

St Marks Care Home Limited

# St Marks Residential 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?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

St Marks is a residential care home providing accommodation and personal care for up to 17 people aged 65 years and over, in one adapted building. The service provides support to people who are vulnerable due to their age and frailty, including varying levels of dementia related needs. At the time of our inspection there were 13 people using the service.

### People's experience of using this service and what we found

People and their relatives told us they had seen improvement in the care and support delivered. Whilst this inspection found some improvements had been made across the service, the providers approach continues to be reactive and not proactive in driving improvement.

Provider governance systems needed development to provide an accurate overview of the service and independently inform an ongoing plan for improvement and development. There was a lack of review and evaluation to complete the quality monitoring cycle and demonstrate the quality of the service was continually improving and developing to provide good outcomes for people.

Improvement was still needed in many areas, including staff recruitment and workforce planning, staff training and support, dementia care provision, accessible communication standards and communication, end of life care and the complaints process. We have made recommendations to the provider regarding all of these areas.

The environment was cleaner and safer. The service was undergoing a redecoration and refurbishment programme.

Positive relationships between people and staff had started to be established. There was positive feedback about the senior staff, including approachability and good communication.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate for the second time (published 22 June 2022)

At this inspection we found some improvements had been made however the provider remained in breach of Regulations 9, 17 and 18. This service has been in Special Measures since April 2021.

### Why we inspected

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

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

### Enforcement and Recommendations

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

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

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. The local authority quality monitoring teams continue to monitor the service to ensure the safety and welfare of people living at there.

The overall rating for this service is 'Requires improvement'. However, the service remains in 'Special Measures'.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led

**Inadequate** ●

# St Marks Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

St Marks Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Marks Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. The registered manager was also the sole director of the company which owned the service, also known as the registered provider. However, the

registered manager was not managing the home on a day to day basis, this was done by the 'home manager'.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 31 August 2022 and ended on 15 September 2022. We visited the location on 31 August and 1 September 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with eight members of staff including the new home manager, the assistant manager, the administrator, three care staff, the cook and the activity person. The registered manager did not participate within the inspection process and the new home manager assisted the inspectors during their visits.

We spoke with five people. We reviewed a range of documents and records. These included people's care, support and medicine records, policies and procedures, staff personnel records relating to recruitment, training, development and supervision, and records relating to the running of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence we found.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was a risk that people could be harmed. Increased scrutiny of systems to assess, monitor and mitigate risks to the health, safety and welfare of people was needed to ensure shortfalls were not overlooked.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvement was still needed to ensure people received consistently safe care and were protected from the risk of harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Fire prevention and precaution measures were improved but shortfalls remained. Most people's personal emergency evacuation plans (PEEPs) considered all essential information for a safe evacuation and were reviewed monthly, or as needed. However, one person's PEEP was not included in the fire safety file, another contained errors which provided an inaccurate assessment and historical PEEPs had not been removed from the file. All of which, in an emergency, could cause confusion and put lives at risk.
- People identified at risk of acquiring a pressure ulcer had appropriate pressure-relieving equipment in place and staff assisted them to re-position regularly to help reduce the risk.
- Records showed pressure relieving mattresses were checked daily to ensure they were working and at correct setting. However, the records did not inform staff of the safety checks that should be carried out according to manufacturer's guidance, including the correct settings according to the individual's comfort and weight distribution. It was unclear what the ticks on the check lists related to.
- Action had been taken to improve the safety of individuals with swallowing difficulties (dysphagia) from the potential risk of choking. Staff had received training. Choking risk assessments and associated care plans showed the symptoms each person experienced in relation to how dysphagia affected them and the type and level of support they needed to mitigate their risk of choking. This included textures and types of foods and thickness of fluids required to meet people's individual nutritional needs safely.
- A culture of learning still needed to be developed. There was no record of actions and lessons learned taken forward from recent events such as inspections, incidents and safeguarding to minimise reoccurrence and demonstrate that any new systems were working as they should.
- Lessons had not been learned where things had previously gone wrong in relation to workmen in the home. Various contractors were working on site installing a new fire alarm system and new floor covering. A spray adhesive, a hazardous and flammable substance, was left unsecured and accessible to people. Specific risk assessment and control measures were not in place to ensure each contractor was aware of health and safety measures in a residential care home and any special considerations relating to people

living there.

