

St Marys Lodge Care Home Ltd

St Mary's Lodge Residential Care Home For The Elderly

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

St Mary's Lodge Residential Care Home for the Elderly 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. St Mary's Lodge Residential Care Home for the Elderly does not provide nursing care. St Mary's Lodge Residential Care Home for the Elderly accommodates up to 40 older people in one adapted building. At the time of our inspection 19 people were using the service. However, three of these were currently in hospital following a period of ill-health.

At our previous inspection on 5 and 14 December 2017 we found eight breaches of legal requirements. We rated the service 'inadequate' overall. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. At this inspection we rated the service 'requires improvement' overall and for each question.

A registered manager remained in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found sufficient action had not been taken to address all of the previous breaches of regulations and the provider remained in breach of three regulations.

Improvements had been made to the safety of the service since our last inspection. However, further improvements were required in regards to fire safety, supporting people with their mobility and planned work to replace the boiler. We also saw sufficient action had not been taken to ensure recruitment procedures were robust and ensure suitable staff were employed.

Improvements had been made to the service and the provider had completed the majority of actions following our last inspection. However, there were still areas requiring improvement and a robust governance framework was not in place. The provider had started to analyse information relating to incidents but this information was not yet being used to improve service delivery.

Despite the continued breaches of regulation we did find improvements had been made and the provider had taken sufficient action to address the other five breaches of regulations.

Safeguarding procedures were now adhered to and any concerns about a person's welfare were reported to the local safeguarding adults' team. The maintenance of the service had improved and we saw equipment

was being regularly serviced to ensure it was in good working order. Improvements had been made to the delivery of training to ensure staff had the knowledge and skills to undertake their duties. Supervision and appraisal processes had also been reviewed and improved. The registered manager submitted statutory notifications to the CQC about key events that occurred at the service and were displaying their CQC rating. People, relatives and staff found the registered manager to be open, honest, approachable and accessible.

The registered manager had taken on board advice from us, the local authority quality team and community professionals to improve practice. However, there was an acknowledgement that the recruitment of a new manager would further strengthen the management and leadership of the service. Nevertheless, we would recommend that registered manager continues to attend local authority and clinical commissioning group meetings to enable them to stay up to date with best practice guidance and keep their knowledge and skills refreshed.

Improvements had been made to the quality of care records. These were updated regularly and provided detailed information about people's needs. Staff were supporting people with their end of life choices and were working with specialist palliative care staff. Improvements had been made since our last inspection regarding staff's interactions with people and we found staff were kind and caring. More information had been made available about people's individual interests and life histories. However, we found mealtimes were disorganised and did not always enable people to be as independent as they could be. Staff were not dedicating their time to support one person at a time and this could be confusing for people.

The activities programme had been developed and there were daily group activities delivered. However, we felt further improvements were required to engage and stimulate people living with dementia and to provide further one to one support. Our previous recommendation still remains and we recommend the provider consults and implements best practice regarding the stimulation and engagement of people living with dementia.

The environment had been improved, including removing heavily patterned carpet which could be confusing for people living dementia and completing building work to make the service more accessible. However, whilst improvements had been made to the environment we saw further action was required to provide a dementia-friendly environment. We recommend the provider continues to consult and implement best practice guidance to provide a dementia friendly environment.

Medicines management processes were safe and people received their medicines as prescribed, including in relation to topical creams. There were sufficient staff to meet people's needs and prompt assistance was provided in response to call bells.

People received prompt support with any dietary requirements and there was regular access to food and drinks. Staff regularly liaised with healthcare professionals to ensure people's health needs were met. Staff adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Visitors were welcomed at the service and staff supported people to stay in touch with their families. People's privacy and dignity was respected. Staff were supportive of people's culture, religion and sexuality.

A complaints process remained in place. The staff had received a number of compliments since the last inspection.

You can see what action we have asked the provider to take in response to the continued breaches of regulation at the back of the main report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some areas of the service were not safe. Improvements had been made to the safety of the service since our last inspection. However, further improvements were required in regards to fire safety, supporting people with their mobility and planned work to replace the boiler. We also saw sufficient action had not been taken to ensure recruitment procedures were robust and ensure suitable staff were employed.

Safeguarding procedures were now adhered to and any concerns about a person's welfare were reported to the local safeguarding adults' team. The maintenance of the service had improved and we saw equipment was being regularly serviced to ensure it was in good working order. Medicines management processes were safe and people received their medicines as prescribed, including in relation to topical creams. There were sufficient staff to meet people's needs and prompt assistance was provided in response to call bells.

Requires Improvement ●

Is the service effective?

