

County Healthcare Limited

St Mary's Care Home

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 6 and 7 February 2017 and was unannounced.

St Mary's Care Home provides residential care for up to 44 older people, some of whom may be living with dementia. The home is purpose built and accommodation is on one floor. All rooms, except four, have en-suite facilities. Communal areas include a number of lounges, a dining room and a conservatory. The home has extensive gardens. At the time of our inspection there were 28 people living within the home.

There was a registered manager in post whose application had been processed shortly before the inspection was carried out. 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.

We inspected this service in April 2016 where we found that the service was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Three breaches of legal requirements were found and a warning notice was issued in relation to one of them which involved the governance of the service. The provider sent us a plan to tell us about the actions they were going to take to meet the breaches of the remaining two regulations.

A further inspection was carried out in September 2016. This was a focused inspection to check that the service had undertaken changes to meet the warning notice. We found that sufficient improvements had not been made and that the service was still in breach of the regulation.

At this inspection in February 2017, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to safe care and treatment, the need for consent and good governance. Whilst some improvements had been made, the service continued to be in breach of the regulation relating to safe care and treatment for a third consecutive inspection. The service also continued to be in breach of the regulation involving the governance of the home for the fourth consecutive inspection.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Fully effective systems were not in place to monitor the quality of the service and drive prompt and continued improvement. The system had failed to fully identify and rectify the issues highlighted in this report.

The management and administration of people's medicines did not fully follow good practice guidance. This meant that we could not be sure that people had received their medicines as the prescriber had

intended.

The individual risks to the people who used the service had not always been identified, recorded or managed by the service. This was compounded by gaps in care records that did not effectively demonstrate that people had received the care and support they needed.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. People's human rights had not always been respected and the service had not consistently worked within the principles of the Act. Staff were able to demonstrate that they assisted people to make choices but their knowledge of the MCA was poor.

The service had procedures in place that reduced the risk of employing people not suitable to work in the service. New staff received an induction and all staff received ongoing training. Staff told us that they felt supported in their roles and a supervision plan was in place to ensure staff received these. The registered manager also had a plan in place to complete staff appraisals.

At past inspections, there had not been enough staff to meet people's needs. At this inspection, improvements had been made to staff deployment and their ability to meet people's needs in a more prompt and appropriate timescale. The people we spoke with agreed. In addition, the service had undertaken regular monitoring to ensure call bells were answered in a timely manner and taken action where necessary to identify and rectify issues.

People received care and support in a respectful and dignified manner. Staff demonstrated kindness and warmth. People's dignity, privacy and confidentiality were maintained and choice was supported. Staff knew the likes, dislikes and preferences of the people who used the service.

Staff had received training in safeguarding people and the service had procedures in place to help reduce the risk of abuse. Accidents and incidents were monitored in order to reduce the risk of reoccurrence. The risks associated with the building, adverse incidents and working practices had been identified and appropriately managed.

People told us that their needs were met and they had been involved in their plan of care. Care plans had been regularly reviewed, were accurate and person centred. However, the quality of care plans varied. Some did not contain enough relevant information to fully reduce the risk of people not receiving the care and support they required.

Improvements had been made in the provision of social and leisure activities and people enjoyed these. More activities were on offer and we saw that people were fully engaged in these.

People's healthcare needs were met and the healthcare professionals we spoke with were complimentary about this aspect of the service. Recommendations were followed and people had access to a wide variety of healthcare provision.

People's nutritional needs were met and they had enough to eat and drink. Where people required specialist diets, these were provided and understood by staff. People were offered choice in what they had to eat and drink. However, not all people received the assistance they required at a time they needed it in relation to assistance with eating and drinking.

A number of systems were in place to capture people's feedback on the service and where concerns had

been raised, these had been actioned. A number of feedback documents had recorded recent improvements to the service. People told us that they were satisfied in how the service had managed complaints but the records around the management of these were varied.

A new management team were in post and people spoke positively about their abilities and proactive approach. They told us the management team were visible, helpful and approachable.