## Staffing and recruitment

At our last inspection the provider failed to ensure enough suitably qualified, competent, skilled and experienced staff were deployed to meet people's needs, at all times, and ensure safe, good quality care. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of Regulation 18.

- On the days of our inspection there were enough staff deployed to meet people's needs but this was not reflective of the staff rota. On our first day we were told a staff member was coming in to do admin; they were scheduled as having a 'day off' on the rota. Throughout their shift they were observed providing care and support to people.
- There had been a turnover in staff, new appointments and changes to some staff roles. Catering and domestic hours were now covered seven days a week. This meant weekend care staff no longer covered these additional tasks which took them away from care.
- The manager had calculated staff hours on a timed task basis and not according to people's specific and individual needs. This and the following weeks rota had not changed to reflect people's change in need.
- People did not receive a bath or shower when they got up in the morning. Time was not considered within calculations to ensure there were enough staff to support people to have a bath or shower in the afternoon, as and when they required one.
- The rota showed some staff continued to work 13-hour shifts and some worked over 60-hour weeks which can have an increased risk for reduced performance and patience, and fatigue related errors. There were no staff facilities to enable them to take their break separately from their work which meant breaks were taken either in the communal areas or the garden.

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

- Improvement to recruitment practices was still needed to ensure people are protected from the employment of unsuitable staff. New staff application forms for employment did not contain the information required in law regarding the prospective employee's full employment history; this had not been explored and recorded. The providers recruitment policy was incorrect stating only the last ten years of employment was required.

We recommend the provider consider current guidance in relation to effective recruitment to ensure a suitable workforce is employed to safely meet people's needs.

## Systems and processes to safeguard people from the risk of abuse

- People looked comfortable and had a good rapport with staff supporting them.
- Staff had received training in safeguarding and had an awareness and understanding of abuse and their responsibilities to protect people. They were able to explain what they would do if they had concerns about anyone.

## Preventing and controlling infection



- The environment was a lot cleaner; soiled furniture had been renewed and staff checked mattresses regularly for cleanliness and quality.
- Cleaning hours had been increased to include the weekend, however, enhanced or more frequent cleaning was not observed throughout the day. After the inspection the home manager submitted check lists signed by staff declaring door handles were cleaned each morning, afternoon and night.
- Action had been taken to address all shortfalls identified at our last inspection and the local infection control team audit. This improved infection prevention and control measures and COVID-19 preparedness in the home.
- In the absence of a sluice facility or equivalent for the emptying, cleaning and disinfecting of commodes; the provider still did not have a system in place for the cleaning and decontamination of commodes to reduce the risk of cross infection. The providers infection control policy and decontamination policy did not include guidance for staff in a decontamination process for commodes. We were told there were plans to install a sluice facility however we have not received any assurance as to how this will be remedied in the interim.

#### Visiting in care homes

- Visiting arrangements were aligned to government guidance on visiting in care homes.

#### Using medicines safely

- People received their medicines as prescribed by the doctor, in a safe, supportive and timely way.
- Staff received training and were assessed as competent before they administered medicines to people. They prompted, encouraged and reassured people as they took their medicines and gave them time to take them safely.
- Protocol templates generated for medicines prescribed to be taken 'as and when required' (PRN) had not been personalised or reviewed and contained information that was not relevant to the person.
- Medication audits were carried out to identify any errors, however lack of personalisation in PRN protocols had not been identified.
- For people who were unable to talk to staff about their pain, assessment tools were not in use. These would support staff in identifying verbal and non-verbal indicators that a person was showing signs of discomfort, so they could give them their painkillers.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

At our last inspection we found there continued to be a failure to ensure staff employed received such appropriate support, training, professional development and supervision as is necessary to enable them to carry out their duties and meet people's needs effectively.

Not enough improvement had been made at this inspection and the provider remains in breach of Regulation 18.

