St Marks Care Home Limited

St Marks Residential Care Home

Inspection report

38-40 Wellesley Road
Clacton-on-Sea
Essex
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

St Marks Residential Care Home is located in an adapted building, close to Clacton town centre and sea front. The service provides accommodation and personal care for up to 17 older people. This includes people requiring support with medical and physical frailty, and people living with dementia. There were 14 people living in the service when we inspected.

Rating at last inspection
St Marks Residential Care Home was rated Requires improvement at the last inspection which was published on 3 October 2018. This was a planned inspection based on the rating at the last inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

People's experience of using this service and what we found
St Marks Residential Care Home was taken out of special measures at the last inspection as they had made some improvement. At this inspection we found that some of the improvements which had previously been made had not been sustained.

Risks were not always identified or managed effectively to keep people safe. The physical environment was not well maintained and there was no methodical check of rooms and to ensure that issues were promptly identified and addressed. Infection control was not always effectively managed.

The service had several staffing vacancies including maintenance, activities and the deputy manager position. The registered manager told us that they had plans to address the shortfalls.There were enough care staff on duty, but some staff worked long hours which could impact on their ability to provide safe care. Checks were undertaken on staff prior to their recruitment but these were not sufficiently robust.

There were systems in place to safeguard people, but these were not fully understood or implemented consistently. We identified anomalies in how people were supported to manage their finances.

Staff received training but there were gaps in provision and in the oversight of the training staff had undertaken. Staff did not always recognise poor practice and we found shortfalls in the promotion of dignity and respect.

People told us that they enjoyed the food and received the support they needed with eating and drinking. We have made a recommendation about the oversight of what people consume, to ensure that shortfalls are promptly identified and escalated.

People received their medicines as prescribed and were supported to access healthcare when they needed it. People had good relationships with staff and told us that staff were kind and caring.

People told us that their independence was promoted. People had opportunities to give feedback on the care, but suggestions were not always responded to in a timely way.

Care plans were in place to direct staff on people's needs and how they should be met but these were not always up to date or sufficiently detailed. People had some access to activities to promote their wellbeing.

Documentation was disorganised which presented some risks as issues could be missed or care not delivered effectively. There were some quality assurance systems in place, but they were not well developed. Where areas were identified as needing improvement the provider did not have an action plan with clear timescales for improvement.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 caring?

Requires Improvement

The service was not always caring.
Details are in our caring 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.

St Marks Residential Care Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by two inspectors.

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

The service had a manager registered with the Care Quality Commission. They were a director of the company who owns the service and were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law. The provider had completed a provider information return (PIR). 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.

During the inspection
We spoke with the registered manager as well as four members of staff. We spoke with four people living in the service and one visitor. We reviewed care and support plans, medication administration records, recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service.

After the inspection
We sought clarification regarding the immediate actions that they were taking to promote people's safety.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

Assessing risk, safety monitoring and management
• People were at risk because the provider did not have an effective system in place to manage risk and reduce the likelihood of harm.
• People had access to areas where they were exposed to risks. There were builders on site and the impact on people and risks had not been identified or managed. The main bathroom on the ground floor was being used to store a range of building materials and tools.
• We found several radiators in people's bedrooms which did not have radiator covers which meant that people were at risk of burns should they fall against them.
• Wardrobes had been secured to the wall by a very loose strap and suitcases were stored on top which meant that there was a risk that they could fall forward on top of people.
• Staff used a range of equipment including hoists and slings to help people to mobilise. Records did not clearly document the type of equipment that should be used. One person had a standing hoist and sling in their room, but the care plan stated that staff should use a full body hoist as they were not weight bearing.
• There was a system in place to service equipment such as hoists. This did not include the inspection of slings as required by Lifting Operations and Lifting Equipment Regulations to ensure that they were safe to use.
• Individual risks to people's wellbeing had been identified but not always effectively managed. One person had been identified as being at risk when they went out independently and the management plan stated that they had a mobile telephone and there was a missing person plan in place. However, there was no photograph of the person available or accessible telephone numbers for staff to use in an emergency.
• Records showed that checks were completed on the building to mitigate some risks. Water temperatures were tested, and fire equipment checked to ensure that it was working effectively.
• Personal evacuation plans to guide staff and emergency services in supporting people to evacuate the building safely were in place for most but not all people living in the service.

