Grace and Compassion Benedictines

St Mary's House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 23 May 2017. St Mary's House is a residential care home that provides care and support for up to 17 people. On the day of the inspection, 16 people were living at the home. St Mary's House provides support for people living with varying stages of dementia, diabetes, mental health needs and long term healthcare conditions. The provider, Grace and Compassion Benedictines, is a Christian organisation and the home is connected to a convent. The home is run by the Sisters and care staff who work alongside each other. The home is open to people of any or no religious beliefs.

The home had a registered manager in post. They were not present on the day of the inspection but the provider's Director of Care was at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 9 April 2015 we identified some areas of practice that were not consistently safe. At this inspection we found that these concerns had been addressed and were now meeting the required standards. Staff were clear about their responsibilities with regard to keeping people safe and risks were identified, assessed and managed effectively.

People were receiving their medicines and there were enough staff on duty to care for people safely. One person told us, "I feel safe all the time, the carers look after me." A relative said, "I know I can leave my dad here and not worry at all, I have no concerns for his welfare".

Staff were receiving the training and support they needed to carry out their roles effectively. People had confidence in the skills of the staff and felt they were well trained. One person said, "They always seem to be training for something, so I'm very happy they can look after me". Staff had a clear understanding of their responsibilities with regard to the Mental Capacity Act (MCA) 2015 and sought consent from people before providing care. People were supported to access the health and care services they needed.

People were receiving the food and drink they needed. They spoke very highly of the standard of the food at St Mary's House. One person said, "Food is very good, of top hotel standard," another person said, "The food is excellent, (the chef) could leave and open her own restaurant."

People and their relatives told us they were very happy with the care they received. They spoke highly of the staff, describing positive relationships and a kind and caring approach. One person said, "I love the staff, they look after me well, and are interested in what I say." Staff treated people with respect and maintained their privacy and dignity. People told us they had been involved in planning their care and felt that their views were listened to.

There was a range of activities organised on a daily basis and people told us that they enjoyed participating.

Staff encouraged and supported people to follow their interests and to maintain relationships that were important to them. One person had given up art but staff persuaded them to try taking it up again and they were participating in the art class regularly. They told us they, "Really love the class." There was a complaints system and people knew how to raise any concerns. They said they would feel comfortable to do so but had not needed to do so.

People, relatives and staff spoke highly of the management of the home. One person said, "I cannot think of anything that could be improved, they do an excellent job, they do everything well." A relative said, "I honestly can't praise it enough. The staff respect each other and work as a team all the time." A staff member said, "I think it's very well led. I wouldn't have stayed here so long if I thought differently." There were effective governance systems to provide oversight, to monitor the quality of the care and to drive improvements. The visions and values of the service were embedded within practice and staff had developed positive links within the local community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people were identified, assessed and managed. People were supported to maintain their freedom.

Staff had a clear understanding of their responsibilities with regard to keeping people safe. There were enough staff to care for people safely and the recruitment system was robust.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to be effective in their roles.

Staff had a firm understanding of their responsibilities with regard to the Mental Capacity Act 2005 and sought consent from people appropriately.

People received the support they needed to have enough to eat and drink and to access health care services.

Is the service caring?

Good

Staff were caring.

People were supported by staff who knew them well and with whom they had developed positive relationships.

Staff were caring and kind in their approach and supported people to express their views about their care.

People were treated with respect and their dignity and privacy was protected.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised and responsive to their needs.

People were supported to follow their interests and to remain active and engaged with their local community.

People knew how to make a complaint and felt comfortable to do so.

Is the service well-led?

Good

The service was well- led.

There was visible leadership and staff knew what was expected of them.

There were robust systems and processes to monitor the quality of the care provided and to drive improvements.

The vision and values of the home were embedded within staff practice.

St Mary's House

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 23 May 2017 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

We spoke with seven people who use the service and one relative. We interviewed four members of staff and spoke with the Director of Care and a visiting health care professional. We looked at a range of documents including policies and procedures, care records for five people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed seven staff files including recruitment, supervision and training information as well as team meeting minutes and the provider's information systems. We observed a daily care meeting attended by staff and observed an activity and care in communal areas throughout the day.

Good

Is the service safe?

