Institute of Our Lady of Mercy

St Mary's Residential Care Home

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 the 13 September 2016 and it was unannounced.

St Mary's Residential Care Home is owned by The Institute of Our Lady of Mercy, a congregation of religious women 'Sisters' from the catholic denomination founded in Dublin, Ireland in 1831. Their current mission statement describes how their services are built on 'an ethos of compassion, empowerment, inclusiveness, justice and respect for human dignity'. St Mary's Residential Care Home is registered to provide accommodation and personal care to 25 people. At the time of our inspection there were 22 older people living at the home who were able to tell us their views on the care they received. St Mary's Residential Care Home offers support to people from all religious faiths and those who have none. The home also offered respite to people however all people were permanent residents at the time of our inspection.

A registered manager was in post and had been registered with the Commission in September 2015. They were present throughout the inspection. 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.

The home is a detached property situated in a quiet residential area of Worthing, West Sussex. Local shops and other amenities can be easily accessed and it is in close proximity to Worthing seafront. All of the bedrooms offer single occupancy and all have en-suites facilities. In addition, communal toilets and bathrooms are available throughout the home. The home was inviting and maintained to a high standard, corridors have been adapted to meet the needs of people living in the home including people who use walking aids or a wheelchair.

A reception area, which was clearly marked, is in the main foyer which allowed visitors to be easily directed, by staff, to where they needed to be. The home offered a relaxed and friendly environment. Communal areas included a 'coffee lounge', a conservatory lounge area, an activities/ meeting room and a spacious dining room. Choices of additional seating were provided around the home to offer people options of where they would like to spend their day. An attractive chapel fitted with stained glass windows is situated towards the rear of the building and is used daily at 10am to hold a service which most residents attend. The service was also attended by members of the public mostly who were connected with a local church which is positioned a few roads away from the home. A large sized garden at the back of the home offers a 'peaceful' place for residents to relax and spend time with their families and friends.

People and their relatives told us the home provided a safe service and there was enough staff to meet people's needs. Staff were able to speak about what action they would take if they had a concern or felt a person was at risk of abuse. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks.

People's medicines were managed safely and administered by staff who had received specific medicine training. The home followed safe staff recruitment practices and provided a thorough induction process to prepare new staff for their role.

Staff implemented the training they received by providing care that met the needs of the people they supported. Staff received regular supervisions and spoke positively about the guidance they received from the registered manager.

Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. They also understood the associated legislation under the Deprivation of Liberty Safeguards and how to minimise restrictions to people's freedom.

People could choose when, where and what they wanted to eat. Additional drinks and snacks were observed being offered in between meals and staff knew people's preferences. Staff spoke kindly to people and respected their privacy and dignity. Staff knew people well and had a caring approach.

People received personalised care. Care plans reflected information relevant to each individual and their abilities including people's communication and health needs. Staff were vigilant to changes in people's health needs and their support was reviewed when required. If people required input from other health and social care professionals, this was arranged.

People were encouraged to pursue their own interests and accessed a range of activities within the home. All complaints were treated seriously and were overseen by the registered manager.

People were provided opportunities to give their views about the care they received from the service. Some people chose to use these opportunities to become more involved with their care and treatment. Relatives were also encouraged to give their feedback on how they viewed the service.

The registered manager demonstrated a 'hands-on' approach and knew people well. They had implemented a range of quality audit processes to measure the overall quality of the service provided to people and to make improvements.

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.

People and their relatives found the service safe.

Staff were trained to recognise the signs of potential abuse and knew what action they should take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

Medicines were managed safely.

There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable and skilled staff team that were able to meet people's individual needs.

Supervisions, appraisals and training were routinely offered and attended by staff.

People were supported to have sufficient to eat and drink.

Consent to care and treatment was sought in line with legislation under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain good health and had regular contact with health care professionals.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and caring staff who knew them well.

People were given opportunities to be involved and were supported to express their views on how they wished to be cared for.

Staff promoted people's dignity and respected their privacy.

Is the service responsive?

Good

Care records were personalised and individual to the person.

Choices were offered to people with regards to activities.

People knew who to go to to raise a concern and felt able to do so.

Is the service well-led?

Good

The service was well-led.

The culture of the home was open, positive and friendly. The staff team cared about the quality of the care they provided.

People and staff knew who the registered manager and provider were and felt confident in approaching them.

An overview of the quality of care provided was overseen by the registered manager.