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 consistently safe.

The processes the service had in place to manage people's medicines did not demonstrate that people had received their medicines as the prescriber had intended.

The individual risks to people had not been consistently managed.

There were enough suitably recruited staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's human rights weren't always respected due to the service not consistently adhering to the Mental Capacity Act 2005 (MCA).

Staff had received training and on-going support in their roles. People told us that they had the skills and knowledge to provide care and support.

People received the specialist diets they required and their healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated a kind, caring and respectful approach that maintained people's dignity.

People had been involved in the planning of their care and had choice in how they spent their day.

Independence was encouraged and confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care that was individual to them. However in some cases, relevant and important information had not been recorded meaning people were at risk of not receiving the care they required.

People's complaints had been actioned appropriately.

People were happy with the activities provided and reported an improvement in this since our last inspection.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The systems the provider had in place to assess, monitor and improve the quality of the service had not been fully effective.

The management team were visible, approachable and supportive.

People had been provided with a number of opportunities to provide feedback on the service. Where negative comments had been received, the service had responded appropriately.

St Mary'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 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 6 and 7 February 2017 and was unannounced. Three inspectors and one pharmacist inspector carried out the first day of inspection. The second day of inspection was carried out by two inspectors.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local authority safeguarding team, the local authority quality assurance team and a number of healthcare professionals for their views on the service.

Shortly before the inspection, the provider 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. However, due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with five people who used the service, one relative and two healthcare professionals. We also spoke with the regional manager, registered manager, deputy manager, resident experience care specialist, administrator, one senior care assistant, two care assistants and a kitchen assistant. We observed care and support being provided to the people who used the service on both days.

Shortly after our visit, four people contacted us to give us feedback on the service their relatives received at the home.

We viewed the care records for 12 people who used the service. We also case tracked the care and support three people received and viewed a number of medicine administration records and associated documents.

We also looked at records in relation to the management of the home. These included risk assessments, minutes from meetings held, staff training records, quality monitoring information and maintenance records.

Is the service safe?

Our findings

At our inspection carried out in April 2016, we found that the service had failed to fully mitigate the risks associated with medicines administration and management. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection in April 2016, an action plan was submitted by the provider which detailed how the service would meet their legal requirements. They told us that these actions would be completed by June 2016. At this inspection, carried out on 6 and 7 February 2017, we found that the necessary improvements had not been made and that the provider was still in breach of this regulation.

A member of the CQC medicines team looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines.

Records did not always confirm people living at the service received their medicines as prescribed. This was because we found gaps in the records relating to medicines administration. We also noted that some records of when medicines were not given did not confirm the reason why. Some medicines remained in their container at times when records had been completed indicating they had been given to people. We found some medicines had not been given because they had not been obtained and there were also delays in staff giving them once they had been obtained. Whilst there were regular audits in place to monitor and account for medicines, we found these were ineffective at highlighting and resolving the issues we identified.

We observed senior staff giving people their medicines and noted that they did so sympathetically and by following safe procedures. However, they carried a telephone and were distracted by a phone call and staff queries which could have led to errors when giving people their medicines.

Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification and information about known allergies and medicine sensitivities. However, there was a lack of information on people's preferences about having their medicines given to them. There were additional charts to record the application and removal of skin patches, however these were sometimes not completed. Where people were prescribed medicines for external application, there were not always clear instructions for staff on where these should be applied. When people were prescribed oral medicines on a when required basis, there was sometimes insufficient information to show staff how and when to give them to people consistently and appropriately. For one person who was prescribed a medicine for the emergency treatment of epileptic seizures, written information available indicated that the medicine must be given by external community nurses only. Staff on duty told us that they had not received training to enable them to give the person this medicine in an emergency situation. This meant the person could experience a delay in receiving emergency treatment.

For a person managing their own medicines there were infrequent records showing that staff had assessed the risks around this. For another person managing their own inhaled medicine there were no records

indicating that staff had assessed the risks or supported and monitored to enable them to safely use their medicine.