Our findings

At the last inspection of 9 April 2015 we identified some areas of practice which were not consistently safe. This was because staff did not know how to make a safeguarding alert if they needed to and some care plans were not sufficiently detailed in how to mitigate identified risks to people. At this inspection we found that these matters had been addressed.

The staff members we spoke with had undertaken adult safeguarding training within the last year. They were able to identify types of abuse and they understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. They were also aware of the provider's whistleblowing policy. One staff member told us, "We do get training every year. The manager is very approachable. I would definitely go to them if I had any concerns". People told us that they felt safe living at the home. One person said, "I feel perfectly safe here, having the Sisters here gives it a calm atmosphere, they treat me very well". Another person said, "Staff are very good, no bother at all, patience is incredible, never seen anyone get angry." People said they would feel comfortable to raise any concerns. One person told us, "If something was wrong I would tell the carers and talk to (the registered manager)."

Risks to people were identified, assessed and managed. Care plans were detailed and guided staff in how to care for people safely by reducing identified risks. For example, one person who had mental health needs was identified as having risks associated with severe depression. Their care plan included guidance for staff in how to monitor their condition, what changes might indicate a deterioration in their mental health and when to seek further guidance from mental health professionals. Records showed that the care plan was regularly reviewed to ensure that risks to the person were effectively managed. Another person had been assessed as being at risk of skin breakdown due to continence issues. They had a care plan to support them in managing their continence and to reduce risks of infection and skin breakdown. Records showed their care plan was regularly reviewed and that the person and their family had been involved in developing the plan. The most recent review had included a revised assessment of the risk of pressure damage and a referral had been made to the continence team for further support and advice. This showed that staff were proactive in monitoring risks to people and in reviewing care plans to ensure they remained effective.

People told us there were enough staff to care for them safely. One person said, "There are enough staff, sometimes perhaps too many. They always respond quickly, I never have to wait too long". Another person said, "If I press my button, they come straight away, I never have to wait". Throughout the inspection we observed staff were quick to answer any call bells and there were enough staff to monitor people's safety. People were able to move around the home freely. One person told us "We are free to go outside, some people have to be supervised". Another person said, "The building is lovely and I can walk around safely, it's light and feels nice."
A third person told us, "I like to get some fresh air." We observed them going outside alone but noted that a care worker was aware of this and checked discreetly to make sure the person was safe.

We asked staff if they thought there were enough staff on duty to care for people safely day to day. One staff

member told us, "Yes, there are plenty of staff I think. I always have enough time to do what I need to do". Another staff member told us, "I don't have any concerns at all. I have enough time to spend with the residents". Records showed that staffing levels remained consistent. As well as care workers there were also 'working sisters' who lived in the convent attached to the home, who assisted with some duties and were 'on-call' during the night, should they be needed. There was no reduction in staffing levels at weekends. In addition, there were administrative, housekeeping and kitchen staff on duty. The provider did not make significant use of agency staff. We were told the home occasionally employed two agency staff who were well known to both people living at the home and staff. A visiting health care professional told us, "There are always staff around when I visit."

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for five staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with people. There were also copies of other relevant documentation including full employment histories, professional and character references, job descriptions and contracts in staff files.

People and their relatives told us they felt safe living at St Mary's House. One relative said, "I know I can leave my dad here and not worry at all, I have no concerns for his welfare". A person told us, "I feel safe all the time, the carers look after me. I can walk around OK and I always get my medication on time." We checked to see how people's medicines were managed so that they could receive them safely. We observed the dispensing of medicines and examined the provider's medication management policy. Staff received regular training updates and competency checks were undertaken to ensure they could administer medicines safely. The administration and management of medicines followed guidance from the Royal Pharmaceutical Society. Trollies were not left unattended when unlocked and medicines were not signed for until taken by the person. There were no gaps in the Medicine Administration Record (MAR) sheets. We noted that 'time-critical' medicines were given at the appropriate time. Some people were prescribed medicines to be given on an 'as needed ' basis (PRN). MAR charts contained clear information, which outlined the circumstances when people were to receive their PRN medicines, along with possible side effects. There were assessment tools available to staff for the measurement of the level of pain people were experiencing, used to gauge the appropriate level of pain relief needed. This enabled PRN medicines to be managed in a safe and effective way. Three people living at the home managed their medicines independently. They had received mental capacity assessments to ensure they could manage safely and had formally acknowledged their desire to do so. These people's medicines were safely stored in their rooms. No-one living at the home received medicines covertly, that is without their knowledge or permission. The provider undertook monthly audits in all areas of medicines management, including the obtaining, storing, dispensing and disposal of medicines. Issues identified as a result of these audits were acted upon in a timely and satisfactory manner.

