten care staff in the afternoon and four care staff at night. Our weekly review of rotas found this to have been consistently met.

Domestic, catering, management and activity staff were in addition to this number. The Catholic Sisters were also additional to the minimum number of care staff. The sisters provided assistance at mealtimes,

offered activities and led prayer. The number of staff on duty at the time of our visit reflected the rotas we had been sent. Throughout the day we saw that people's needs were met in a safe and person centred way. Staff told us that they had sufficient time to do the work expected of them and raised no concerns about the staffing ratios now in place.

Appropriate checks were undertaken before staff began work. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history and character references, job descriptions, evidence of Home Office Indefinite Leave to Remain forms in staff files to show that staff were suitable to work in the service. The provider also had systems in place to ensure that DBS and training checks were undertaken on all staff supplied by external agencies.

People were safeguarded from the risk of harm. People told us that staff were kind to them and that staff treated them well. One person expressly told us, "Nothing here worries me. I have never, ever had any unpleasant experiences." Visitors also echoed this view and repeatedly told us that all staff were "Lovely" and that they had never experienced any shouting or aggression towards people.

Staff were confident about their role in keeping people safe from avoidable harm. They also demonstrated that they knew what to do if they thought someone was at risk of abuse. All staff had received recent refresher training in safeguarding and knew what to do if they suspected abuse. We saw in staff meeting minutes that staff regularly talked about safeguarding. All staff confirmed that the management team operated an 'open door' policy and that they felt able to share any concerns they may have. Staff also expressed that they would report abuse to outside agencies such the local authority safeguarding team, the police or CQC if necessary.

Individual risks to people were now appropriately identified and managed. Care records documented the risks that had been assessed in respect of areas such as skin care, dehydration, choking and malnutrition. Where a risk had been identified there was a clear plan in place to manage it. Staff on duty knew the risks associated with the people they supported and followed the guidelines in place to manage the risks. For example, one person was at risk of weight loss and we saw staff monitoring the person's food and fluid intake throughout the day. Similarly, people were appropriately supported with their mobility needs and staff assisted them safely.

Environmental risks had been considered and mitigated. Each person had a Personal Emergency Evacuation Plan (PEEP) that provided guidance to staff in the event of an emergency situation. These were accessible to staff and the necessary equipment to aid evacuation was readily available throughout the service. The management team had a good oversight over accidents and incidents within the service. Records contained information about how the incident occurred, witnesses to it and action taken and referrals made as a result of it.

People told us they received appropriate support with their medicines. People said that staff brought their medicines to them. At lunchtime we observed staff giving people their medicines in a person centred way. For example, on Unit B, the staff member administering people's medicines sat individually with people to ensure they had swallowed their tablets. Where people, were prescribed medicines for pain relief, we noticed that the staff member asked the person if they were in pain.
The acting manager had worked in partnership with the community pharmacist to improve the management of medicines within the service. New staff training and systems had been introduced to ensure people received their medicines appropriately. Regular checks of records and staff competencies were

undertaken to ensure people received their medicines as prescribed and to deal with any issues swiftly.

During the inspection, the administration of medicines followed guidance from the Royal Pharmaceutical Society. Staff did not sign Medication Administration Records (MAR charts) until medicines had been taken by the person. There were no gaps in the MAR charts for the current period. Where gaps had previously been found by the acting manager, appropriate follow-up action had been taken.

Staff were knowledgeable about the medicines they were giving. For example, a staff member explained that two people had medicines for Parkinson's and that the timing of this medicine was critical. They told us, "This medicine must be given right on time. Not ten minutes later, bang on time."
Each person taking 'as needed' medicines, such as medicines for anxiety, pain or to aid sleep, had an individual protocol held with MAR charts. This described the reason for the medicines use, the maximum dose, minimum time between doses and possible side effects. Allergies relating to medicines were recorded both on the person's MAR chart and in their care plan.

All medicines were delivered and disposed of by an external provider. Medicines were stored safely. There were lockable rooms for the storage of medicines. Medicines trollies were locked when left unattended. Medicines requiring refrigeration were stored in fridges, which were not used for any other purpose. The temperature of the fridges and the rooms in which they were housed were monitored daily to ensure the safety of medicines. The medicines trolley was organised and creams had opening dates on them. We did however notice that not all liquids were date marked when opened and this was highlighted for immediate action.

Requires Improvement

Is the service effective?

Our findings

People told us that staff were good and supported them well. People repeatedly described staff as "Very good" and "Know what they are doing." Some visitors however did highlight that the skills and experience of staff was varied.

Due to the high number of agency staff that had been used to increase numbers across the service, some people made comments about the number of different staff that supported them. Visitors also raised this issue with us, for example, one relative told us, "We have had some issues with agency staff not knowing our family member and how they like things."