We found that medicines were stored securely for the protection of people who used the service. However, we noted the cabinet used to store controlled drugs was not bolted to the wall in line with Misuse of Drugs (Safe Custody) regulations. Controlled drugs are medicines requiring extra checks and special storage because of their potential for misuse. Records showed that medicines requiring refrigeration were stored at temperatures which exceeded the accepted range. This could lead to them becoming unsuitable and unsafe to give to people prescribed them.

These concerns constituted a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found examples where the risks to people who used the service had not been consistently identified, recorded or managed. For one person who was at risk of malnutrition and weight loss, we saw that the assessment of risk the service had undertaken directed staff to monitor all food and fluid intake. This was in order to mitigate the risk. We saw that fluid intake had sporadically been recorded but no monitoring records were in place for food intake. We saw that although the person was now putting on weight, they had lost a substantial amount of weight over the past few months.

We saw that another person who used the service slept very close to the edge of the bed. A number of times during our inspection visits we saw that this person's head hung over the side of the bed. A low bed was provided and a sensor mat was in position close by the side of the bed to alert staff should the person fall. However, the risk of harm from the person falling out of bed was evident and the service had not recorded this as a risk or fully mitigated it in practice. We brought this to the attention of the management team on the first day of our inspection and a care plan was in place on the second day of our visit. However, the service had not demonstrated that they had fully assessed and mitigated the risk. This was because a risk assessment had not been completed nor did the care plan sufficiently show how this risk was being managed.

Another person who used the service was at risk of falls. We saw that their care plan showed they required the assistance of a staff member to mobilise in order to mitigate this risk. In addition, a sensor mat was in place to alert staff to when the person was up and about in their room. During our inspection visits we saw a number of occasions where staff failed to assist this person when mobilising. On one occasion, after initially assisting this person to mobilise, we saw a staff member walk off leaving the person to walk alone before an inspector intervened.

These concerns also constituted a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection carried out in April 2016, we found that the service had failed to ensure there were enough staff to meet people's individual needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection in April 2016, an action plan was submitted by the provider which detailed how the service would meet their legal requirements. They told us that these actions would be completed by June 2016. At this inspection, carried out on 6 and 7 February 2017, we found that the service had made sufficient progress to no longer be in breach of this regulation.

The people we spoke with told us that there had been an improvement in the time it took staff to attend to people's needs. One person who used the service said, "Staff come quickly; I can't complain about that." Another person told us that the length of time they waited for assistance varied but that it was generally, "Okay."

The relatives we spoke with agreed. One told us that call bells were being answered much more quickly. When we asked another relative about the promptness of staff to respond to requests for assistance, they told us this was, "Better." A third relative said, "There have been issues in the past, mainly staffing and [call] bells ringing but lately I have noticed a big improvement in these areas." Staff agreed that, although they were busy, there were enough of them to meet people's needs.

The service had regular checks in place to ensure call bells were answered promptly and, where issues had been identified, actions had been taken to address these. These included the identification of any contributing factors and discussions in daily meetings. A dependency tool was used to calculate staffing levels and agency staff used for any shortfalls. During our inspection, we saw that call bells were answered in an appropriate amount of time and that people weren't left waiting for assistance.

The service had processes in place to help protect people from the risk of abuse. Most staff had received training in safeguarding and could identify symptoms that may indicate a person was experiencing abuse. Staff told us that they would report any concerns they may have to senior staff.

The risks relating to the building, environment and working practices had been identified, reviewed, regularly assessed and managed. Regular maintenance checks and servicing of the environment and equipment were in place. Accidents and incidents were recorded and appropriate action taken in response. The provider's senior management team had remote access to this information and the system used could generate reports to help identify any trends or contributing factors. This assisted in mitigating future risk.

The provider had a recruitment policy in place that reduced the risk of employing staff that were not suitable to work in the service. This included the completion of background checks and an interview by two members of senior staff. Staff did not start in post till satisfactory checks were completed.

