The Order of St. Augustine of the Mercy of Jesus

St Mary's Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 11 July 2018 and was unannounced. St Mary's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can provide accommodation and personal care for up to 60 people in one detached building that is adapted for the current use. The home provides support for people living with a range of complex needs, including people living with dementia. There were 58 people living at the home at the time of our inspection.

The service had a registered manager who was 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.

At the last inspection on 4 April 2016 the home was rated Good overall. At this inspection on 11 July 2018 we identified some areas that needed to improve.

People's care plans were not always personalised to reflect what was important to people, their likes and dislikes, hobbies and interests. Staff knew people well and were providing care in a person-centred way but this was not reflected in people's records. People told us they didn't always have enough to do. Activities were organised but people's individual interests were not always considered and this meant that some people felt activities organised were not relevant or meaningful for them. We have made a recommendation about providing meaningful activities for people.

People's care records were not always maintained in good order and information was difficult to find. This was identified as an area of practice that needed to improve.

At the last inspection on 4 April 2016 we found inconsistent practice about the requirements of the Mental Capacity Act 2005. At this inspection on 11 July 2018 the provider had made improvements. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives told us they felt safe living at St Mary's Care Home. One person said, "I feel safe because the staff care about me here." Staff demonstrated a clear understanding of the responsibilities for safeguarding people. Risk assessments were clear and guided staff in how to support people to be safe whilst respecting their freedom. People were receiving their medicines safely and there were enough suitable staff to care for them safely.

People's needs were assessed in a holistic way and in line with current legislation and good practice. Staff

had received the training and support they needed to be effective in their roles. One person told us, "I think they are very well trained. They seem to know what they are doing."

People were supported to access health care services when they needed to. Staff recognised changes in people's health and made appropriate referrals. People told us they had enough to eat and drink and spoke highly of the food on offer. One person commented, "The food is excellent and the meals times are sociable."

Staff were kind and caring and knew people well. People and their relatives spoke highly of the care. One person said, "The staff are fantastic, brilliant, really lovely. They'll do anything for you." People were supported to express their views and to be involved in planning their care and support. A staff member explained, "We see it as fundamental to ensure people remain as independent as they can be." Staff encouraged and supported people to be as independent as possible. People and their relatives were supported to plan for care at the end of life.

Complaints were recorded and responded to appropriately. People felt confident that their concerns would be addressed.

There was a clear management structure and people knew who the registered manager was. Staff reported effective communication systems and spoke positively about partnership working. A visiting health care professional confirmed that staff worked in partnership to achieve good outcomes for people. The registered manager provided visible leadership and people, relatives and staff spoke highly of them. All the people that we spoke with said that they would recommend the home to other people. One person said, "I wouldn't change a thing, the service is great. I've only got praise for the home."

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 assessed and managed. Staff understood their responsibilities with regard to safeguarding people.

There were enough staff to care for people safely. Recruitment procedures were robust.

People received their medicines safely. Infection control procedures were followed. Incidents and accidents were monitored and lessons were learned.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to be effective in their roles. Staff understood their responsibilities with regard to the MCA.

People's needs were assessed and communication was effective in ensuring that good outcomes were achieved.

People were supported to have enough to eat and drink and to access health care services when they needed to.

Is the service caring?

Good

The service was caring.

Staff knew people well and treated them kindly and with respect.

People were supported to be involved in planning their care and support.

People were supported to remain as independent as possible.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were supported in a person-centred way. People did not always have enough to occupy them. Staff noticed changes in people's needs.

People's complaints were listened to and action was taken to address their concerns.

People were supported to plan for care at the end of their life.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems and processes for maintaining accurate records were not always effective.

Quality assurance processes were used to inform development and make improvements.

People and staff spoke highly of the registered manager. Staff were clear about their roles and felt well supported.

St Mary's Care Home

Detailed findings

Background to this inspection

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

The inspection was prompted in part by a notification of an incident following which a person using the service sustained a serious injury. The incident has been investigated by the local authority and the information shared with CQC indicated potential concerns about management of risks associated with pressure wounds. This inspection examined those risks.

This inspection took place on 11 July 2018 and was unannounced. The inspection team consisted of three inspectors, a specialist adviser who provided expertise about nursing care, and two experts 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.' Their area of expertise related to older people and people who were living with dementia.

Before the inspection the provider had submitted a Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service. This included any complaints we had received and any notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority for their feedback before the inspection and received feedback from one social care professional before the inspection.