Some areas of the service were not effective. Whilst improvements had been made to the environment we saw further action was required to provide a dementia-friendly environment.

Improvements had been made to the delivery of training to ensure staff had the knowledge and skills to undertake their duties. Supervision and appraisal processes had also been reviewed and improved. People received prompt support with any dietary requirements and there was regular access to food and drinks. Staff regularly liaised with healthcare professionals to ensure people's health needs were met. Staff adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Requires Improvement ●

Is the service caring?

Some areas of the service were not caring. Improvements had been made since our last inspection and we found interactions were kind and caring. More information had been made about people's individual interests and life histories. However, we

Requires Improvement ●

found mealtimes were disorganised and did not always enable people to be as independent as they could be. Staff were not dedicating their time to support one person at a time and this could be confusing for people.

Visitors were welcomed at the service and staff supported people to stay in touch with their families. People's privacy and dignity was respected. Staff were supportive of people's culture, religion and sexuality.

Is the service responsive?

Some areas of the service were not responsive. Improvements had been made to the quality of care records. These were updated regularly and provided detailed information about people's needs. Staff were supporting people with their end of life choices and were working with specialist palliative care staff.

Improvements had been made to the activities programme to provide people with stimulation, however, we felt further improvements were required to engage and stimulate people living with dementia and to provide further one to one support.

A complaints process remained in place. The staff had received a number of compliments since the last inspection.

Requires Improvement ●

Is the service well-led?

Some areas of the service were not well-led. Improvements had been made to the service and the provider had completed the majority of actions following our last inspection. However, there were still areas requiring improvement and a robust governance framework was not in place. The provider had started to analyse information relating to incidents but this information was not yet being used to improve service delivery.

The registered manager had taken on board advice from us, the local authority quality team and community professionals to improve practice. However, there was an acknowledgement that the recruitment of a new manager would further strengthen the management and leadership of the service.

The registered manager submitted statutory notifications to the CQC about key events that occurred at the service and were displaying their CQC rating. People, relatives and staff found the registered manager to be open, honest, approachable and accessible.

Requires Improvement ●

St Mary's Lodge Residential Care Home For The Elderly

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 May 2018 and was unannounced. The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received. Providers are required by law to submit statutory notifications about key events that occur at the service. We did not ask the provider to complete a provider information return (PIR) prior to this inspection due to the short timescale between inspections. A PIR is a form that asks the provider what they do well and what improvements they plan to make. We reviewed the action plan submitted after our last inspection in which the provider outlined the improvements they planned to make in order to address the breaches of legal requirements.

During the inspection we spoke with two people, four relatives and ten staff, including the registered manager, care staff, the chef and domestic staff. We reviewed four people's care records and six staff records. We looked at records relating to the management of medicines and the management of the service. We undertook general observations and used the short observation framework for inspection (SOFI) at mealtimes on both days. SOFI is a means of gathering people's experiences for those unable to express their views verbally. We also spoke with three visiting professionals including representatives from the local hospice, the care home support team and the GP practice. We received feedback from the local authority and received copies of reports from recent quality monitoring visits.

Is the service safe?

Our findings

None of the relatives we spoke with expressed any concerns about their family member's safety. One person said, "All the people here make me feel safe." A relative told us, "There's always staff keeping an eye and anything untoward, they are on it." Another relative said, "They are always in and out of rooms checking on people."

At our previous inspection on 5 and 14 December 2017 we found people were at risk of harm because the provider had not ensured people lived in a safe, clean environment and that equipment was safe to use. Appropriate and timely action had not been taken to address concerns with a broken boiler meaning people were left without heating and hot water and there was no contingency plan in place in the event of a failure of a utility. The provider had not followed appropriate processes to ensure water safety and protect against legionella disease. Risk assessments were generic and did not take into account people's individual needs. Fire safety procedures were not adequately followed. A clean and hygienic environment was not provided and there were inadequate resources to ensure hand hygiene.

Since our last inspection there continued to be problems with the boiler. The boiler had broken twice since our previous inspection and on both occasions the registered manager organised for prompt work to be carried out to address the problems. The registered manager had arranged for the boiler to be replaced in July when the weather will have improved and there will be less disruption and impact on people to go without heating for five days. The portable heaters used at our previous inspection had been disposed of and the registered manager told us they would no longer be using portable oil heaters removing the risk of people burning themselves on these items.