St Mary's Residential 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 13 September 2016 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection had experience of elderly care, and other care environments.

Prior to 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. We reviewed the PIR and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we observed care provided by staff to people including how medicines were administered by to people. In addition we spoke with nine people living in the home and four relatives who were visiting at the time of the inspection. We observed a handover from the morning staff to the afternoon staff. We spoke separately with one care worker, one senior care worker and the deputy manager via the telephone. We also spoke with the deputy manager and registered manager throughout the inspection.

We spent time looking at records including three care records, three staff files including training records. We also looked at staff rotas, medication administration records (MAR), health and safety maintenance checks,

compliments and complaints, accidents and incidents and other records relating to the management of the service.

The service was last inspected on the 21 November 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People and their relatives confirmed they felt safe in the home and we observed people looked at ease with the staff who were supporting them. One person told us, "I'm very satisfied and quite happy". A relative said, "My [named person] is very safe, from what I have seen all her care needs are being met. They added, "Staff find the time to talk to her".

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. All staff told us they would report any issues to the registered manager in the first instance and failing that they were able to refer to the whistleblowing policy for guidance. Staff described how they kept people safe and how they would respond to any changes in a person's behaviour. A senior carer said, "Residents need constant monitoring, always checking their surroundings making sure there is nothing they can fall over". Another staff member said, "It is about protecting them from abuse and any harm". They also told us, "If a person was not themselves"; they would inform the registered manager.

In August 2016, prior to our inspection, an incident of alleged abuse was escalated to the West Sussex Safeguarding team for their review. This meant the registered manager had fulfilled their duty of care in protecting this person. However, on this occasion the registered manager failed to send a statutory notification to the Care Quality Commission to inform us about the incident of alleged abuse. A notification is information about important events which the service is required to send to us by law. The registered manager took immediate action and shortly after the inspection sent to us all the relevant information. We were assured and confident the registered manager understood their role and responsibilities in protecting people who used the service and that this had been an oversight. Accidents and incidents were recorded appropriately and documents showed the action that had been taken by the staff team and the registered manager. Records showed that the relevant professionals and relatives had been contacted. Actions taken by the office and care staff helped to minimise the risk of future incidents.

Care records contained detailed risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details what reasonable measures and steps to take to minimise the risk to the person they support. Risks were managed safely for people and covered areas such as how to support people to move safely, how to administer medicines and how to support people with the food and fluids they required. We found risk assessments were updated and reviewed monthly and captured any changes to people's needs. For example, one person had a risk assessment in place as they were at risk of choking when they ate food. We found this risk assessment provided the necessary guidance to staff on how food should be serviced and what to do if staff were concerned. Another person had a risk assessment in place surrounding behaviours they might exhibit to others. The information described to staff how reassurance to the person must be provided to ensure all risks were minimised and the person and others were kept safe.

The registered manager and deputy manager told us about the recent work they had carried out with

regards to developing risk assessments. They were in the process of sharing the revised documents with the rest of the staff team. One staff member told us, "Everybody has their own risk assessments, we have to read them and sign them". A senior care worker told us how they had been involved in writing them and said, "Covers everything, personal care, moving and handling and incontinence". This meant staff were aware of how to safely manage risks to people. Environmental risk assessments had been completed and there were plans in place to inform staff what to do in the event of an emergency, such as a fire. Equipment used to support people to move safely was checked in line with regulatory guidance and stored in designated areas around the home so staff could find them when needed and to avoid people tripping over them.

People told us that there were sufficient numbers of suitable staff to keep them safe and we observed this during the inspection. When people needed support with personal care or help with refreshments staff were able to meet people's requests. One person told us, "There always seems to be a lot of staff on and if I need to talk to someone there's always somebody available". Another person said, "There is always someone if I need them". A third person told us, "I get up when I want and there is always someone to help me when I need it". At the time of our inspection, there were four care staff on duty, two senior carers and the deputy manager and registered manager. The registered manager told us there were usually five care staff on in the morning this may include one or two senior care staff, three care staff on in the afternoon and two staff awake during the night. The rotas we checked confirmed this. Shifts were usually 8am – 2pm then 2pm – 8pm throughout the day. The registered manager had introduced a 7am -1 pm shift and a 'twilight' shift between 5pm -11pm however was in the process of recruiting staff to enable the additional evening shift to be included on the weekly rota daily. The registered manager told us this was in response to the changing needs of some people who lived at the home. In addition two domestic staff, two kitchen staff, one administrator and two maintenance staff were employed to support the home outside of the home's care duties. The registered manager had also recently recruited an activities co-ordinator to work 30 hours between Monday and Friday to provide stimulation to people. We have written more about the activity co-ordinators role in the Responsive section of this report.