During our inspection we spoke with 15 people, five relatives and two visitors. We spoke with 10 members of staff, and the registered manager. We observed staff interactions with people. We reviewed a range of records about people's care and how the service was managed. These included the care records for 10 people, medicine administration record (MAR) sheets, five staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected on the 5 April 2016 and was awarded the rating of Good overall.

Good

Is the service safe?

Our findings

People told us that they felt safe living at St Mary's Care Home. One person said, "I definitely feel safe here, staff are always looking in." Another person said, "Yes, I feel absolutely safe." A third person said, "I feel safe because the staff care about me here." At the last inspection on, 5 April 2016 we had no concerns about safety. At this inspection on 11 July 2018 it continued that people were supported to live safely at the home.

People had risk assessments in place and care plans guided staff in how to provide care safely. Risks to people were identified and assessments were made to determine the level of risk and to identify how best to support the person. For example, some people were at risk of developing pressure sores. Risk assessments had been completed and were regularly reviewed to ensure that risks were updated and managed effectively. Where a pressure wound was present care plans included detailed descriptions of the wound site, the size and type of wound and clear actions for staff to take. This included how often the wound should be monitored for deterioration and when to seek advice from health care professionals such as Tissue Viability Nurse (TVN). Staff had received training in pressure care, wound management and nutrition. Staff demonstrated clear knowledge and understanding of good practice in managing skin integrity.

Risks associated with people's mobility were regularly assessed. Care plans included details of any equipment that was needed to support people to move around safely. For example, some people needed staff to assist them to move around or to support people to be repositioned. Care plans provided clear guidance for staff in how to support people and what equipment should be used, including details of hoists and slings if appropriate. Staff had received training in safe manual movement techniques and we observed staff assisting people throughout the inspection. Staff were confident and calm in their approach and we heard them explaining what they were going to do and reassuring people throughout the manoeuvre. One person told us, "Staff are always careful when they help me and others to move."

Environmental risks were assessed and managed effectively. Records showed that issues were identified and addressed promptly. Staff described good communication with the estates management team. One staff member said, "If we notice a problem and report it, it will be attended to quickly." Regular checks were in place to monitor the environment and risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. A fire risk assessment had been undertaken and Personal Emergency Evacuation Plans (PEEPS) were in place for each person living at the home. PEEPS identified the assistance that people would require in the event of needing to evacuate the building in an emergency, such as a fire.

Relevant checks had been undertaken to ensure that staff were safe to work within the health and social care sector. Prior to their employment commencing, staff employment history and references from previous employers were gained. Appropriate checks with the Disclosure and Barring Service (DBS) were also undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. This ensured that people were protected against the risk of unsuitable staff being recruited.

People and their relatives told us that there were usually enough staff on duty to care for people safely. One person said, "There's no shortage of staff, they always come quickly when I call." Another person said, "Usually there are enough staff, when I ring the bell they come quickly." A relative told us, "There are enough staff working here." The registered manager told us that staffing levels were determined according to the needs of people living at the home. They said that staffing levels were maintained with minimal use of agency staff. We looked as a sample of staff rotas and could see that staff levels had been maintained. Staff told us that there were enough staff on duty. One staff member said, "We are fully staffed, I never feel we struggle. Weekends and nights are no different." Another staff member said, "We have enough staff to give person centred care. We have time to spend with people, particularly in the afternoons when we can get involved in activities." Our observations throughout the day confirmed that there were enough staff on duty to keep people safe and people did not have to wait to have their needs met.

People were receiving their prescribed medicines safely. Medicines were stored safely and securely. Only appropriately trained staff had access to the medicines. People received their medicines as prescribed. There was an electronic records system and staff described the benefits of the system. One staff member said, "This is a safe way of giving medicines because we get an alert if there are any gaps in the records." The registered manager said that the electronic system had improved governance of the administration of medicines and there had been fewer errors as a result. Some people were prescribed PRN medicines. PRN medicines are given 'when required' and should be administered when symptoms are exhibited. There were clear protocols in place to guide staff on when these medicines should be administered. People told us they were happy with the support they received. One person said, "They bring my medicines at the right time, I never have to ask." Another person said, "I have my medicine and the staff check that I have taken it."

Staff had received training in safeguarding people and demonstrated a clear understanding of their responsibilities for keeping people safe. Staff spoke with confidence about how they would recognise signs of abuse and described actions they would take. One staff member told us, "We are informed about safeguarding alerts and any lessons learned in our staff meetings or handover meetings. "We noted that records of a staff meeting included feedback on a safeguarding enquiry that had taken place. Learning from the enquiry included ensuring that records were maintained consistently.