Is the service effective?

Our findings

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 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 were being met.

The service did not consistently work within the principles of the MCA. This was because we found examples where people's human rights were not always respected.

The service had contacted a health professional on behalf of a person who used the service. However, there was confusion over whether this person had the capacity to make this decision or whether their family were required to make this decision for them. No assessment for this had been completed prior to the health professional visit or since even though additional visits had been received. There was no evidence that relevant others had been consulted in the decision. In addition, the person's care plan stated that their relative had authority to make some decisions on their behalf. However, the type of decision was not recorded and no copy of the associated legal document could be found. No attempt to clarify this had been made at the time of requesting or receiving healthcare intervention or since.

Records showed that for another person, their end of life wishes had been discussed with their relatives but not with them. The reason recorded for this stated that the person was unable to participate due to them being unwell with an infection. Under the principles of the MCA, all practicable steps must be taken to help a person make a decision. In addition, if a person's capacity is likely to improve then decisions should be delayed if appropriate. At the time of discussion, the decisions made were not urgent and the service did not demonstrate they did all that was practicable to assist this person to make their own decisions.

These concerns constituted a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had made some applications for authorisation to deprive a person of their liberty but none had yet been processed. Staff had received training in the MCA and although they could demonstrate how to assist people to make choices, their knowledge around MCA and DoLS was poor. When we discussed the MCA with the registered manager, they demonstrated a good working knowledge of this and how it impacted on the people who used the service.

The people we spoke with told us that staff had knowledge in their roles and the appropriate skills to provide care and support. One person who used the service told us, "Staff are very good, they know what they're doing." People's relatives agreed. One told us that they had confidence in the staff and their abilities to care for their family member. They concluded, "I never come away with worries in relation to the care. [Family member] is safe and well cared for."

Staff told us that they felt supported in their roles and received the information and guidance they needed in order to perform their roles. New staff received an induction which included the shadowing of more experienced staff and training. One staff member told us that they did not assist people to transfer with the use of moving and handling equipment until they had received practical training in this. Most training was delivered via eLearning and while this suited some staff, one staff member told us they preferred face to face training. They said, "It sinks in more." Most staff were up to date with their training and demonstrated good practice when providing care and support to people.

The registered manager told us that the service had worked hard at ensuring staff training was up to date and this was demonstrated in the training records we viewed. In addition, we saw that staff had supervision programmes in place and that they had begun to receive these sessions. The registered manager had also identified that staff appraisals were out of date. They had a plan in place to address this and those staff that had been in post for some years had begun to receive appraisals. The registered manager told us that their priority was completing the appraisals of those staff that had been in post for two years or more. This would help to ensure competency in their roles.

Most people had their nutritional needs met. Whilst one person we spoke with told us that the quality of food depended on which cook was on shift, others told us that they enjoyed the food provided. One person described the food as, "Very nice." They told us they had enough to eat and that there was choice in what they had to eat and drink.

We observed lunch being served on one day of our inspection visit. This included those receiving lunch in the dining room and those who chose to take their meal in their room.

In the dining room we saw that people had a choice of where to sit and that adapted cutlery and crockery was available as required. There were staff available throughout the serving of people's meals and that this was completed one table at a time. This ensured that all the people at one table received their meal at the same time and did not leave one person waiting. Those that needed assistance to eat and drink received it. People had a choice in what drink they received and could have both a hot and cold one with their meal if that was their choosing.

Whilst we saw that people received the specialist diets they required, we saw examples where people didn't get the service they needed at a time they required it. One person's meal was delivered to them in their room whilst they were asleep in bed. We saw that they required staff assistance to help them prepare to eat. By the time this person had received this, it was 15 minutes after they had received their meal. For another person, we saw them struggling to sit down at a table in the dining room without being offered assistance.