Good

Is the service effective?

Our findings

People and their relatives told us that they had confidence in the skills and abilities of the staff. One person said, "Staff seem to have plenty of training days, I do feel confident". Another person told us, "They always seem to be training for something, so I'm very happy they can look after me". Staff told us they were able to access training in subjects relevant to the care needs of the people they were supporting, including dementia awareness training. Records confirmed staff had received training and regular updates. Staff were knowledgeable about people's needs and supported people with confidence and assurance.

Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records showed staff had received supervision within the last six months. The provider had a formal supervision policy which stated that staff would 'Be offered support on a continuous basis'. Staff told us they were well supported in their roles and described and open culture at the home where they could access the support they needed on a daily basis. One staff member said, "I have had supervision but I know I can speak to the manager anytime." Notes from staff meetings showed issues and concerns were openly discussed, relevant information was shared and any actions needed were identified. Staff told us communication at the home was good. We observed a care meeting on the morning of the inspection and noted all the care staff were contributing to the discussions, raising issues and sharing information that was relevant to people's care.

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 are called the Deprivation of Liberty Safeguards (DoLS) . We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

Staff had a firm understanding of their responsibilities with regard to the MCA and DoLS and could tell us the implications for the people they were supporting. Staff members fully understood the rights of people with mental capacity to take risks. One told us, "If someone has mental capacity it's up to them. We have someone living here who does absolutely everything for themselves. We wouldn't interfere with that". This is consistent with the law. Mental capacity assessments had been undertaken where it was felt necessary to determine if people had capacity to make specific decisions. The registered manager had made appropriate DoLS applications in line with the legislation and guidance. Where an application had been refused by the local authority the registered manager had put appropriate arrangements in place to ensure the safety of the person. This included clear guidance for staff in how to maintain the person's safety without depriving them of their liberty.

Staff respected people's rights to make decisions about their care. This was reflected in people's care plans. For example, one person disliked being moved with the use of a glide sheet. The nature of their condition meant their needs fluctuated and sometimes they did not need this equipment to move. This was noted in their care plan and alternative options had been identified. The risks and benefits of each option had been discussed with the person and their care plan was updated to ensure that staff offered alternatives. Staff we spoke with were aware of this. One staff member said, "They don't always need the glide sheet, they tell us when they do."

Throughout the inspection staff sought consent from people before providing care or support. For example we observed staff members saying, "Would you like me to help you with that," "Where would you like me to put this?" and "Let me know when you are ready and I will help you." People told us that staff always sought their consent before providing care. One person said, "They always ask permission before doing anything."

People spoke very highly of the food provided at St Mary's House. One person said, "Food is very good, of top hotel standard. We get a menu each week that tells us what we're having on what day but we can request something else, the chef is excellent". Another person told us, "Food is very good and I get what I want and they listen to what I want. We get lots of drinks all the time." A third person said, "The food is lovely here, there's a good selection and they ask for suggestions. I get lots of cups of tea".

We observed the lunchtime meal. Most people had lunch in the dining room. Tables were set attractively with condiments and a choice of drinks was available. Some people were having a glass of sherry others had a choice of juices, squash or water. Staff asked people where they would like to sit and the atmosphere was calm and relaxed. People were chatting with each other and staff were also interacting with people throughout the meal. Where people required support staff were seen to be attentive and proactive in offering support in a discreet way. Staff offered people sauces and gravy and we heard one staff member checking where on the plate someone preferred to have their gravy. Some people preferred to have their meal in their bedroom and staff supported them with this. The chef had regular discussions with people about their food preferences and dislikes. Staff told us the chef was aware of people's dietary requirements and that they attended the resident's meetings to gather people's meal suggestions. One person confirmed this saying, "We are always being asked for our suggestions." Another person said, "The food is excellent, (the chef) could leave and open her own restaurant."