- Staff had completed e-learning in core subjects needed to do their job.
- Staff learning and development continued to be insufficient. Staff training was not proactively planned for or monitored in line with people's specific needs, staff learning gaps or best practice.
- Following our last inspection, the provider told us champion roles for named staff members had been introduced. A champion is regarded as an internal expert on a subject matter who support the wider staff team to deliver best practice.
- Eight staff had a champion lead role, some in more than one subject. No further action had been taken since our last inspection to support and develop staff in their champion roles. Although we noted a dementia interpreter three hour workshop was scheduled for the manager and deputy manager in November 2022. The workshop enables delegates the opportunity to experience the same communication barriers a person living with dementia may experience.
- Staff did not have a personalised development plan which reflected professional development or specialisms linked to their role or the needs of people they cared for.
- Whilst we acknowledge there are various forms of supervision such as group and assessment of competency and knowledge. Staff did not receive regular, protected and recorded supervision time to have a planned two-way discussion about care practice issues, learning gaps and development needs. The on-going monitoring and assessment of staff helps ensure the effective support of people using the service.

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

- The service has not had any new admissions since our last inspection.
- People living at St Marks were at various stages of their dementia, ranging from mid stages to advanced stages. There was still no plan as to how the service was to keep up to date and develop positively in this area.
- The provider's dementia care policy referred to best practice guidance in relation to the physical

environment and design, accessible information standards, promoting independence, care planning, advanced care planning, accredited staff training, reflective learning and effective supervision and dementia care quality assurance programme. Our findings did not reflect this policy.

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

At our last inspection the provider failed to ensure people were supported to eat and drink enough to maintain a balanced diet. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People's mealtime experience had improved since our last inspection.
- Where people were at risk of poor nutrition appropriate healthcare professionals were consulted for support and advice.
- There were arrangements in place for the new chef to provide fortified, high calorific foods and drinks such as full milk, cream and smoothies to help to promote weight gain for treating poor dietary intake and unintentional weight loss.
- Moulds for softened/pureed foods to help a resemblance of the original form and insulated plates to keep food warm for people slow at eating had been introduced.
- People were regularly offered and supported with drinks. Jugs of juice and beakers were placed in communal areas. The introduction of a hydration trolley provided jelly, juice, flavoured water and fresh fruit to promote hydration during the hot weather.
- Our observation of mealtime showed staff were patient and supportive whilst encouraging, prompting and assisting people to eat.
- The new chef was exploring people's preferences and choice to introduce to the menu.
- Since our last inspection people were supported to sit at a dining table to eat their meals and were more engaged with mealtimes.

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

- Improvement was needed to maximise the suitability of the premises and provide an enabling environment for the benefit of people using it and living with dementia.
- A programme of redecoration and refurbishment was underway. Consideration had not been given to provide an enabling environment to meet needs of people living with dementia and/or sensory needs. Such as colouring, signage and sensory stimuli to assist people with recognition, orientation and interest.
- The garden had been tidied up to enable people to sit outside safely.

We recommend that the service seek advice and guidance from a reputable source about the design of dementia specific settings to maximise the safety and suitability of the environment for the benefit of people with dementia using the service.

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

- People were supported to access healthcare services and support such as chiropodist, dietician and speech and language therapists (SALT) for those people with swallowing difficulties.
- The service has and continues to experience challenges in accessing a community dentist. Some people

had seen the dentist following a referral submitted last year. Others were still waiting to be seen.