At our previous inspection we received feedback from the local authority that they found some risk assessments had not been updated in a timely manner. At this inspection we found risk assessments had been updated and personalised. There was information for staff about the risks to people's safety and welfare, and how they were to be managed and mitigated. This included the risks of falls, skin damage and malnutrition. Staff were quick to identify changes in people's skin integrity and liaised with the district nursing team when required. Staff had recently received training in supporting people that displayed behaviour that challenged and we saw a behaviour management chart was being maintained for one person to identify triggers to this behaviour. We saw people had call bells in their rooms so they could summon assistance if they needed it. Some people were not able to use a call bell and this was clear in their care records. Regular checks were made by staff on people's welfare. However, accurate records were not maintained to evidence checks at night.

We observed that whilst people's care records contained details about people's mobility needs and the support they required to minimise the risk of falls, we found the support provided by staff did not always meet people's needs. We observed a couple of incidents where staff did not promptly identify that a person required support with their mobility and we also observed staff supporting people to stand up by holding their clothes rather than using appropriate equipment. We discussed with the registered manager the concerns we had regarding moving and handling in particular to one person's care. The registered manager

informed us this person's mobility had recently changed and they now needed additional support due to a slight deterioration in their health from a recent infection. During our second day of inspection we observed staff provided this person with a walking frame and this enabled the person to mobilise independently and maintain their independence whilst reducing the risk of falls. From reviewing incidents since our previous inspection we found the majority of these related to falls or people losing their balance. The registered manager informed us they would approach the local falls management team for further advice about how to support people with their mobility needs.

Each person had a personal emergency evacuation plan which detailed the level of support they required to evacuate the service in the event of a fire. The provider's fire evacuation plan detailed people's support needs. However, we identified that the plan had not been updated and did not contain the correct room numbers for each person meaning there was a risk that prompt support could not be provided in the event of a fire as they may not be easily located. We brought this concern to the registered manager's attention and by the second day of our inspection they had updated this paperwork to ensure this information was available in the event of an emergency. We also identified that whilst the registered manager was waiting for work to be completed on the fire exit doors these were locked with a key and the key was not kept nearby meaning there was a risk in the event of a fire that people would not be able to leave via the designated exits. After our inspection the registered manager confirmed the work planned on the fire exits had been completed and they would now self-unlock in the event of a fire so people could exit promptly and safely. We saw that fire extinguishers and emergency lighting had been regularly checked and there were regular fire evacuation drills. However, the weekly checks on the fire alarms and doors closures had not been completed since January 2018 meaning there was a risk that it would not be identified if these were not working.

On both days of our inspection we found a clean and hygienic environment was provided. There were no malodours and we saw cleaning taking place throughout our inspection days. There were hand washing facilities throughout the home, adequately stocked with hand wash and sanitiser. We saw good hand hygiene posters displayed in all bathrooms. We saw additional processes had been implemented to improve cleanliness and infection control at the service, including offering people hand wipes before meals, a programme of steam cleaning soft furnishings and closer monitoring of hand hygiene. We saw records were maintained of the cleaning undertaken, including the storage of cleaning materials. We observed cleaning materials were stored correctly and securely.

Given the evidence in the paragraphs above whilst we saw the provider had made improvements, we found sufficient action had not been taken to address all of the concerns identified at the previous inspection to ensure safe care and treatment. The provider therefore remained in breach of regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014 in regards to risk management and fire safety.

At our previous inspection we found staff recruitment and selection processes were not protecting people living in the home. The staff records we checked showed that staff had not always been recruited safely. There was no information about staff's previous employment and references from previous employers had not always been sought.

There had only been one staff member recruited since our last inspection. For this staff member we saw appropriate procedures had been followed in regards to checking their identity, their eligibility to work in the UK and criminal record checks. However, we saw that only one reference had been obtained and whilst the staff member had previous experience and education, the registered manager had not seen copies of their qualification certificates. We also saw from their application there were gaps in their employment history and these were not sufficiently explored by the registered manager and there were only very brief

interview records. This meant there was a risk that unsuitable staff may be employed because robust checks were not undertaken during recruitment.

The provider had appropriate policies and procedures in place regarding the recruitment of staff, however, it could not be evidenced that these were robustly adhered to and therefore the provider remains in breach of regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found people were not provided with a well maintained environment because areas of the home required repair and refurbishment. Timely action was not taken to address the concerns raised and ensure the building was adequately maintained.

We saw appropriate procedures were in place to ensure a safe and secure environment, and ensure equipment was in good working order. On the day of our inspection the hoists and lifting equipment was being serviced and there was a programme in place to ensure regular maintenance. We also saw there were systems in place to ensure regular gas safety reviews, water safety and legionella disease testing, electrical safety and portable electrical appliance testing. We also saw regular checks on water temperatures, lighting, window restrictors, bed side rails and pressure mattresses. At our previous inspection we found the last food hygiene visit took place in March 2014. At this inspection we saw a food hygiene visit had been undertaken in April 2018 and the service achieved a five star rating.