The shortfalls in safety demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
• There were systems in place to protect people from abuse however they were not fully effective. The service supported some people with the management of their finances and we saw that they had purchased items such as medicine cabinets on their behalf. We could not see why these were charged for as an extra

and not provided by the provider. We also identified that some people had purchased meals for themselves and staff. How and why these decisions were made were not clear or transparent.
• Staff were able to tell us about different types of abuse, but they were less clear about the role of the local authority and the reporting mechanisms.
• Posters were displayed in the service providing staff with details on who to contact if they had concerns.

The shortfalls in safeguarding systems demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
• There was enough staff on duty on the day of our inspection to respond to people's needs in a timely way, however some staff were working long hours. One member of staff was working 18 hours out of 24-hour period and we had concerns that this could impact on their ability to provide safe care.
• Checks on staff suitability were undertaken on all new staff prior to their appointment however the checks were not robust. There was no record of identity checks being completed however the registered manager subsequently informed us that these checks were completed. Only one professional reference had been obtained on newly appointed staff. Application forms were in place and criminal records checks were undertaken. The registered manager told us that they were working in line with their policy.

Using medicines safely
• Medicines were satisfactorily managed however the medicine trolley needed a deep clean. The registered manager told us that they would immediately address this.
• There were systems in place for the ordering, administration and monitoring of people's medicines.
• We checked a sample of medicines including controlled drugs against the records and saw that they all tallied. A second member of staff signed to say that they checked controlled drugs before administering
• Where people were prescribed, PRN or as and when medicines there was a protocol in place to direct staff. The reasons that these medicines were administered were recorded on the back of the medication administration chart.

Preventing and controlling infection
• People lived in a service that was not always clean and infection control was not effectively managed.
• We found floors which were stained and equipment such as stand aids which had not been effectively cleaned. Some mattresses had been damaged and needed replacement.
• People were not always able to wash their hands in their room as there was no soap available. Bins were not always in place in people's bedrooms.
• Staff did not always wear aprons when assisting with food and were observed to be in and out of the kitchenette as well as providing personal care.
• Staff had access to personal protective equipment such as gloves and aprons. People had individual slings to reduce the likelihood of infection when being assisted with their mobility.

Learning lessons when things go wrong
• Documentation was not well organised and there was limited use of systems to record and review safety concerns to identify learning.
• We reviewed the records of accidents and incidents however they were incomplete, and we subsequently identified that there had been further incidents which had not been included. The registered manager sent us additional information and told us that all incidents and accidents had been reviewed by them and the nominated individual.
• Equipment such as crash mats were in place for those individuals who had been identified as being at risk of a further fall.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
• People were supported by staff whose training may not be up to date or reflective of best practice.
• Training was on line or provided by the registered manager. Most staff had previously worked in a care setting and knew what was expected of them. However, one of the new members of staff whose records we viewed, had not been provided with any training by the service and we saw that they were undertaking a wide range of tasks independently, including moving and handling.
• The oversight of training was not effective. The training matrix was out of date and did not include the names of three of the four staff who were on duty on the day of the inspection.
• The registered manager told us that they would immediately address the shortfalls in training and update the training matrix.
• Staff told us that they were supported in their role and the registered manager and nominated individual were approachable and helpful.

Supporting people to eat and drink enough to maintain a balanced diet
• People enjoyed the meals and received the support they needed to eat. One person told us, "The food is very nice indeed."
• The meals served on the day of the inspection looked appetising and most people ate well. We observed people being assisted to eat and this was undertaken in an unhurried manner.
• The cook was clear about which people required fortification to increase their calorie content and were at risk of malnourishment.
• Snacks were available in the communal lounges for people to access.
• People had good access to fluids and we observed that drinks were placed within reach.
• Staff were routinely recording how much people ate and drank but this was not overseen or checked to see if it was adequate. Some peoples recorded fluid intake was low.

We recommend that food and fluid records are overseen by a senior member of staff and where shortfalls were identified, action taken.

Adapting service, design, decoration to meet people's needs
• Environmental audits were not being undertaken. There was no methodical check of rooms and we could not see that issues were promptly identified and addressed.