Some people had been identified as having specific risks associated with eating and drinking. For example, one person who was living with dementia, had a fluctuating appetite and their care record identified that they were at risk of unplanned weight loss. Their care plan guided staff in how to support this person if they were leaving their food. This included, 'Ensure snacks are left in his room,' 'Encourage to eat,' and 'Discretely remind them of which cutlery to use, as they sometimes forget.' The person was having their weight monitored on a monthly basis and this showed that their weight had been maintained and remained stable.

Where people needed to have their food and fluids monitored, staff were consistent in maintaining records of what people had eaten and how much they had drunk. Staff were proactive in encouraging people to eat and drink. For example, one person had been declining food and drink and this was recorded and reported to the person in charge. Since the person had been assessed as being at risk of malnutrition, information had been passed to the night staff. Records showed the person had accepted a sandwich and drink later in the evening.

People were supported to access the health care services that they needed. One person told us, "I tell the carers when I'm unwell and when I needed a doctor, she came very quickly. I also see the chiropodist and

have my hair cut, they come here." Staff told us they made referrals to health care professionals when people's health needs changed. Records confirmed that one person who was living with dementia had been referred to the Specialist Older Adults Mental Health service for support with issues of memory loss. There were numerous examples of involvement with a range of health care professionals including district nurses, GP's, specialist such as a Parkinson's disease nurse, speech and language therapists, physiotherapist and a chiropodist. People's care records confirmed people were supported to attend appointments and staff were proactive in seeking advice from health care professionals when appropriate. A visiting health professional told us, "Staff do refer to us appropriately. There's always a staff member around when I call and they know the residents really well."

Good

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness and respect and they spoke highly of the staff. One person said, "I get on well with the staff, they're very kind." Another person said, "I'm treated well and with respect". A third person said, "I love the staff, they look after me well, and are interested in what I say." A relative told us, "Within seconds of entering this home I knew it was the right place for my dad. The care and love they get is outstanding, they treat my father like their own father."

Staff knew the people they were caring for well and understood their needs. We observed a meeting where people's individual needs were discussed. It was clear that staff possessed a high degree of knowledge about the people they were caring for. A visiting healthcare professional told us people were treated in a kind and sympathetic manner. Throughout the inspection we observed staff interacting with people in a kind and caring way. For example, one staff member approached a person who was seated. They knelt down beside them to talk at face level rather than bending over them. People appeared relaxed and happy in the company of staff and we observed instances of genuine warmth between staff and people. One person spoke fondly about a staff member saying, "They are the best carer here. We have a real bond."

We observed people being supported to move around the home. Staff were skilful in their approach, using a very gentle but supportive manner. They spoke to people using a soft, calm voice and ensured that they felt safe throughout the process. One person told us, "Everyone is approachable and I'm always told what's happening. The staff are lovely and always have time for you. They speak to you in a very calm, gentle manner, they have such patience".

People told us that staff respected their privacy and dignity. One person said, "There is so much love and respect and I'm treated with dignity, they respect my privacy and don't talk down to me, they're very gentle and truly caring". Throughout the inspection staff were polite and respectful to people and offered care in a discreet way to maintain people's privacy and dignity.

Staff supported people to maintain their personhood. People were dressed in clothing of their choice and were supported with their appearance. One person told us there had been some problems with laundry previously. They explained some of their clothing had been misplaced but that this had been addressed by the manager. They said, "It was taken very seriously and it is much better now. Staff understand that it is important for people to know that their things are respected and taken care of." The language used in people's care records gave a positive view of people and promoted their dignity. For example, one care plan included a description of the person, stating 'Walks confidently throughout the house and garden.' Another care plan described a person's past and stated 'They are very well- read and enjoys good conversation.'

People told us they felt comfortable living in the home and were supported to follow their religion. There was a chapel within the home and people were able to attend services if they chose to do so. A convent was adjacent to the care home and some of the sisters worked within the home. The Director of Care told us that although St Mary's House was a Catholic home they welcomed people from different faiths and people with no religious faith. They said, "We are open to people of all faiths and none, and we will support people to

follow their chosen faith." Care plans included details of support people needed to follow their religion. For example, one care plan described how the person 'Likes to maintain their spirituality through books, listening to CD's and watching DVD's. They prefer not to attend mass in the chapel but will visit the chapel when they want to.'