There was a dedicated maintenance staff member and a book was used to record all maintenance requests and when these were completed. At the time of inspection the maintenance staff member was on annual leave. The registered manager told us if urgent maintenance work was required during this time they would arrange for contractors to visit the service. During our inspection we saw there was still some minor outstanding maintenance work required to ensure a pleasant and suitable environment was provided. This included securing a loose handrail, some water damage on paintwork in bathrooms and replacing some light bulbs.

Whilst there were minor outstanding maintenance concerns we found sufficient action had been taken to address our previous concerns and the provider was no longer in breach of regulation relating to the premises.

At our previous inspection we also found people who use the service were not fully protected from the risk of abuse. Records showed that safeguarding concerns were not always correctly identified and reported to the local authority safeguarding team.

At this inspection we found people were protected from the risk of abuse. Staff were knowledgeable in recognising signs of abuse and reported any concerns to the team leaders and registered manager. The registered manager confirmed they had a good relationship with the local authority safeguarding team and told us they had regular contact with them. They told us they kept them updated on any concerns they had regarding a person's health, safety or welfare. Since our previous inspection three safeguarding concerns had been raised and these were in the process of being investigated. The registered manager had completed their internal investigations relating to these concerns and provided any information the local authority safeguarding team required to undertake their investigations. At the time of our inspection the registered manager was waiting to hear the outcome of these investigations but was open to taking on board any advice or learning to protect people's welfare.

We found sufficient action had been taken by the provider to address the concerns identified at our previous inspection and the provider was no longer in breach of regulation relating to safeguarding people.

Medicines were managed safely and stored securely. People received their medicines as prescribed and we saw accurate records were maintained about the medicines administered, this included in regards to the application of topical creams. Staff regularly checked the stocks of medicines stored at the service and from our checks we saw stocks of medicines were as expected and accounted for. Some people received their medicines covertly. This means providing medicines to people in a disguised manner, for example with their food. Appropriate procedures had been followed in regards to the administration of covert medicines and this had been approved by the prescribing GP. There were policies and procedures in place regarding medicines management and an annual medicines safety audit was completed by the local pharmacist. Protocols were in place instructing staff when to give people their 'when required' medicines, in what circumstances and at what dose. There were systems in place for the ordering and disposal of medicines.

We observed there were sufficient staff to meet people's needs. This was confirmed by people, relatives and the staff spoken with. We observed call bells were answered promptly and when an emergency call bell was sounded there was a prompt team response. The staffing numbers had been reduced since our last inspection as the home was not at full occupancy. Staffing rotas showed the home was staffed as planned. Whilst there were sufficient staff to meet people's needs and maintain their safety and welfare, the registered manager told us they did not use a formal tool to review staffing levels in line with people's dependency levels. This meant there was a risk that staffing levels were not formally reviewed in line with changes in people's needs and dependency levels.

Is the service effective?

Our findings

At our previous inspection on 5 and 14 December 2017 we found the design and layout of the premises did not fully promote people's independence and consider the needs of people living with dementia. The home did not promote people's independence due to accessibility barriers. We also found the provider did not appropriately use colour and light to help distinguish different areas and support people with dementia to navigate around the service.

Since our previous inspection some improvements had been made to the environment to make it more accessible and easier for people with dementia to navigate around the service. A corridor had been created between the two properties providing step free access to the main lounge. This enabled people who used mobility aids to access all of the building whilst reducing the risks of trips and falls. We saw the majority of the heavily patterned carpet had been replaced and there were plans to replace the small area of patterned carpet still in place. There were signs identifying key rooms and bathroom doors were a different colour. We saw people had their pictures on their bedroom doors. However, the provider had not fully created a dementia friendly environment and there was still a lack of use of colour, sensory items and reminiscence objects to support people living with dementia.

Improvements had been made to the environment within the barriers of the existing building to show the provider had met the breach of regulation identified at our previous inspection. However, we recommend the provider continues to consult and implement best practice guidance to provide a dementia friendly environment.

At our last inspection we found the provider's training matrix showed significant gaps and inconsistencies in staff's attendance at training courses meaning we could not be fully assured that people were supported by suitably trained staff. We also found that supervision records were a duplicate of the previous meetings and there was a risk that staff were not being adequately supported with all aspects of their roles and responsibilities.