The registered manager and deputy manager tended to work office hours, however, staff told us they were flexible and on call to provide support to the staff team when required. All relatives we spoke with were happy with the care provided by the home. However, one relative added they had observed there were fewer staff and, "No members of the management team" on duty at the weekends. We gave this feedback to the registered manager for their review who seemed keen to pursue this highlighted issue further. The records we checked showed their were the same amount of care staff on at the weekends however less management and administrative staff.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting The registered manager was waiting for checks to be returned for three staff they had interviewed and offered care assistant roles to. They would be taking on the new evening shift times.

Medicines were managed safely by the home using an effective medicine administration system. One person said, "I get my medicines on time off the trolley". Medicines were stored in a medicines trolley which was kept in a locked medicines room and taken around the building when in use. In the main, medicines were stored through a Monitored Dosage System and people's medicines were easily identified. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. When medicines were administered at lunchtime, we observed the member of staff do so with confidence and patience. One person receiving medicines was living with Parkinson's. We heard the staff member say sensitively, "I have got your medication do you want me to put it in your

hand". This appeared to help the person take their medicines with ease and independently. The staff member checked each person's Medication Administration record (MAR) to identify which medicines needed to be administered. Tablets were dispensed from blister packs and taken to the person and the staff member waited until the tablets had been swallowed. The member of staff said that, if people refused to take their medicine, they would try again a little later.

Medicine administration agreements were in place and signed by all people receiving medicines, they were also reviewed by the home monthly. The medicines guidance for staff stated that, when staff routinely administered people's medicines, that pain relief should also be offered to people. We observed this to be to be the case. Only staff trained and assessed as competent by the registered manager were able to administer medicines to people. The registered manager told us, and training records confirmed, they were in the process of arranging for more staff to be trained in administering medicines to increase the knowledge across the staff team.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People and their relatives told us they had confidence in the abilities of staff and they knew how to meet their needs. One person told us staff were, "Very helpful". Another person said, "I'm very satisfied and quite happy". A relative told us, "The staff are lovely, so helpful".

People received support from staff who had been taken through a thorough induction process and attended training with regular updates. Core training was provided by external training providers and subjects covered included moving and handling, dementia awareness, diabetes, blood pressure and safeguarding. The induction programme provided new staff with information which enabled them to commence their care role. The induction also incorporated the Care Certificate (Skills for Care). The Care Certificate is a work based achievement aimed at staff that are new to working in the health and social care field. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. The induction period also included shadowing shifts and competency assessments to ensure staff were ready to undertake their care duties.

All staff told us they had enough training and knew they could go to the registered manager or deputy manager if they wanted more. One staff member told us they had, "Plenty" of training. Another staff member said they had, "A lot of training mostly two per month". Nearly all staff had completed a National Vocational Qualification or were working towards various levels of Health and Social Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard. The deputy manager who started working at the home in March 2016 came from a health and social care training background. They had achieved, amongst others, a health and social care assessor's award and a certificate in education qualification. They were, therefore, able to provide additional support to the staff team when needed and were very involved in organising the training programme.

Supervisions and appraisals were provided to the staff team by the registered manager and the deputy manager. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Work related actions were agreed within supervisions and discussed at the next meeting. Staff meetings had recently been split between senior care meetings and the whole staff team meetings. The registered manager told us this ensured the right items were discussed at the right level of meeting. Senior staff meeting minutes from September 2016 showed how the revised risk assessments had been discussed. It also guided seniors to their role and responsibilities whilst on duty including the 'line managing of staff'. The registered manager had also commenced documented observations of how staff carried out their duties. Supervisions, staff meetings and observations determined how additional support could be provided to staff to improve the quality of care provided to people. Staff complimented the support provided by the management team. One staff member said, "You can say what you want, any ideas, and any problems".

Consent to care and treatment was sought in line with legislation and guidance. The Mental Capacity Act

2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the home 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 registered manager told us, and care records confirmed all people currently living at St. Marys residential home had capacity to consent to their care and accommodation at the home, so there were no people subject to a DoLS. Care records had captured people's consent to care and treatment. Most staff had attended MCA and DoLS training. This ensured that staff were provided with essential information in this area. We observed staff putting the main principles into practice when supporting people by offering choices and involving them in all aspects of their care. Three staff shared some insight into the knowledge and their understanding of the topic area. A senior carer told us MCA was about, "All about rights and choices and the ability to do so independently. They all have capacity to make decisions".