- A nurse practitioner from the local GP surgery visited the service each week to review people's health needs.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity and were deprived of their liberty, the manager had submitted applications to the local authority to seek authorisation to ensure this was lawful.
- Electronic care plans contained generalised statements regarding people's capacity. Some had not been personalised to reflect how a person might express themselves and indicate agreement, preference or choice in various situations.
- Staff promoted choice and options with people when they were supporting them.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people were not consistently supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider failed to ensure a positive culture that was person-centred, inclusive and empowering which achieved good outcomes for people. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 9.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- Whilst staff were seen to be attentive, caring and respectful, improvement was still needed to ensure people were well treated and supported.
- Care records were not consistently accurate or personalised to guide staff on how to deliver the right care and support to people. People's end of life wishes and preferences may not consistently be recorded and acted on.
- There was a lack of choice and/or availability of personal care such as bathing and showering.
- People were not being supported to maintain their oral health. Poor oral hygiene can lead to pain and poor eating and drinking.
- Family members told us they were satisfied with the standard of care delivered to their relatives. They found senior staff to be approachable, helpful and informative.
- People appeared at ease with staff. Some staff had a good rapport with people and interacted well with lots of smiling and laughter. Some compassionate and trusting exchanges between staff and people were observed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to sit in the dining room to take their meals, which stimulated mobility and social inclusion.
- Adapted cutlery and crockery had been purchased to assist people to eat more independently and with dignity.
- Moist tissues were available for people to wipe their mouth and fingers.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Plans of care contained more information and were more personalised. However, plans of care were vague in relation to the varying stage of dementia people were at, their strengths and abilities and the nature and level of support they each needed to keep their best independence and promote their wellbeing.
- Some plans contained conflicting information which meant people were at risk of receiving the wrong care. We were told this was a fault in the digital system and this was being addressed
- Daily records had improved with detail of a person's day, but this was inconsistent according to who was completing them. If an issue was identified one day this was not followed through by the next staff member in daily records. This meant an outcome was not always concluded, issues were not monitored in a structured and recorded way to identify changing needs and inform re-assessment of needs.
- Feedback regarding the activity staff member continued to be positive. A range of social events had been arranged with the help of some people which included a family barbeque, clowns' day, animal petting day, singing with visiting musicians.
- Activity provision was not always at a level which met the individual and specific needs of some people using the service. Whilst some people thoroughly enjoyed group activities, others were unable to take part due to cognitive and/or sensory loss. Further consideration is needed to improve the level of interaction people experience on an individual basis to promote their well-being and meet their emotional needs.
- Although detailed oral healthcare plans were in place, some people's toothbrushes were bone dry indicating they had not been used although they had been supported to get up and dressed. This was shown to the manager. The home manager had scheduled oral healthcare training for staff during the next few days and said they hoped this will improve awareness and practice in people's oral hygiene.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There continued to be a lack of reasonable adjustments for people with a hearing loss and the Accessible Information Standard was not embedded in the culture of the home which meant there was a risk people's care and support was not delivered in a way they could understand.

- People's individual communication needs had been assessed. Care plans lacked detail on how staff could support people effectively with their communication needs and inconsistent support was provided.
- We were told a staff member was learning British Sign Language (BSL) to help them communicate with a deaf person. Although they said they were cascading the learning to other staff the person's care plan did not reflect any signs in use nor were there any pictures of relevant signs from the BSL dictionary to reinforce with staff learning and use.
- In response to a person's feedback questionnaire a clock was placed on the wall of the communal lounge. The clock was small. Consideration was not given to the size of the hands and numbers to enable everybody to see it.
- The home's service user guide which included the complaint process had been produced in large print with some pictures. Further consideration is needed regarding a font that is very clear.

We recommend that the provider seek advice and guidance from a reputable source such as The UK Association of Accessible Formats (UKAAF) about the creation and provision of accessible formats for the benefit of people using the service.

We recommend that the provider seek advice and guidance from a reputable source such as Royal National Institute for Deaf People (RNID) about communication support.

#### Improving care quality in response to complaints or concerns

- Some relative's questionnaire responses stated they were not familiar with the service complaints policy and procedure. In response the policy was put on display in the entrance of the service and an easy read format with larger print and pictures into the service user guide for people and their visitors to refer to if needed.
- The complaints policy had not been checked and contained incorrect information. It did not inform people of the correct route to refer their complaint to the Local Government and Social Care Ombudsman for independent review if they were not satisfied with the provider's response, and not the CQC. It also stated serious complaints may be escalated to the appropriate bodies which included the providers external consultant. The use of the providers external consultant would not provide an independent review of the complaint.

We recommend that the provider seek advice and guidance from a reputable source about complaints management.