Information on people's nutritional needs was recorded in their care plans and corresponded with any recommendations made by health professionals. Records within the kitchen, and available to catering staff, correlated with those in people's care plans. A white board within the kitchen also clearly and accurately showed people's needs. Whilst the main meal choices were advertised within the dining room for people to see, no other meal options were on display although they were available. This meant people weren't fully informed of what was available to them.

People told us that they received the healthcare provision they wished for and required. One person who used the service said, "If you want a doctor, they come in." The relatives we spoke with had no concerns in how the service met their family member's healthcare needs. One described a deterioration in their family member's health that occurred overnight. They told us the staff dealt with it immediately and didn't wait for morning before requesting medical assistance. The person's relative said, "Staff were really prompt. It was very good."

The two healthcare professionals we spoke with were complimentary about how the service met people's healthcare needs. They told us this had improved over time and that they had a positive view of the service and how they cared for the people who used it. They told us that staff were available to assist them when they visited, had the records and information they required and were keen for advice. They told us that staff followed their recommendations and, "Wanted to do their best for people." One of these healthcare professionals told us that the service was good at preventing pressure areas and that the occurrence of them had diminished. They said told us that they had seen, "Definite improvements" in the service over recent months.

Is the service caring?

Our findings

The people we spoke with told us that staff were kind and thoughtful. One person who used the service said, "Staff are charming." Another told us, "Staff are caring." One relative we spoke with said, "Staff treat [family member] very well." Another described staff as, "Good and caring" and went on to say, "Staff seem concerned for people." Whilst a third said, "[Family member] is treated both with respect and as if they were the carers own family."

During our inspection we saw that people were treated with kindness. We saw that staff interacted with people in a warm manner that was respectful. We saw appropriate affection was used to comfort and reassure people. On one occasion we heard the registered manager have a conversation with a person who used the service about their experiences. The registered manager was engaged, interested and had time for the person. The conversation was respectful and affirming.

People were treated with respect. One person who used the service told us that staff were, "Kind, respectful and patient." During our inspection, we saw a staff member respectfully intervene when a disagreement occurred amongst some people who used the service. The staff member calmly explained the options people had in order to meet all their wishes. They gave people the information they needed and offered assistance in order to rectify the issue whilst offering people choice.

When we spoke with staff they were able to tell us about the people they supported. They told us about their personalities, likes, dislikes and needs. Staff could tell us what assistance people required and how they delivered this. One staff member gave us an example of how they supported one person that demonstrated insight into their needs and showed respect for their values. Another staff member told us how one person enjoyed choosing their clothes for the day and how important this was to them. This staff member was able to tell us the risks to people and how they provided support to reduce these risks.

Staff mostly provided care that maintained people's dignity and confidentiality and provided them with choice. One staff member gave us examples of how they offered people choice that demonstrated an understanding of the importance of this. They said, "You go by people's needs." However, we did see one example of inappropriate recording in relation to a person's care plan. The record did not demonstrate dignity and respect for the person although this was clearly a quote from the person themselves. However, discretion had been required in how this was recorded and this had not happened.

We also saw some examples where people's dignity wasn't always maintained. During lunch, we saw that staff did not always ask permission before placing clothes protectors on people. However, dialogue was entered into although this was sometimes to tell the person what the staff member was doing rather than asking their consent. We also noticed that not all staff explained what the meal was that they were serving to people.

During our inspection we saw that confidential records were secured at all times and that none were left unattended. Personal care was provided behind closed doors and we saw that, for one person who required

repositioning in their chair, they were assisted into a private area for staff to support them with this. On another occasion, we saw that when a staff member assisted a person into the communal living area, they consulted with them on where they wished to sit, what they wanted to do and what channel they wanted on the television.

People's independence was encouraged and care was provided in a way that supported this. One staff member explained to us how they encouraged independence. Another staff member said they encouraged and supported people to do what they could for themselves whilst checking how they were feeling. During our inspection, we saw a staff member assist a person to mobilise. The staff member showed encouragement and provided instructions to assist the person. We also saw from the care plans we viewed that people's abilities were taken into account and that the records supported staff in maintaining people's independence.