People were supported to maintain their independence. One staff member said, "People need to continue to do what they can for themselves for as long as possible. It's very important for them to maintain their skills and dignity." We saw people moving around the home freely throughout the inspection, including using the garden and the chapel. Staff were supporting people where needed and discreetly checked that people were managing. Some people were able to go out without staff support. One person who was living with dementia and had problems with their memory was supported by staff to continue to access the park across the road. Staff spoke of striking a balance between managing risks for this person but ensuring they maintained their independence and dignity. We saw examples of this, such as an identity bracelet that reduced the risk for someone of not being able to find their way back to the home.

Relatives told us they felt welcomed at the home and described good communication with the staff. People and their families were included in planning their care and had signed their care plans where appropriate. One person told us, "I like to have a routine every day and they have recorded if all in the file, but the carers know how I like things now anyway." Another person said, "They don't make decisions for you, they do involve you". Care records showed people's choices were respected. For example, one person told us they enjoyed watching the television until late in the evening. We saw this was recorded within their care plan, which stated 'Retires to bed when they want to, likes to watch sport until late.'

People's personal records were kept securely to ensure their confidentiality was maintained.

Good

Is the service responsive?

Our findings

People told us the staff were responsive to their needs. One person said, "They (staff) are constantly keeping an eye on you, they come back when they say they will. I've been the happiest here, more than anywhere". Another person said, "Whatever we need they will do, they never complain, always smiling, I am lucky to be here." We asked staff what they understood by the term 'person centred care'. One staff member told us, "I suppose it's the kind of care we would want for our own parents". Another staff member said, "It means treating people with kindness and respect".

People had comprehensive care records which were personalised and provided a clear picture of the person and their individual needs and preferences. Care records included details of the person's family history, their work and important life events. Staff told us this detail helped them to engage with people and ensured they saw people as individuals with a range of life experience. Small details were recorded which helped staff to provide care that was personalised. For example, one person's care plan stated, 'Prefers to have breakfast in their room and likes muesli, brown toast and marmalade. ' Another person's care plan included guidance for staff around supporting someone with memory loss. It stated, 'Sometimes confuses salt with sugar, staff to discreetly redirect.' We observed a staff member providing this support at meal time.

People's care plans were personalised and holistic, covering all aspects of care that were relevant to them. For example, where someone had a sensory impairment, a care plan guided staff in how to support them with their communication needs. Where specific risks had been identified, care plans provided staff with guidance on how to manage the risk to support the person. For example, one person had a history of depression, their care plan included details about symptoms and certain behaviours that might indicate that the person was depressed. This included changes in sleep patterns, nausea and loss of appetite. Strategies for supporting the person were documented and showed that staff were responsive when they noticed signs of depression.

Some people were identified as being at risk of social isolation and loneliness. Care plans included details of how staff could support people to maintain their social contacts and retain access to the local community. For example, one person was supported to attend a local church, another was supported to invite friends to the home to play bridge. A third person was supported to go to the local shop regularly and staff had provided the shop with the home's details as the person sometimes became confused and needed support to get home again. Staff spoke of the importance of helping people to maintain their connections with the outside world. One staff member said, "It can easily become isolating, like living in a bubble, we try and keep people connected if we can." A staff member told us all the people living at St Mary's House had been supported to register to vote to enable them to take part in the forthcoming general election.

People were supported to follow their interests. This was documented in their care records. For example, one person's care plan described them as, 'An accomplished artist.' Staff told us the person they took an active part in the weekly art class. Other people also enjoyed the art class and their work was displayed in areas of the home. One person told us, "I like joining in the activities but I particularly enjoy the art class because I used to paint, I can't do much now because of my hands (arthritis)". They went on to tell us that

initially they had not wanted to participate because they felt they couldn't paint anymore but staff encouraged them to keep painting and now they "Really love the class." Another person had regular visits from their cat who was now living with a family member. Staff told us that they had missed their pet and the visits always lifted the person's mood.