Permanent staff were now better trained to meet people's needs. The management team had recognised that previous staff training had not been suitable and as such completely changed the way staff were supported with their professional development. The acting manager explained that the first priority had been to ensure staff had the necessary skills to support people safely. For example, all staff had been re-trained in moving and handling, safeguarding and the management of medicines. The training programme was now focussing on a more holistic approach to care and developing staff awareness and skills in more specialist areas such as understanding dementia, catheter care and dehydration.

Staff competences were varied according to their length of service and the individual training they had completed. The acting manager was aware of this and rotas were based on ensuring more experienced staff were allocated to each unit in order to coach other staff. Permanently recruited staff told us that they felt well supported in their roles and met regularly with their line manager to discuss their development needs.

New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. In addition to formal learning, new staff also shadowed more experienced staff. Newly recruited staff confirmed that that they had shadowed other staff when they first started to work at the service which allowed them the opportunity to get to know people and what was expected of them.

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 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management team had taken appropriate steps to manage restrictions on people's freedom. DoLS applications had been submitted to the authorising authority for all the people who lived in the dementia specialist unit (Unit B) as they lacked capacity and were unable to leave the service freely. As part of this

process mental capacity assessments had been completed which considered what decisions people had the capacity to make and thus ensuring that capacity assessments were decisions specific. We saw that staff promoted people's choice and control over their lives.

Care records contained consent forms, which in some cases had been signed by a family member. For two people, there was no evidence of their family members having Lasting Power of Attorney for health and welfare issued by the Office of the Public Guardian to ensure they had the legal right to act on people's behalf. The acting manager was aware that this information had not previously been gathered and had met with relatives, asking for them to supply this evidence.

All care staff understood the importance of gaining consent from people, but some were not familiar with the principles of the MCA. For example, one person's bedroom door was kept locked during the day to prevent it being accessed by other people. Staff said that this request had been made by the person's relative, but did not appreciate that this was a restriction for which a best interests' process should have been followed. As with other areas of training, the acting manager was aware that staff knowledge was varied and additional learning was planned to improve this.

People had choice over their meals and were effectively supported to maintain a healthy and balanced diet. People told us that they had plenty to eat and drink and commented that they were "Never hungry" and that "They are always coming round with drinks and biscuits or cakes." People with specialist diets, such as being vegetarian told us that their dietary preferences were always respected. One person liked to have a beer at a certain time each day and they told us that they always received this.

Lunchtime was a social occasion which brought people together. Lunch in the dining room started with one of the Catholic Sisters offering prayer. Tables were arranged in small groups and where people required support, this was done in a sensitive and dignified way.

Most people ate in the dining room or for those living in Unit B, in the communal area. People did say that if they requested to eat in their room or one of the lounges then this was accommodated. We saw that people were offered a choice of meals and the food served. Meals were attractively presented, with the exception of one person on a pureed diet whose food group had all been mixed together. This did not seem to affect the person's enjoyment of the meal, but we highlighted this to the acting manager because the nutritional care plan for the person recorded, 'I like food to be presented attractively so that it looks appetising.'

Portion sizes varied which indicated that people's appetites were known and staff made appropriate enquiries where people did not eat their meal. One person told us, "I'm a poor eater, always have been," but went on to explain that staff still tried to offer them alternatives they may fancy instead.

The chef maintained a list of people's dietary requirements from allergies to likes/dislikes and food consistency. They also told us that the acting manager kept them up to date about any changes. Where there were concerns about the food or fluid intake for a person, we saw that this was being recorded and monitored alongside the person's weight. The acting manager reviewed people's weight each month and showed us that they had acted appropriately in respect of any weight changes. For example, we saw that they had made two referrals to the GP that month for people who had lost weight. They went on to say that they whilst waiting for a referral to be made they had asked the chef to fortify their food.

People were supported to maintain good health and access external healthcare support as necessary. People told us that staff arranged for them to see professionals such as the doctor, dentist or optician as necessary.

Partnership working with other healthcare professionals had improved. The acting manager had worked hard to build good relationships with the community health teams and take proactive steps when people's health care needs changed. Care records showed that people had been appropriately referred to other health services including; palliative care teams, speech and language therapist and the community mental health team. We saw that where specialist advice had been given about how to support people, this had been included in their care plan and staff were aware of the advice.

Good

Is the service caring?

Our findings

People described staff as kind and caring and confirmed that they were treated with dignity and respect. One person told us, "They are very caring. If you are need a care home, then you couldn't find a better one." Similarly another person said, "Everyone from the chef to the carers will help you to do whatever you want."