We mostly saw good examples of where people had been involved in the planning of their care although this wasn't demonstrated completely. Most care plans contained quotes from people who used the service that gave a sense of their personalities and their wishes. It was clear from the quotes contained in the care plans that people had been involved however for those few care plans that didn't contain these, no signatures had been obtained to say they agreed with the plan of care.

There were no restrictions on visiting times and people's friends and family could visit anytime. One relative we spoke with said of the staff, "They make you feel welcome." Another relative told us how the deputy manager in particular always had time to speak with them when they visited the home. They said, "[Deputy manager] is always willing to have a word." The home provided both private and a number of communal areas for people to spend time with their friends and family and refreshments were available for visitors.

Is the service responsive?

Our findings

We viewed the care and support records for 12 people who used the service although not all in depth. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner.

Each care plan we viewed was individual to the person and had been updated on a regular basis. However, the quality of information varied amongst the care plans we viewed. For the majority, they recorded a good amount of personal detail that assisted staff to deliver care in an individual manner. Care plans contained individual quotes from people and most had lots of information to guide staff.

However, this level of detail was not evident across all the care plans we viewed and some omitted important and relevant information to guide staff. One person was on a specific medicine and had a care plan in place for this. It said that staff needed to know what food and drink may adversely impact on this medicine but gave no information on what this was. For another person who was at risk of infections, their care plan asked staff to monitor signs of ill health in regards to this but again no indication of what these symptoms may be and how it would impact on the person was recorded. For a third person we saw no care plan in place for a diagnosed medical condition that was currently impacting on their health and wellbeing. When we brought this to the attention of the resident experience care specialist they told us that they would expect to see a care plan in place for this.

Care plans were complex and detailed and although accurate, some needed rewriting in order for staff to be able to easily locate the information they needed to assist people. If people's needs had changed, these updates were recorded in the review section. However, it meant that staff had to read through a great deal of information in order to understand the changing and current needs of the person. On discussion with staff, they demonstrated an understanding of the needs of people however without the recording of important information, there was a risk people's needs would not be met.

We saw no evidence that formal reviews of care had taken place with people and their relatives as appropriate. However, people told us that staff consulted with them. The relatives we spoke with said the service was good at communicating with them and keeping them updated in regards to their family member's care, support and treatment. One relative said, "They're very good at that." Another said staff were always willing to discuss their family member's care and support with them.

The people we spoke with told us that people's needs were met and that staff adhered to personal preferences.

One person who used the service told us that they had assistance to shower each morning as they had requested as well as receiving help when they needed it. Another person told us they had choice in what time they went to bed and what time they rose in the mornings. People told us that staff were busy but that their needs were mostly met. Some people who used the service told us they wished staff had more time to sit and chat with them. One person said, "I seem to spend a lot of time on my own particularly after tea."

Another person said of the staff in relation to them having time to spend with them, "They're always on the go."

All except one of the relatives we spoke with agreed that the care their family member received had improved since we last inspected the service. They told us that staffing levels were better and that this had had a positive impact on the care and support people received. One relative explained how staff now made regular checks on their family member. They went on to say that staff were flexible in meeting their family member's nutritional needs in particular and said, "Staff make an effort to ensure [family member] has the food she wants. If [family member] doesn't like something then they will make an effort to get something else." Another relative told us, "I cannot fault the care [family member] receives." A third relative who told us that the service had improved over the last few months said, "We don't have to worry about [family member], we know she's in good hands."

Staff told us that at times they were rushed but generally had time to meet people's individual needs. They told us that the time they had to spend with people often depended on what colleagues they worked with and whether any agency staff were working alongside of them. However, staff also reported an improvement in staffing levels that in turn had bettered the care and support they were able to provide.