• We found damage to internal walls and damp in parts of the service. We saw that the external guttering was blocked with plant material preventing adequate drainage and impacting on the walls. We expressed concern to the registered manager that one person's bed had been pushed up against a very damp wall and asked them to take immediate action.
• In one room the curtain rail had fallen on the floor and in another bedroom the curtains did not fully cover the window which was overlooked by neighbours. A light fitting was broken in another person's bedroom and the back coming away from a wardrobe. A stairgate blocking the stairway to the second-floor storage area was broken.
• The heating was not working in one part of the service and there was no hot water. We spoke to the registered manager about this and they organised for this to be addressed.
• At the last inspection the provider told us that they planned to upgrade the call bell system, but this had not yet been undertaken and we had some concerns that staff working on the first floor may not be able to hear the call bell. There was a mobile unit in place, but it was not clear how effective this was.
• At the last inspection we recommended that they seek advice about the environmental needs of people living with dementia. At this inspection we continued to identify issues, as the layout of the service did not always help promote people's independence. More signage was needed to help people to navigate themselves around the building. We observed that one person was walking around on the first floor, trying to find their way downstairs and there were no clear directions to the lift.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People were supported to access healthcare support.
• Care records evidenced ongoing involvement of health professionals including GPs and the dietician. We saw that where staff had concerns about people's wellbeing advice was requested, including through the 111 service.
• One person told us, "I have seen the dentist, the optician and the chiropodist and have had a cataract operation since being here."
• Care plans did not always record what people's oral needs were, the care needed and when they had last seen a dentist. Further work was needed to ensure people's oral health care needs were being met.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• We found that people were being deprived of their liberty and applications had been made to the local authority.
• Best interest decisions were in place for areas such as the delivery of personal care and the administration of medicines.

• Staff had not all completed training in MCA and there were gaps in staff knowledge. As outlined in the safe section of this report, the decision making in respect of people's finances was not clear.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed before the service started to support them. The registered manager told us that this assessment was used to form the basis of the plan of care.
• There was some use of nationally recognised tools such as the MUST tool to identify people at risk of malnourishment.

Requires Improvement

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
• The provider did not demonstrate that the service operated in a caring way in how it cared for people's finances, their safety and the environment.
• Respect and dignity was not fully understood or imbedded in every day practice. We observed that the chiropodist was providing foot care to people in the communal lounge as other people were served their lunch in adjacent chairs. We spoke to the registered manager and asked that foot care be provided in people's bedrooms.
• One person did not have a duvet on their bed and was sleeping up against a damp wall. The registered manager told us that they choose not to use a duvet on their bed. It was cold, and we could not see that this was in their best interests. The registered manager told us that they would ensure that people could have a duvet within reach.
• Peoples personal items were not always respected, and we found a person's named flannel had been laid out for another person to use.
• Individual staff were observed to be kind and caring in their interactions with people. One person was asleep, and the staff member was observed stroking their cheek and waking them up gently. They initiated conversation with people and smiled and gave people good eye contact.
• People had good relationships with staff, and we heard friendly conversations taking place and laughter. One person told us, "Staff are lovely …. I wouldn't still be here if I hated it." Another told us, "The plus's far outweigh the negatives, I am far better off here."

Supporting people to express their views and be involved in making decisions about their care
• People and relatives were provided with opportunities to feedback their views as to how the service was run but we could not see that feedback was acted on promptly. We saw that one person, had asked for more privacy and it had been agreed that when a room became available on the ground floor, this would be made available to them. However, we saw that this had not happened and when we spoke to the registered manager they were not able to provide us with a clear rationale.
• Other people had a more positive experience and told us that they were actively involved in their care. One person told us that they had chosen the wall colour in their bedroom. They told us, "I said I wanted it blue, I think it is lovely."

Respecting and promoting people's privacy, dignity and independence
• Independence was promoted, and we observed people coming and going as they wished throughout the day of the inspection. One person told us, "Every day I go out and get the paper and I go to the bank

sometimes. I just ring the bell when I come back."
•We observed staff knocking on doors and checking that people were comfortable. Staff addressed people appropriately.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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

• Peoples care plans did not contain the most up to date information about their care needs.

•Care plans were in place for most people, although one person who was staying at the service on a respite basis did not have a plan in place, only a very brief summary.