#### End of life care and support

- Plans for supporting people at the end stage of their life were brief. They did not demonstrate how staff were to respond to the person's specific and individual needs, choices and preferences at the end of their life. They did not reflect advanced directives, co-ordination of care and arrangements in place for rapid access to support a dignified and pain free death.
- There were no systems in place for people who have greater difficulty communicating and may not be able to report their pain and discomfort. Which meant staff were not able to assess and monitor the level of pain a person may be experiencing in a consistent way, to report to a healthcare professional and ensure adequate pain relief.
- Dementia is a terminal illness. Meaningful conversation with people as part of their ongoing assessments and reviews would help to prepare a plan for the delivery of end of life care. Staff had not received training in this area and the registered manager had not sought advice about how to plan for this need.

We recommend the provider seek guidance about best practice in end of life care to enhance experience

and safety of people receiving palliative care.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating for this key question remains inadequate. This meant the leadership, governance and culture does not assure the delivery of high quality, person centred care and does not support learning and innovation. We need to see effective development to support, embed and sustain the delivery of high quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection we found there continued to be a failure to recognise and identify significant failings impacting on the quality and safety of service provision and a continued lack of consistency in how well the service is managed and led. This is a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

- The registered manager, also the sole director of the registered provider's company had recruited a new management and senior team. They were also using the service of a new external consultant to support the management team.
- The new manager had applied to the Commission to become the registered manager. There was no succession plan in place. The provider had no overall vision for the continuing improvement, direction or development of the service for the long-term ensuring management, staff and the consultant knew what was expected of them.
- The provider had appointed the new manager as the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. It was unclear how this worked or how the provider was going to fulfil their legal responsibility. The manager told us they received support and supervision from the consultant, but this was not formalised or recorded.
- Action had been taken to address some of the failings identified by previous inspections and the local authority. People, relatives, staff and stakeholders told us some improvement was noticeable across all aspects of the service.
- A quality culture still needed to be established to ensure any future shortfalls would be independently identified and pro-actively addressed, improvements were being embedded and capable of being sustained.
- A range of audits and checks were carried out which provided the quality governance framework. Further work was needed in order to complete the quality monitoring cycle and provide an overview of the

information gathered to identify the weaknesses and strengths of the service delivered; see what could be done better and drive improvement. This would demonstrate the quality of the service was continually improving and developing to provide good outcomes for people.

- The providers policies had still not been checked to ensure they were correct and reflected the service being delivered at St Marks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's policy for dementia care states they used recommended methods and tools such as 'National dementia mapping tools' to enable them to evaluate the impact on people living with dementia using their service. This was not the case.
- The manager was unable to demonstrate how the views and experiences of people with more complex needs were explored and how involvement in their care was promoted.
- Written questionnaires were completed either by the person or on their behalf as a method for gathering their views, which was not the best method where it had been established, they lacked capacity to retain or process information.
- Questions in feedback surveys were not adapted accordingly for the varied professional visitors to the service such as the community nurse and the hairdresser. This meant they may be interpreted differently, and responses would be unreliable.
- Regular staff meetings had started. Records showed how the meetings had been used as a forum to discuss outcomes of the Commissions inspections and the improvements needed, however staff were not engaged in an improvement plan.
- Poor team working was identified in some staff surveys. The manager said they were going to address this through organising social events outside of work. Whilst this provides an opportunity to get to know other staff members, there was no plan in place for structured team building.
- There was no clear set of values, aims and aspirations for the service which staff could follow or be a part of.
- A staff member raised they experienced stress from the local authority and the Commission's reports and the manager putting pressure on them. There were no support mechanisms in place for staff.
- There had been a lot of staff change including recruitment of new staff, change of roles and introduction of new roles. The provider did not have systems in place to follow up on staff progress. There was a lack of overview to ensure that the quality expected from them was being delivered and any further training and support required was identified. This did not give staff the opportunity for their voice to be heard or support they needed to secure their development to meet the needs of people safely.

Working in partnership with others

- Steps had been taken by the activity person to network with other organisations with a view to improving engagement and stimulation for people and improve their wellbeing.
- There was no evidence to demonstrate the service had engaged in local and national forums or development groups which would assist in gathering best practice knowledge to support improvements in the service, for example dementia care.