The atmosphere in the service was relaxed and friendly and people's emotional and spiritual needs were met. Both people and their relatives placed a lot of emphasis on the comfort people received at the service. People repeatedly talked to us about how staff went out of their way to make them "Feel happy" or "Cheer me up if I feel down." Both people and relatives highlighted the Sisters as bringing something "Very special to the service." For example, one relative told us, "All the staff are lovely, but the Sisters are extra lovely. They are absolutely wonderful and do so many little things for my family member. That really means a lot to us."

Support was provided in a discreet and caring way and staff respected people as their equals. People had good relationships with both staff and the Sisters. One person told us, "They are lovely, it's better than being in your own home." We saw that staff spent a lot of time talking with people and this was reflected in people's comments, such as, "We are treated as individuals. They will chat and laugh with you." Staff were attentive to people and attempting to engage with them throughout the day. When staff addressed people they regularly used their first name. We noticed that staff regularly went for 'walks' with people along the corridor or gently distracted them with an activity, walk or cup of tea if they appear unsettled.

Whilst there was lots of meaningful engagement with people on the dementia unit (unit B), throughout the inspection visit, we also noticed that staff missed some opportunities to interact with some people. For example, one person spent much of the day asleep and yet when they did wake up, staff did not prioritise their time to engage with them. Similarly, we observed that on several occasions staff changed the channel on the television without consulting with people.

Staff had good knowledge of people's previous lives and talked to us about the way they used this information to adapt the way they approached people, especially for those who were living with dementia. Care plans were individualised and provided detailed information about how people liked to be supported.

People's privacy was respected. People told us that staff respected their privacy. We observed that staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. People had the option of locking their bedroom doors when they were out if they wished to. One person had recently needed extra support with personal care and they told us, "They are very gentle and help me to wash. They don't do anything to embarrass me."

People were encouraged to be involved in making decisions about their care and staff understood the importance of respecting people's choices and allowing them to live their lives as they wished. We noticed that staff often went out of their way to offer choice. For example, we saw a staff member offered one person a biscuit. The person said, "I don't know (which one)." The staff member then described each of the biscuits in turn to help this person make a choice.

People's spiritual needs were met. The Sisters led regular prayer sessions and the service had a chapel where people could go for quiet reflection. People who were not of Catholic faith told us that their own religious preferences were also respected.

There were lots of informal ways in which people could have influence over the things that mattered to them on a daily basis. For example, there was a suggestions box where people could post their comments about the service and they were regularly consulted with about activities, meals and suggestions for prayer. People said that staff were told about the things going on each day and that it was their choice whether to get involved.

We saw people's bedrooms had been personalised to reflect their own interests and hobbies. People told us they had appreciated being able to bring items of their own furniture and make their rooms their own.

Good

Is the service responsive?

Our findings

At our inspection in June 2016, we found that people had not always received support in a person centred way and we set a requirement action for the provider to improve. At this inspection we found that people were receiving a more personalised service. The management team were making on-going improvements in this area, especially with regards to people's care records; we judged that this outstanding requirement action had been met.

People told us that they received personalised support. For example, one person said, "They know my likes and dislikes" and another person commented, "They always call me by my preferred name. They help me with my scrap book and generally spend time talking to me."

People's care was better planned to their individual needs. The acting manager had done a lot of work in supporting staff to implement care plans that were meaningful and person centred. Care records now included a life history book and family tree. Discussions with staff highlighted that they had a much better understanding of people and how their past lives affected their support needs. For example, staff talked to us about how one person had previously worked as a cleaner and as such liked to spend time simulating cleaning tasks.

It was clear that there had been a much greater emphasis on finding the person behind the needs and as such, people and their representatives had been included in reviewing their care and developing their care plans. For example, one person required support with eating and drinking and their care record stated for staff to 'feed me slowly'. Throughout the day we observed staff taking a lot of time when supporting this person to eat. Similarly, the care plan for another person recognised that they were unable to verbally answer questions. As such, the guidelines for staff were to still offer the person choice and observe facial expressions to ascertain a preference.

The management of risks to people's health such as malnutrition, falls or wound care were continuously reviewed. Staff understood the risks associated with people and ensured they received support in a way that was more responsive to their changing needs. For example, one person was looked after in bed and staff continuously monitored this person to ensure they remained hydrated and free from pressure wounds.

People told us they were able to spend time doing things they enjoyed. The ground floor lounge was a hub of activity throughout the day, with people engaging in many different things. One person confirmed, "There's always plenty going on here." People talked about the wide range of entertainment that went on including, quizzes, singers and visits from local schools.

We also observed lots of positive activities for people on this unit and a craft activity in the morning was especially popular with three people. We saw each person had a scrap book which contained photographs of different activities that people had enjoyed participating in. The smiling faces indicated people had got real enjoyment from the things they did.