• Care plans did not provide staff with clear guidance on how to support people in line with their needs and preferences. The folders contained contradictory information, for example, it was recorded for one person that they walked independently but we saw that they used a frame. It was recorded in another section that they took their own medicines, but we saw that this was undertaken by staff.

• The registered manager told us that they had recognised further work was needed to update care plans and they were in the process of reviewing them.

• Staff were able to tell us about people and their needs and we saw that there were systems to handover information to provide staff with updates on changes to people's needs. However, the handover meetings at the start of the shift were voluntary and staff did not get reimbursed for attending. We spoke to the registered manager about the importance of ensuring that staff had the information they needed to provide safe and effective care and they said that they would review this.

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 had limited access to interesting and meaningful activities to promote their wellbeing.

• There was a display board in the entrance to the lounge which listed activities which were available. However, we did not observe these taking place on the day of our visit but noted that the television was consistently on with few people watching.

• People told us that staff on occasion took them out to town or for a walk which they clearly enjoyed. The registered manager told us that the service did not currently have an activities member of staff, but they were recruiting to this position.

• Life histories were in place for some people but the information they contained had not been translated into their day to day care, for example we saw that the person liked certain types of music, but this was not in the care plan or playing on the day of our visit.

End of life care and support

• There was no one in receipt of end of life care at the time of our inspection. However, some people had, do not attempt resuscitation (DNAR) documentation in place. This is a way of recording a decision about resuscitation in the event of a sudden cardiac collapse.

• End of life plans were not detailed and for some people consisted of the statement, 'A Funeral plan is in

place'. There was no detail to ensure that people final wishes were met.

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

• Information in relation to people's communication needs and how they required information to be given to them was known by staff, but this was not always recorded in their care plans.
•People told us that the communication between them and staff was good and worked effectively.
•As outlined earlier in the report, the signage at the service was poor and did not support people to find their way around.

Improving care quality in response to complaints or concerns
• The service had a complaints procedure and people we spoke to told us that they would be able to complain if they wished to and expressed confidence that issues would be addressed.
• The complaints folder was not well organised, and it was not clear from the documentation how concerns had been addressed. The registered manager told us that there was no open complaints and any concerns had been addressed.
• We saw that the service had received several compliments regarding the care provided but these were not dated so we could not see if they had been recently received.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- St Marks Residential Care Home has a history of noncompliance but at the last inspection some improvements had been made and as a result the service was taken out of special measures.
- At this inspection we found that they have failed to sustain some of the progress that they had made. We found shortfalls in key areas, which are documented elsewhere in the report but includes, the management of risk, the environment and the promotion of dignity.
- Documentation was poorly organised, and information was not always accessible or available. Documentation covered most surfaces within the registered managers office as well as being in a number of plastic bags. On the day of the inspection the registered manager was not always able to find records in a timely way and they told us that they had also a problem with their computer and had lost records.
- The lack of organisation presents risks to people and to the service. People's care needs could be missed or not delivered effectively. Patterns or shortfalls may not be identified.
- Some audits were undertaken, and the nominated individual had identified some shortfalls, but their assessment was not dated, and we could not see that their findings had been translated into an action plan and remedial action taken in a timely manner.
- The poor organisation at the service was compounded by the fact that they had several staffing vacancies and there was no deputy manager, activity coordinator or maintenance.

The shortfalls in governance demonstrated 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

- People told us that they were well cared for and that they liked living in the service. There was a culture of familiarity, but as outlined in the effective section of this report we had some concerns that decisions were not always made in an open way that was in people's best interests.
- Most of the staff we spoke to were relatively new but told us that the registered manager was approachable. They told us that the registered manager was accessible and present at the service most days. One member of staff told us that they could be disorganised, and this meant that things were not always addressed quickly, but that the nominated individual was more responsive and acted quickly when issues were identified.

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 registered manager understood their responsibilities under duty of candour.
• Notifications had been sent to us to inform us of incidents and accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• There were systems to engage with people and relatives such as questionnaires and resident meetings.
• The registered manager told us that they had good links with the local authority and projects such as prosper, which was set up to reduce hospital admissions.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The systems place to keep people safe did not work effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The systems in place to protect people from financial abuse did not work effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems had not been effective