At this inspection we found training had improved and since our last inspection staff had received training in infection control, dementia awareness, safeguarding adults, first aid, moving and handling, challenging behaviour, health and safety, COSHH, person-centred care and fire safety. The provider confirmed staff were booked onto refresher training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards a couple of weeks after our inspection. Some staff had also received training in 'recognising dying' and we heard from professionals there was a rolling programme in place to further train up staff in this area. Staff confirmed they had received a lot of training since our last inspection and appreciated that this training was delivered face to face as some staff had concerns about completing computer based training. We also heard that some relatives had been invited to take part in different training sessions. A relative told us, "They have been doing a lot of training. I was invited by the manager to join the 'water training' – if things were too hot and that sort of thing. It was good that they included me." Another relative said, "You can't train people to give the sort of care these carers give – it's just in them."

However, there were no competency assessments in place and from our discussions with staff we heard they could not always remember what was taught during the training sessions. We discussed competency checks with the registered manager and they told us they had been trying to arrange for local services to come and undertake medicines administration competency checks but had found it difficult to locate a service to come and do this. They told us they will continue to try and source a company to undertake these checks. They were also undertaking knowledge quizzes during staff meetings to assess staff's understanding of different topics.

Staff continued to receive monthly supervision following our previous inspection until February 2018. The registered manager felt improvements were required with the supervision structure and the way supervision was being delivered to make it more meaningful. They had organised for training to be delivered to all team leaders and senior care assistants to upskill them as supervisors so they could then supervise the other care assistants. The new supervision tool had been recently produced but at the time of inspection the new supervision process was not operational. The registered manager had imposed a deadline of June 2018 to implement the new supervision process. Despite the new system not being operational at the time of inspection staff told us they felt well supported and felt able to approach any team members if they had any questions or needed some advice or guidance.

Staff had received an annual appraisal in April 2017. Appraisal training was included in the supervision training the team leaders had received and they planned to undertake an appraisal with care staff when the new process was established.

Improvements had been made to ensure staff had the knowledge and skills to support people and ensure staff were well-supported. The provider was no longer in breach of regulation relating to staffing.

There was clear information in people's care records about their dietary requirements. Staff had liaised with the dietician when they identified a person had additional dietary needs, including if they had concerns a person was at risk of choking. Staff took on board the advice from the dietician and provided soft, fork mashable, pureed meals and thickened drinks for those that required it. At the time of our inspection the staff had concerns that a few people had started to refuse meals and drinks. Staff arranged for the GP to visit these individuals so additional support could be provided. Staff measured people's weight at least monthly and tracked the measurements to identify trends. We saw for some people there were concerns that they were beginning to lose weight and for these individuals they received fortified meals and supplements.

At our previous inspection we found some food stocks in the kitchen were low, which impacted on the choices available to people. At this inspection we saw the kitchen was well stocked. There were two choices available at each mealtime and we observed staff asking people what they would like to eat. However, this choice was offered verbally and for those living with dementia they may find it easier to make an informed choice if they saw the meals plated. A new chef was in post and from discussions with them they were informed about people's dietary requirements and meal preferences, this included in regards to people's religious and cultural needs, and any food allergies. For example, one person using the service was Jamaican. Previously they had been provided with a Caribbean diet but they had indicated recently that their tastes had changed and they preferred to eat a more traditional English diet. They still had culturally traditional meals when their relatives visited and ate with them. A relative told us, "[Their family member] cannot eat beef for religious reasons and they all know that."

People had access to fluids throughout the day. We observed cold drinks being available in the lounge and jugs of drinks were in people's rooms. People were regularly offered hot drinks. We saw two people enjoyed

their tea and this was regularly provided. One of them told us, "We love our tea. Everything's made good with a cup of tea."

Staff supported people with their health needs. Staff liaised with community health care professionals and we observed many professionals visiting during our inspection. This included two different GPs, the community dentist, a representative from the local hospice and a clinical nurse specialist from the local clinical commissioning group (CCG). In addition staff also liaised with dieticians, speech and language therapists, and community nurses. Staff were prompt to identify if a person's health changed and regularly asked the GP to review people at the service. Where necessary, staff also liaised with 111 and emergency services when they had significant concerns about a person's health. A relative said, "They are quick to call the doctor if they are worried about something and they always let me know."

Staff adhered to the Mental Capacity Act (MCA) 2005. Staff involved people in as many decisions as they were able to make. Information was included in people's care records about whether they had the capacity to consent to decisions and what decisions they had the capacity to consent to. When people did not have the capacity to consent to certain decisions we saw best interests' meetings were held, including liaison with lasting power of attorney (LPoA) and relevant person's representatives (RPR).