People were supported to have sufficient to eat, drink and maintain a balanced diet taking into account individual needs. Mostly people ate in the dining area; however, people due to their needs or choice were able to eat in their bedrooms. A large notice displayed in the dining area stated, 'If you do not like either of the choices offered for a particular meal we will endeavour to find an alternative'. People and their relatives told us they were happy with the quality and quantity of the food provided. One person said, "The food is very good and home cooked by [named staff member] she will always try and make food I like". Another person said, "I get asked what I would like for my tea. My favourite is sausage and onion and fish and chips". A relative told us, "The meals seem to be very nice, plenty of food and seconds", and added, "My [named family member] has put on weight since he has been here".

On the day of the inspection we observed additional drinks and snacks were offered to people between meal times. Tables at lunchtime were nicely laid with table cloths, cutlery, condiments and serviettes. Staff provided additional support to people who needed it; they bent down next to people talking to them about what food was being served. The lunch time experience was personalised and a sociable occasion for all. People were served a choice of cold drinks and coffee was offered after the pudding serving had finished. Staff completed food and fluid charts on behalf of people to monitor what they were eating and drinking. Weights were recorded and monitored on a monthly basis. This ensured that changes to people's nutritional needs were regularly monitored for any changes and appropriate action was taken.

People told us they had access to health professionals who would either visit the home or people were taken by staff or family members to appointments when needed. Staff confirmed they would tell the senior carer on duty or the registered manager if a person had any health issues. Staff or a senior staff member would then contact a nurse or a GP. Health care records included actions that had been taken to address people's needs. The records demonstrated that the staff team were able to act on observations and call on the necessary health care professionals when needed. The deputy manager described how she valued the input from various health specialists since she had started to work at the home and said, "I have really enjoyed the connection with health professionals".

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Staff had a caring approach and were patient and kind. Staff smiled with people and looked approachable; their interactions were warm and personal. One relative told us, "My [named family member] loves it here. He likes to have a bit of fun and the carers join in". We checked reviews left on carehome.co.uk website. The website is a reviews and recommendations site which provides an opportunity for anybody to 'post' a review of a care home. One relative had written, 'My [named family member has blossomed since being around other people…I am reassured that my mum is in a safe and friendly environment'. They added, 'Thank you to all the wonderful staff there'.

When staff were supporting people they crouched down to their level or sat next to them. They gave people enough time to respond to questions asked using an appropriate level of pitch and tone. Comments overheard from staff to people illustrated their caring attitude. For example, "Would you like a cup of tea now?" and "How are you feeling today?" Staff adapted their style of support for different individuals which showed compassion and understanding for people's needs. For people who chose to spend time alone in their bedrooms staff made themselves available to them. Staff ensured people received their meals and the offer of additional refreshments on time and checked in with each person outside of structured care duties to make sure they were aware of what else was happening in the building, for example, activities.

People's needs were supported with regard to their religious and spiritual beliefs. Most people attended the 10am daily service led by one of the Sisters associated to the home This was held in the chapel that was situated within the main building. People were invited to attend from all religious denominations or those who had none. The chapel was a peaceful environment with stained glass windows which had been maintained to a high standard. Members of the public, usually those attached to a local church, also attended. This provided opportunities for people to exercise their religious beliefs and socialise with those in the home and visitors. In addition the home was visited by a member of the local clergy, a priest, on a weekly basis on a Saturday or Sunday who led a Mass service, which was important to some people. The chapel was accessible to people throughout the day as the doors remained open which offered a sense of comfort to some people living at the home.

People were supported to express their views and were actively involved in decisions about their care and treatment as much as they were able. Resident meetings were held bi-monthly in the home. The registered manager told us they had found these meetings useful as it had enabled people to share ideas and establish what people were happy or unhappy with. Minutes to the meetings showed which people had attended and covered topics such as meals and activities feedback and outings in the community. Copies of minutes of meetings were given to people and sent to their relatives. At a meeting in July 2016 the deputy manager had asked people if they would like to go out more in the community. One person said they wanted to go out for an ice-cream, we were told this had happened since the meeting. We read an invitation to the next meeting in September 2016 which had been extended to people's relatives. This meant people and their relatives were provided with opportunities to be listened to and be a part of how the home developed.