Through the care planning process, staff had begun to explore how people liked to spend their time. For example, one person's care plan stated, 'I like to be stimulated throughout the day, show me pictures from my past.' We saw this person get a lot of pleasure from sitting with staff and looking at old photographs during the inspection. Likewise, one staff member told us that during a craft session a person had gravitated towards lots of farm animal stickers. A conversation with the person's family member highlighted that the person had previously lived on a farm. We suggested that this person might appreciate a trip out to a farm. The acting manager agreed that this was the next step for them to take.

People, relatives and staff felt better valued because their views were now listened to and any issues raised were handled in an open, transparent and honest way. People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. The complaints procedure was readily available and people and representatives told us that they felt comfortable to raise any issues with either staff or the management team.

The acting manager reported that they had not received any complaints since being in post and believed that this was due to the open relationship they had with people and their relatives meaning that any issues were resolved before they escalated to complaint level.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in June 2016, we found that the service lacked effective monitoring of quality and safety of the service. This failure was having a significant impact on the quality of care people received and as such we issued a Warning Notice for the provider to make immediate improvements in this area. Following the inspection, the provider sent us an action plan which outlined the steps they intended to take to ensure they had effective systems in place to assess, monitor and improve the service. At this inspection we found that the management team, led by the acting manager had provided strong leadership for the service which focussed on a continual drive for improvement. This Warning Notice had therefore been complied with.

The feedback we received from people, relatives and staff was that the acting manager had been effective in taking forward the level of change required in the service and in particular securing a more open and positive culture. For example, one person told us, "There is a noticeable difference of late. More staff and no animosity between the staff and the Sisters." Similarly, a relative also commented, "Things are much better under [the acting manager]." They went on to describe how they now had confidence that things were getting done and that staff were properly supervised.

Staff consistently praised the current management arrangements and said that they felt both motivated and empowered by the acting manager. One staff member told us, "I can talk with [the acting manager] about anything, she is very approachable." Similarly, a regular agency staff member commented, "The [acting manager] is very good. She makes the home very nice and prompts and coaches staff to deliver good care."

The biggest concern for people, visitors and staff alike was the long term plans for the management of the service. The provider was actively seeking to recruit a permanent registered manager. Naturally, this period is unsettling for all concerned and St Augustine's Care Home requires a period of stability for the cultural changes to be embedded and sustained.

People were benefitting from a more open culture. Reflective practice was being used to encourage staff to think about their actions and how their practices could further improve care. For example, the acting manager had produced a report of how the service had ended up in Special Measures. This report had been shared and discussed with stakeholders across the service. This way of working contributed to collective learning and responsibility.

Communication of information across the service had improved. We saw that there was a clear management and staffing structure across the service, with staff individually and collectively understanding their roles and responsibilities. Staff reported that effective handovers took place on every shift changeover which allowed information and issues to be shared and taken forward. All staff, including agency staff described communication and team work as being "Very good."

The acting manager had introduced better systems to monitor the quality of the services provided. Following our last comprehensive inspection, they had devised a detailed action plan which was

continuously updated. The action plan covered all the previously identified breaches, in addition to other self-identified areas for improvement. Alongside the action plan, a range of detailed audits had been undertaken to monitor progress. For example, regular medicine audits and checks were completed. Action plans to address any identified issues were included in the audit reports. We saw how learning from audits had changed practice and improved care provision at the service.

The updating of care plans was an on-going piece of work and the acting manager confirmed that the focus had been on identifying and managing key risks as their first priority. As such we found that people's care records were in varying stages of completion. Consequently, information was not consistently recorded as some support guidelines were more current then others. The management team were fully aware of this fact and had ensured there were effective handover systems in place at the start of each shift so that staff were aware of the support that people required.

People and relatives told us that they felt better engaged with and that their views were now being listened to. In the past they had not always seen changes made as a result of their feedback. Regular residents and relatives meetings were now held and had been successful in building a sense of partnership in the way the service was delivered. We saw in the minutes of these meetings that the management team had kept people informed about what was going on at the service. As a result of these meetings and the on-going one-to-one engagement with people and their advocates, they had been able to directly influence areas such as activities, outings and menu planning.

The acting manager was aware of the legal requirement to report significant events. As such timely notifications were submitted to us. Since the service was placed in Special Measures, the acting manager had been in weekly contact with the Commission and provided on-going updates about how the service was being managed. Through the completion of the provider information return (PIR) the provider demonstrated a good overview of the service and identified the next steps on their improvement journey.

The provider had implemented a Duty of Candour policy. Duty of candour forms part of a new regulation which came into force in April 2015. It states that providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. Providers must have an open and honest culture at all levels within their organisation and have systems in place for knowing about notifiable safety incidents. The provider must also keep written records and offer reasonable support to service users in relation to the incident. The acting manager reflected an open and transparent demeanour throughout our inspection.