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff adhered to the conditions stipulated in people's individual DoLS authorisations. We saw the registered manager had appropriately applied for DoLS to ensure people were only deprived of their liberty when lawfully authorised to, to ensure their safety. The staff kept records of when an application had been made, when it was approved and expiry dates so they stayed up to date with people's DoLS status.

Is the service caring?

Our findings

At our previous inspection we found some care records were generic and did not contain information about people's likes, dislikes and life history. They did not provide much information about people's preferred daily routines. At this inspection we found care records had been updated and personalised. Information was included about people's life history, their families and those important to them. They included information about people's previous occupation, their interests and hobbies. Information was also included about people's preferred daily routines. From staff's interactions with people it was clear that they knew them well and what was important to them. For example, one person found comfort in having a doll with them, another person enjoyed reading the paper and the registered manager bought him one each day.

At our previous inspection we found staff's interactions with people were brief and task orientated. At this inspection we found staff to be caring, polite and friendly in their interactions with people. One person told us, "It's relaxed and homely here" and "We all have a laugh and a joke." We observed care staff to be engaged with people, interactions were kind, there was good eye contact and use of physical touch such as hand holding to provide comfort to people. We observed staff providing people with comfort if they became upset and reassuring them it was ok and normal to be a little teary at times. We heard one staff member say, "You're allowed to cry", "It's ok to be missing home."

However, we found mealtimes to be disorganised and at times did not enable and support people to maintain their independence. We saw at times staff came to assist people with their meals, however, some of the people were able to manage independently and instead required some prompting and encouragement rather than staff taking over the task. We also found due to the disorganisation it meant staff did not dedicate their time to supporting one person with their meal at a time and instead kept moving between people which could be confusing for the person and did not facilitate person-centred care. We discussed our observations with the registered manager who told us they had also identified the concerns raised and was planning a staff meeting to discuss the concerns.

Visitors were welcome at the service and from our observations we saw families were encouraged to visit. There was a notice displayed in the communal lounge stating visitors were welcomed between 9am and 8pm, but to avoid mealtimes. Despite this notice we saw when a person was experiencing ill-health or receiving end of life care their relatives were welcome to spend as much time as they liked with their family member. One relative visiting told us, "I'm always made a cup of tea, with biscuits and feel very, very welcome."

Staff treated people with respect and adhered to their privacy and dignity. We observed staff accompanying people to the privacy of their rooms or the communal bathrooms to support with their continence needs and any support they required with their personal care. They ensured doors were shut and curtains were closed prior to supporting people with their personal care. Staff were also aware to keep information about people confidential.

The management team told us the service's values were to be inclusive and supportive of all people,

irrespective of their religion, culture or sexuality. Those individuals who were important to people were welcomed at the service, people who were religious were supported to practice their faith and the registered manager arranged for faith leaders to visit people at the home, and staff supported people with their culture and traditions.

Is the service responsive?

Our findings

A relative said, "It's top class care" and "As a relative I feel fully included in my relative's care." One person said, "The care is 110%." And another relative told us, "The care is absolutely brilliant."

At our previous inspection we received feedback from the local authority that they found some care plans had not been updated in a timely manner. Since our inspection the registered manager told us they had worked hard on improving the quality and timeliness of the care records. We found care records were regularly reviewed and updated in line with any changes in people's health or support needs. Care records outlined people's support needs and how they wished to be cared for. Only the senior care assistants could access the electronic care records, but we saw these were printed and hard copies were made available for all staff so they had direct access to information about how people needed to be supported and cared for.

The general daily records included in people's care records were completed on each shift but we saw these were not very detailed and provided basic information about how a person had been. However, we did see detailed and complete care records were maintained in regards to people's food and fluid intake, repositioning charts and the maintenance of behaviour monitoring charts where these were being used.

Staff were supporting people with their end of life choices. Staff were working with professionals from the care home support team specialising in end of life care and representatives from the local hospice to gather further advice and support about how to provide good quality end of life care. Staff had begun to hold conversations with people and their families to develop advanced care plans, hold discussions about 'do not attempt cardio pulmonary resuscitations' decisions and to upload these decisions onto the 'coordinate my care' database which healthcare professionals can access. One relative whose family member was receiving end of life care at St Mary's Lodge told us, "They always keep me in the loop and as things are getting to the last few days there are lots of people supporting us and everything is explained." They also said, "I wanted her to stay here – it's her home and they all love her too." Another relative said, "I feel very supported here at this horrible time. I love it that they are so lovely to my Nanna."

At our previous inspection we found there were little opportunities for engagement in activities for those who did not want to participate in the group activities. We recommended the provider consulted and implemented best practice regarding the stimulation and engagement of people living with dementia.