Staff arranged regular group activities and people told us there was something happening every day. People spoke positively about the activities on offer. One person said, "I enjoy the activities and I try to join in with everything, and we're asked for suggestions and ideas". Another person told us, "I really enjoy the bingo and dominoes on Monday." A third person said, "There is a weekly quiz and a singer visits regularly to entertain the residents. I particularly enjoy the music." We observed a Yoga session taking place and people were engaged and clearly enjoyed the session. People were occupied throughout the day, some people were spending time in their bedrooms. People's rooms were comfortably decorated and well personalised with their own possessions. One person was listening to music and some were watching television. One person told us, "I enjoy quiet time in my room but if I want to the staff will take me downstairs. " Another person said, "I do like reading, I like detective stories, we have a library here, I often have a look". A third person said, "There is plenty to do, my family take me out quite often and there is always something going on or someone to talk to. I never feel lonely, it's a lovely place to live." We observed staff spending time with people, sitting and chatting with them. We heard staff asking people what they would like to do and supporting their choices. People told us that they were actively encouraged to choose activities they were interested in. Records of a resident's meetings confirmed this. People had asked for a magician to visit and someone else had suggested an opera singer. Actions recorded from the meeting showed both these acts had been booked to come to the home.

People and their relatives told us they knew how to make complaints if they needed to. One person said, "I have never had to make a complaint but I know I can if need be." Another person told us, "I know who the manager is and have no problems approaching her but I never need to complain." People said any issues they raised were dealt with quickly. One person said, "Some garments were misplaced but when I told the staff it was sorted out straight away." A complaints system was in place and recorded any issues together with the actions that had been taken. There had been no complaints recorded in the twelve months prior to the inspection. Staff members we spoke with were clear about their responsibilities in the management of complaints or concerns. They were aware of the provider's complaints policy and procedures, which were on display in communal areas.

Good

Is the service well-led?

Our findings

People and their relatives spoke highly of the management of the home. One person said, " I cannot think of anything that could be improved, they do an excellent job, they do everything well". Another person said, "They run the place so well," and a third person told us, "The managers are excellent, not aloof, they work as a team". A relative said, "I honestly can't praise it enough. The staff respect each other and work as a team all the time."

Staff also spoke highly of the management of the home. One staff member told us, "I do think it's well run. There have been some changes with the new manager coming in but you'd expect that." Another staff member said, "I think it's very well led. I wouldn't have stayed here so long if I thought differently." Staff described an open culture, one staff member told us "The manager is very approachable. I would definitely go to them if I had any concerns." Staff told us the manager operated an 'open door' policy and they felt able to share any concerns they may have, in confidence.

There was clear leadership and staff understood their roles and responsibilities. Staff were motivated and described feeling well supported within their roles. One staff member said, "We are all clear about we have to do, there's good communication and real team spirit." Regular team meetings were held and actions were recorded following these meetings. Residents' meetings were also held regularly and an action plan showed how suggestions were taken forward.

Staff had built up good links with the local community and described positive relationships with local GP's, district nurses, shops and churches. One visiting health care professional told us they were happy with the attitude of the staff and their knowledge, they said, "Staff know what they are doing and they work with us well."

The registered manager had a range of systems and processes to monitor the quality of the service. A number of audits were used to check standards were maintained and records were up to date. We looked at a sample of these audits; they were regularly and consistently completed. Where shortfalls were identified through the auditing process actions were recorded to identify how and when the issue was rectified. For example, an external contractor had checked the fire alarm system. Suggested actions were either completed or in progress. Incidents and accidents were recorded and monitored by the registered manager. A monthly accident audit was used to identify and analyse any patterns to ensure risks were being managed appropriately.

Quarterly questionnaires were used as a way of gaining feedback from people living at St Mary's House, their relatives and visitors. One person had commented, 'Being in this house is all I could wish for.' A relative had commented 'It's always clean, never smells.' Another relative had commented 'Very happy, wonderful care.' One person had commented they would like to see more vegetables on the menu. A staff member told us that this had been communicated to the chef who had increased the choice of vegetables available.

A professional's questionnaire was also used to gather views on care provided from health and care

professionals who were involved with people at the home. The most recent questionnaire included a question about whether the professional's instructions had been carried out. A district nurse had commented, 'Most certainly. I noted on my following visit that the treatment plan was being followed.' Four different GP's had responded to the questionnaire, stating the service was 'Excellent.' People told us they felt their views were sought about the running of the home and their suggestions were listened to and welcomed. One person said, "They are always trying to get feedback from us in one way or another." Another person said, "We are always being asked for our suggestions and views on the care here." People had made some suggestions at a residents' meeting and an action plan showed how this had been taken forward.

The vision and values of the home were driven by the Christian beliefs of the provider. Staff described the ethos as being able to maintain a caring family atmosphere, within the community of the home. This was well understood by staff and embedded within their practice.