During our inspection, people consistently reported that improvements in the social and leisure provision had recently been made. Since our last inspection, the service had appointed two activities coordinators who worked over five days in order to assist people to participate in leisure activities. One relative we spoke with told us how much better the staff now were in encouraging their family member to participate in social interaction. They told us that although their family member normally preferred not to participate in activities, the staff ensured they were asked and encouraged. Another relative said, "[Family member] particularly enjoys the interaction and the activities provided help to keep [family member] stimulated." Staff agreed that the level of activities had improved.

An activities programme was in place that was varied and that offered two different activities sessions a day for five days a week. The sessions on offer took into account the need for people to be stimulated both mentally and physically and captured any topics that were current. During our inspection we saw a number of activities taking place. They were well attended, stimulating and people were engaged. We saw that the activities provoked memories and discussions and that people were made to feel welcome. The staff member involved encouraged participation and showed respect and engagement when people spoke. We saw that people smiled during the activities and that the atmosphere was lively and stimulating.

The provider had a complaints policy in place to manage any concerns people may have. The people we spoke with who had had cause to complain in the past, told us that they had been happy at how their concerns had been managed, and responded to, by the service. They told us their complaints had been investigated and that the service had responded within the specified timeframe and appropriately.

Is the service well-led?

Our findings

At our inspection carried out in April 2016, we found that the service had failed to implement effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice on the registered persons at the time of the inspection informing them that they had to comply with this regulation by 20 June 2016.

We completed a further inspection on 1 September 2016 to assess whether the provider was compliant with the warning notice. We found that the necessary improvements had not been made and that the provider was still in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, carried out in February 2017, although some progress had been made, further improvements were still required and the provider remained in breach of this regulation.

During our inspections carried out in April 2016 and September 2016, we found concerns in the management of people's medicines. The provider had an auditing system in place to monitor medicines management but this had not been effective at identifying and rectifying concerns.

At this inspection, carried out in February 2017, we found continued concerns in relation to the governance of the home. A number of audits were in place, and had been completed, that monitored and assessed the medicines management systems within the home. However, these had continued to fail at identifying concerns, omissions and anomalies. This put people at risk. Care plan audits were also being completed. However, these had failed to identify that the service was not fully compliant with the MCA. The care plan audits had also not been effective at identifying recording anomalies and information omissions. The audits had continued to fail to identify and rectify the issues highlighted in this report.

The provider's monitoring system had also failed to identify gaps in people's care records. The service had assessed that two people required their fluid intake to be recorded and monitored due to ill health. These records were kept in people's rooms and each showed a target amount of fluid required each day. We saw that there were significant gaps in the records for both these people and that the total amount of fluid fell significantly short of the targeted amount each day.

The action plan dated 3 January 2017 that the provider had in place for the service, showed that senior carers were checking room documentation and signing to verify their completion. We saw that staff were checking, and signing, the documentation in people's rooms however they had failed to identify the significant gaps and action these omissions.

For two other people, we saw that staff had incorrectly assessed and recorded the overall risk level in regards to their malnutrition risk. The people involved had not come to harm as a result of these errors however the risk for future negative impact was present due to the recording anomalies.

We concluded that the provider had not maintained an accurate, complete and contemporaneous record in

respect of people who used the service.

These concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspections carried out in April 2016 and September 2016, we also found that, at times, people had to wait for assistance. A dependency tool was used by the provider to calculate the amount of staff needed to effectively meet people's individual needs. In addition, at our September 2016 inspection, we found that the provider had initiated regular checks on people according to the level of risk they faced. This was due to a fault with the call bell system. However, these had not been completed as requested by the provider. The systems they had in place to monitor whether people were receiving timely assistance had failed to identify that people were waiting unreasonable amounts of time.

At this inspection, carried out in February 2017, we found that improvements had been made and that people's needs were being met in a timelier manner. The people we spoke with agreed that staff response times had improved. The provider was continuing to calculate staffing levels by the use of a dependency tool but had also introduced other measures to monitor this aspect of the service. Call bell records were being checked most days and, where delays had occurred, actions had been taken to address this with the staff on a regular basis. An analysis of any delays was undertaken and we saw that potential causes had been identified. The service was also in the process of confirming final plans for a new call bell system to be installed.