We observed staff supporting people to be as independent as possible and offering people choices about how they liked to do things. One staff member described how able some people were very able and said, "If they are feeling alright and they want to have a shower leave them, I don't need to supervise". They added, "We respect if they want to be quiet". One person, who had recently moved into the home, told us they hadn't liked the way staff members hung up their clothes. They had spoken to the staff and now her clean clothes were left on her bed ready for her to hang herself. Another senior care worker staff told us, "We get them to do as much as they are able", and added, "Step back when you are not needed you don't want to take over".

We observed numerous examples of how staff promoted privacy and respected people's dignity when they carried out their duties. Staff described how they knocked on bedroom doors before entering, closed the door behind them and closed curtains if they needed to. One senior care worker said, "Carers can read care plans to see how people like things done, what clothes they like to wear". They also said, "We ask people if they want assistance". The registered manager and deputy manager shared with us the importance they placed on the subject of equality and diversity and had booked training for all staff to attend in 2016. One session had already taken place and an additional session was to take place for all staff that had missed it. This showed staff were provided with opportunities to understand current legislation and embrace the differences amongst the people they supported and other staff they worked alongside. One of the interview questions prior to getting a job at St Mary's Residential Care Home asked staff, 'How do you ensure privacy and dignity is respected when carrying out personal care tasks?' This reinforced the caring values held by the management team at the home.

Good

Is the service responsive?

Our findings

People lived in a home where staff were responsive to their individual needs. We observed people receiving personalised care. People told us they were happy with the care they received; care records demonstrated they were created to meet the needs of each individual. Bedrooms were personalised to suit people's preferences. During our inspection we observed staff had a good understanding of people's personal histories and what they liked and disliked. One senior carer told us, "We know all the residents". They also told us what they most enjoyed about their job role was, "Sitting down and chatting to people, finding out about their lives".

At the time of our inspection the registered manager and deputy manager were changing all care plan's over to a new revised format. The registered manager provided us with details of what changes she had made so far since she had been in post. All 22 people had completed personalised profiles as part of their daily file which were kept in their bedrooms. The profiles offered a clear guide to staff on the key areas they needed to be aware of when supporting each person. This included their preferred choice of name they liked to be called and how they liked to spend their day and other likes and dislikes. For example, one person's profile stated,' [named person] has a good sense of humour', it also made reference to how the person may present when they are feeling stressed and stated, 'Do not rush [named person] just sit gently and talk to her'. Another person's profile described their family members who were important to them and shared, 'Likes having a Bailey's with ice'.

The individual profiles were kept with other daily records which were completed about people by staff during and at the end of their shift. They included information on how a person had spent their day, what kind of mood they were in and any other health monitoring information. We observed staff handing over information from one shift to another. These meetings and the daily records ensured staff handed over information to other shifts to ensure any changes to people's care needs were communicated.

Daily records were then transferred into the main care record which included a care plan, risk assessments and other information relevant to the person. So far two files had transitioned over to the new format. Both formats included a breakdown of information and guidance for staff on how to manage people's physical and/or emotional needs and were signed by the person they were written about. There was guidance for staff on how to provide support in areas such as communication needs, continence needs and mobility needs. Despite the changes all staff told us they had enough guidance on how to carry out their role and responsibilities. One staff member said, "They are very helpful. You can find the information you need". A senior care worker described care plans as, "They label it all out, A-Z and that's updated on a regular basis. We update and review".

People had signed consent forms within care records however most people could not tell us about their involvement with their care plan which we fed back to the registered manager. They told us they had recently introduced the keyworker role to the home. A keyworker is a staff member who helps a person achieve their individual goals and aspirations. The registered manager told us this would provide an additional link between the person and their new revised care plan.

People were provided with stimulation and were offered various groups and 1:1 activities to be involved in at the home however people were able to decline to join if they so wished. People told us they enjoyed the activities organised by the home particularly the music afternoons, bingo and film nights. The registered manager had responded to negative feedback that there was not enough activities and had employed an activities co-ordinator for 30 hours per week; they were employed seven weeks prior to the inspection. Various activities were planned from week to week such as; cookery classes, golden years exercise, arts and crafts, nail painting and various reminiscence sessions. People complimented the activities co-ordinator and could describe what activities they had taken part in and what they had enjoyed the most, for example sewing and the making of cards. The activities co-ordinator facilitated activities that people had chosen. They responded to feedback after sessions. They said, "They (people) lead the way. They let you know what they like".