At this inspection we heard the activities coordinator was also taking on care assistant duties. The registered manager told us this was to incorporate the two roles and encourage all staff to engage and stimulate people using the service. We saw the group activities were still being mainly delivered by the activities coordinator who was very enthusiastic and energetic. They knew each person well and engaged them in activities. We observed there were activities delivered each day which included physical exercises, pampering, music and singing sessions. Some of which were delivered by entertainers who came to the service. One person told us, "I love anything music and if I can dance it's even better." However, another person said, "It's the same old routine every day – very frustrating... There's not much to do around here." A relative told us, "I have heard [staff] talking about the photographs that we brought in with [the person]."

However, we observed there continued to be a lack of resources for people to help themselves to or to provide one to one activities and stimulation, particularly for those living with dementia who may find it more difficult to join in with the group activities. Our previous recommendation still remains and we recommend the provider consults and implements best practice regarding the stimulation and engagement of people living with dementia.

A complaints process was in place and information about how to make a complaint was displayed at the service and made accessible to people and their relatives. None of the people we spoke with had raised a complaint. However, on the second day of our inspection we overheard one person raising a concern to the registered manager. The registered manager took the concerns raised seriously and immediately looked into them. They came back to the person to explain what they found and reassured the person the concerns raised had been addressed. A relative told us, "If I had a complaint I'd go straight to the manager – I have her mobile number." The registered manager told us since our previous inspection there had been no complaints made. This was confirmed by viewing the complaints/comments book and no entries had been made. Nevertheless, the complaints process remained in place and there was a process to ensure all complaints made were investigated and responded to within set timescales.

The service had received a number of compliments and thank you cards from relatives since our last inspection. Some of the comments received included; "I would like to thank all the staff at St Mary's Lodge who played a part in caring and look after [the person]...I think she was fortunate to be in your care" and "thank you for all your care and kindness you gave to mum. We know she was very happy with you and felt very contented with such a good team."

Is the service well-led?

Our findings

At our previous inspection we found the provider did not regularly assess and manage risks relating to the health, welfare and safety of people living at the home. There were not robust procedures in place to monitor the quality of all areas of service delivery. We also saw there were not sufficient systems in place to monitor and learn from incidents in order to improve service delivery. The registered manager did not have systems to monitor the support provided to staff and ensure staff records were up to date. We also saw that whilst feedback was obtained from people and their relatives through the completion of satisfaction surveys and meetings, this information was not being used to improve service delivery.

Since our previous inspection the registered manager had developed a detailed action plan addressing the concerns raised at our previous inspection and local authority quality reviews. The registered manager told us they had prioritised the action required to address areas of service delivery relating to management and leadership, the safety and suitability of the premises, care records and staff training. They also acknowledged they had not yet completed all of the planned action. Nevertheless, we identified that there had been a number of improvements since our last inspection and this was confirmed via the local authority and their quality visits. The feedback we received from the local authority was the home was clean and tidy, people appeared happy and there had been great improvements in the quality of care records.

The management team had improved processes to review the quality and safety of service delivery. They had also commissioned work to be undertaken to ensure independent review and auditing of key areas, and action plans had been developed from the findings of these reviews. This included a full audit of people's care records. A detailed action plan was developed following this audit and we saw the actions had been addressed. There had also been a full audit of staffing records, but the actions required to ensure accurate and complete staff records were maintained had not yet been completed. The registered manager was undertaking checks on the environment and cleanliness of the service but we saw these were not always robustly completed. We also saw the environment checks did not always pick up the minor outstanding maintenance concerns we identified.

The registered manager told us they undertook regular out of hours, including weekend and night time, spot checks to review the quality of care provided at these times. These checks were confirmed by the staff on duty. However, no records were maintained about these checks and there was no formal tool being used to measure the quality of care during these checks. There was a risk that the lack of a formal tool meant if there were some quality concerns identified these may not be adequately reviewed or addressed.

The management team had designed and implemented a tool to analysis incidents and accidents to identify themes and trends. This tool had only recently been developed and the registered manager had not fully incorporated this data into their quality assurance processes to disseminate learning and inform service development.

Whilst improvements had been made to the quality and safety of the service and a programme of audits had been completed, there was not a robust governance programme to ensure continuous monitoring and

improvement of service delivery. From discussions with the provider it was clear that for some of these plans they were waiting for a new registered manager to come into post to allow them to implement their ideas.

Whilst improvements had been made we saw some of these were in their infancy and had not been robustly integrated into service delivery. From the evidence in the paragraphs above it showed the provider remained in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The business continuity plan had been updated and there were now detailed plans in place in the event of a utility failure.