The provider had additional audits in place to monitor the quality of the service that were effective. For example, a housekeeping audit was undertaken on a regular basis and we saw that the home was clean and clutter free with no odours. Health and safety and information governance audits were also undertaken. The regional manager visited the home on a monthly basis to complete their own audit of the service. We viewed the monthly audits from September 2016 onwards. These showed that although further improvements were required in the completion and quality of the monitoring audits, improvements had been noted and these correlated with the findings in this report.

The records in relation to complaints were varied. For some, we could see what actions the service had taken and when. However, for others, although we know they had been actioned appropriately, records weren't in place to demonstrate this. In addition, no overview of complaints was in place. This meant that it would be difficult for the service to identify any trends in people's concerns and therefore put plans in place to develop and improve the service.

The service had a registered manager in post who had started in late December 2016. The previous registered manager had left in July 2016 and the service had seen a number of temporary managers in the interim which had hindered the stability of the home, its staff and processes. The service had reported incidents to CQC as required by law however some of these had been retrospective. During our inspection, we found one incident that had not been reported as required.

The new management team for the home had not been in post long however the people we spoke with were complimentary about both the deputy manager and registered manager. They told us that improvements had been made under their management and that they had more confidence in the service with them in post. People told us they were approachable, proactive and visible. One person who used the service told us, "I think things are better than they were; more stable." Another person described the registered manager as, "A nice fellow" and went on to say, "It's a very good service." A third person told us, "I'm very happy."

The relatives we spoke with agreed without exception. One told us, "There have been changes for the better." They went on to say, "I'd find it hard to find something to complain about." Another relative said of the registered manager, "They seem very pleasant. Things are definitely more efficient, less chaotic, and calmer." This relative said of the deputy manager, "They get it done. They deal with issues there and then." A third relative told us that they now felt more comfortable knowing their family member was at the home. A healthcare professional told us, "There have been definite improvements. The atmosphere feels good. I have a positive view of St Mary's."

Staff told us that the management team supported them, were helpful and that they made them feel appreciated. One staff member said, "[Registered manager] is really supportive and approachable. They're hands on." Another staff member told us, "We have [registered manager] now who's very approachable and hands on." They went on to say that the registered manager made an effort to thank them for the work they did. A third staff member described the management team as, "Receptive."

During our inspection we saw that both the registered manager and deputy manager were visible and interacting with those that used the service, staff and visitors. The home ran smoothly and staff were visible for most of our visit. Since our last inspection, changes had been made in how staff were deployed and they were clear on their responsibilities for the entirety of the shift. At the start of each shift, staff were handed an allocation sheet that gave them an overview of people's needs and their responsibilities.

The people who used the service, their relatives, healthcare professionals and staff had regular opportunities to provide feedback to the service. Electronic tablets were available for people to input feedback at any time with one positioned permanently in the foyer of the home. Meetings were held for the people who used the service, their relatives and staff where feedback could be given and the service discussed. We saw that where negative feedback had been given, the service had discussed this with the individual and responded appropriately. For example, a new menu was due to be implemented after a number of people had made suggestions and provided constructive feedback.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent for care and treatment had not been sought in line with the Mental Capacity Act 2005 (MCA) and associated code of practice.</p> <p>Regulation 11(1)(2)(3)(4) and (5)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service had failed to implement effective systems to assess, monitor and improve the quality of the service.</p> <p>The service had failed to maintain an accurate, complete and contemporaneous record in respect of each person who used the service.</p> <p>Regulation 17(1)(2)(a)(b) and (c)</p>

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service had failed to assess, and do all that is reasonably practicable, to mitigate the risks to the health and safety of the people who used the service.</p> <p>Regulation 12(1)(2)(a)(b) and (f)</p>

The enforcement action we took:

NoP to impose a condition.