In addition, people told us how much they had enjoyed a summer fete which had included a performance by a brass band. People also told us they enjoyed performances by a local dance school who had visited the home. We observed how people enjoyed the use of the garden at the rear of the building in the afternoon on the day of our inspection. However, one relative told us they would like their family member to access the garden more. We fed this back this to the registered manager for their review who seemed keen to address this. The registered manager also shared their future aims to develop the garden further to ensure its more routinely accessible and an enjoyable experience for all people living at the home.

People and their relatives told us they felt listened to and they didn't have any concerns or complaints but knew they would go to the registered manager if they needed to. One person said, "I like [named registered manager] you can go to her with your problems". The home had a complaints procedure, accessible to all, which stated, 'It is our policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services'. Records demonstrated how this had been achieved by the management team. There were no active complaints at the time of our inspection. One person told us they would, "Go to the office" if they had a complaint. We asked staff their views on how people's experiences, concerns and complaints were listened to, one staff member said, "They always get resolved". Another staff member told us, "We don't have major problems". We felt confident that people's requests were responded to in a timely manner by all staff and the registered manager.

Good

Is the service well-led?

Our findings

People and relatives expressed positive views of the home and the care that staff provided. People felt the culture was an open one and they were listened to by the staff and the registered manager. During the course of the inspection laughter and pleasant exchanges were noted between staff and people. This showed trusting and relaxed relationships had been developed. A staff member told us, "The home is open. We have visitors all the time. Families book in and come to have meals together". Opportunities such as resident meetings, care plan reviews and the open door policy enabled people to feel valued and part of how the home they lived in developed.

The registered manager demonstrated good management and leadership throughout the inspection. She knew people well and made herself available to them. We saw the registered manager working amongst the staff team guiding and leading other staff on duty. For example, we observed how she interacted with a group of people who queried the reason why a Care Quality Commission inspection was taking place, she helped them understand and put people at ease. People complimented the registered manager and how she managed the service. One person told us, "She's my friend [named registered manager] and our boss". Another person said, "[Named registered manager] is doing a good job, I find her very helpful".

Staff also felt supported by the registered manager and the deputy manager and felt they could go to either as the office door was always open to them. One staff member told us they were, "Managed well. They are both friendly and helpful". A senior care worker appreciated how paperwork had developed since the registered manager had been in post and said, "St Mary's has always been very good care wise however the paperwork she has implemented is good and she does everything with a smile on her face". The registered manager told us how additional opportunities such as the keyworker role were to help staff expand their knowledge and their role within the home. She told us this was an area she wanted to build on. For example, she had highlighted various staff members to become trainers in moving and handling so they could train others. This practice showed the registered managers commitment to encourage the staff teams motivation to drive improvements on the quality of care provided to people.

A range of clear and robust audit processes were in place overseen by the registered manager and the deputy manager to measure the quality of the care delivered in areas such as medicines, care plans and the cleaning of the home. Some audits took place weekly, fortnightly and some monthly. A 'manager's monthly report' was completed by the registered manager and covered all aspects of the home maintenance and care provided to people. Areas checked included a log of all accidents in that particular month which were then collated and reviewed. This enabled the registered manager to analyse whether all necessary actions had been completed. The monthly report also listed training that had taken place and what was due to take place. During our inspection we were able to see what had been achieved and what remained outstanding and the planned dates for completion.

The registered manager was in the process of sending out questionnaires to people and their relatives to gain their views on the care and support provided to them. We read six questionnaires that had been returned in July 2015 which were positive responses. Staff were also encouraged to provide their views and

the deputy manager, as part of a Health and Social Care Diploma Level five award, had undergone a detailed project which had captured how staff felt which was again mainly positive. In one section of the report 97% of staff felt agreed the organisation gave a high quality of care to people it supported.

We spoke with the registered manager and deputy manager separately during the inspection. We asked them questions about their achievements and their aims and future developments for the home. The deputy manager described her role as enjoyable and said, "It's exactly where I should be" and explained how they liked being on the, "Floor" and developing the paper work systems. They added one aspect of their role was, "To ensure paramount safety of the residents, staff and visitors". The deputy manager also told us, "I really enjoy coming into work". The registered manager spoke openly throughout the inspection about how far she felt the systems had developed with regards to care records and how much more work she anticipated. When we asked the registered manager what her aim was for people using the home she responded, "We try our best to make their lives better. We are mindful it's their home".