The management team were open and welcomed comments from people, relatives and professionals. Since our last inspection they had sent satisfaction surveys to relatives to obtain their views about the service. However, at the time of our inspection they had not received any completed returned surveys. They had introduced food satisfaction surveys to obtain people's feedback about meals. We viewed the completed surveys which showed people were satisfied and enjoyed the meals provided. Since our last inspection the registered manager had held meetings with people and their relatives. From the minutes of these meetings we saw relatives had been consulted about the idea of introducing a suggestions box but they felt this was not needed as they felt comfortable speaking directly with the registered manager if they had any concerns. Relatives had requested that staff wear name badges and we saw this suggestion was taken on board and staff were wearing their name badges on both days of inspection.

At our previous inspection we found the registered manager did not demonstrate the knowledge and skills to ensure a culture of continuous learning and improvement. They had not implemented learning and feedback from previous inspections to ensure continuous improvement and compliance with best practice guidance. We found on our inspection that although the registered manager took immediate action to address some of the concerns we raised during our inspection, we found their approach to managing risk and quality improvement was reactive. They relied on other agencies such as the local authority to provide direction and we had concerns they would not sustain the improvements made.

Since our previous inspection the registered manager had used learning and feedback from our inspection report, local authority quality visits and multi-disciplinary professional visits to improve practice. We saw areas identified as requiring improvement had either been implemented or were in the process of being implemented and the majority of required actions had been completed. For example, following a visit from the infection prevention and control nurse specialist hand hygiene had improved, evidence was being gathered about staff's immunisations and a new clinical waste bin had been ordered. Following a letter from the local authority requesting action to be taken, care planning had improved, staff training had commenced and the provider was in the process of recruiting a new registered manager. The registered manager confirmed they had identified, interviewed and offered a position to a potential new manager.

We did have concerns about the time taken to make the required improvements and some of the action required to address the concerns had still not been completed, although there were plans to do so. The registered manager had also had substantial support and guidance from the local authority and clinical commissioning group and therefore there remain concerns as to whether the improvements seen will be sustained if this support is removed.

The registered manager told us previously they had attended forums and meetings held by the local authority and clinical commissioning groups to learn about best practice and share ideas and experiences with other social care managers. The registered manager explained they had not been able to continue to attend these meetings due to focussing on making improvements at St Mary's Lodge. We would recommend

that registered manager continues to attend these meetings once the new manager is recruited to enable them to stay up to date with best practice guidance and keep their knowledge and skills refreshed.

The provider was no longer in breach of regulation relating to the fitness of the registered manager.

At our previous inspection we found the provider had not submitted statutory notifications about key events that occurred at the service as required by law. Since our last inspection the provider had submitted notifications about deaths, events that stop the service and in regards to any serious injuries. There had been three allegations of abuse raised by other agencies since our previous inspection. The registered manager was not aware that these allegations needed to be notified to us, even though they were not the ones that received the initial allegation of abuse. After our discussions on the inspection visit, the statutory notifications were promptly submitted.

The provider was no longer in breach of regulation relating to the notification of incidents.

We observed the registered manager was very 'hands on' at the service and was caring in their interactions with people. From our observations it was clear the registered manager knew people well and people felt able to have open conversations with her. This was confirmed by relatives we spoke with. Comments from relatives included, "The manager is a really kind person. She doesn't seem to skimp on anything especially her staff." And "The manager is just there for us." Staff were also complimentary about the manager and their colleagues. Comments from staff included, "I love my job and the people that I work with – we all help each other" and "the manager is very kind. All the staff – we're working well together". There were regular staff meetings and these were used to discuss changes in people's health and support needs, and plans for the service.

The provider had been open with relatives about the rating of the previous CQC inspection and relatives confirmed they had read the report and discussed this with the registered manager. The provider was also displaying their CQC rating in the entrance of the home for all visitors to see.

There were policies and procedures in place and these had been reviewed and updated since our last inspection. We saw the policies referred to the relevant HSCA regulations and outlined how care was to be delivered in line with these regulations and what was expected from staff. Staff were clear about their roles and responsibilities and what was expected from them, including the provider's values and the updated policies were discussed during staff meetings.

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 registered persons had not consistently ensured risks to service users' health and safety were adequately identified and managed. Regulation 12 (1) (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not ensured staff were of good character or had the required qualifications to undertake their duties as they had not followed safe recruitment practices. Regulation 19 (1) (a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had not ensured there were robust systems to review, monitor and improve the quality of service or to assess, monitor and mitigate risks to service users health, safety and welfare. Regulation 17 (1) (2) (a) (b)

The enforcement action we took:

A warning notice was issued.