Incidents and accidents were recorded and monitored. Actions were taken to reduce risks of further incidents. For example, one person had fallen twice in two days so a test was taken to check for signs of an infection and a referral was made to the GP for treatment. In addition to this the person's care plan was reviewed and updated to include additional staff observations to ensure the person's safety.

Infection prevention and control procedures were in place and we observed staff were using appropriate personal protective equipment (PPE) when supporting people with personal care. We noted that all areas of the home were clean and tidy. Equipment was regularly checked and cleaned and staff were following infection control procedures. One relative commented, "The home is always very clean."

Good

Is the service effective?

Our findings

At the last inspection on 5 April 2016 we found inconsistent practice with the requirements of the Mental Capacity Act 2005. This was identified as an area of practice that needed to improve. At this inspection on 11 July 2018 we found that improvements had been made and people were being supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible.

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.

Throughout the inspection we heard staff checking with people before providing care and support. One person told us, "When they are helping me they always check whether I am happy about what they are doing." Another person said, "They always ask before doing something." Where people were unable to make decisions for themselves staff had considered the person's capacity under the MCA. For example, some people had been assessed as needing to use bed rails to keep them safe. Staff explained that where possible they avoided the use of bed rails which could be restrictive and used low rise beds and crash mats to prevent people from injuries if they did fall out of bed. This showed that staff were considering the least restrictive option for people when making decisions that were in their best interests. Staff had received training in MCA and DoLS. They demonstrated a clear understanding of their responsibilities with regard to seeking consent. Referrals had been made for Deprivation of Liberty Safeguards (DoLS) and we could see that staff understood how these were implemented.

People's needs and choices had been assessed in a holistic way to take account of people's physical and mental health and their social needs. Appropriate assessments were undertaken to identify how to achieve effective outcomes for people. For example, risks to one person's skin integrity had been assessed using an accredited tool in line with good practice guidance. A care plan gave clear instructions for staff in how, when and where cream should be applied. Another person's care records showed that open wounds had been identified and a wound action plan had been implemented. Records showed that this had been effective in healing the wounds and regular monitoring continued to ensure their skin condition continued to improve. Staff we spoke with were knowledgeable about good practice in skin care.

Some people were living with dementia and had mental health needs. Appropriate assessment tools had been used, for example, to assess the level of depression for some people. Care plans were in place to address the person's mental health needs and guided staff in how to recognise low mood and what actions to take to encourage and support the person. An emotional needs care plan was in place for one person

who sometimes had behaviour that could be challenging to others. We noted that advice from a mental health professional was included within the care plan for this person.

Equipment to support people to remain independent when moving around was included within care plans. The provider was using technology to support some people and keep them safe. For example, one person who was living with dementia had been prescribed a sensor mat which alerted staff when the person stood up. This meant that staff were able to respond quickly to support the person to move around safely.

People and their relatives said that they had confidence in the staff and felt they were well trained. One person told us, "Staff do seem well qualified." Another person said, "I think they are very well trained. They seem to know what they are doing." Staff told us that they had access to the training and support they needed. One staff member explained how training had been effective in supporting people who were living with dementia. They said, "It's very effective, building on what's positive for the person concerned." Records showed that staff received ongoing annual appraisals to identify any development needs. Staff told us that new members of staff received a thorough induction and were able to shadow more experienced staff until they were confident. Staff said they felt supported in their roles. One staff member said, "I get regular supervisions from a team leader or nurse." 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.

Staff described good communication and positive arrangements for working together and with health care professionals. One staff member told us, "Handovers are good. The information keeps you up to date with what's going on." We observed a handover meeting and noted that staff demonstrated a good awareness of the needs of people they were supporting. A visiting health care professional told us that staff knew people well and they were aware of recent changes in one person's treatment plan. They said, "I have no concerns, the staff are clear about what they are doing." People and their relatives told us that staff supported people with their health needs and made referrals in a timely way. One person said, "If I was unwell they would call the doctor in." People's day to day health needs were monitored and staff supported them to access appropriate health care support, for example, we noted that people had regular visits from a chiropodist, optician and dentist.

People told us they enjoyed the food on offer at St Mary's Care Home. Their comments included, "The food is excellent and the meals times are sociable," "You can choose what you want each day," and, "If you don't fancy a dish they will do you something different." We observed the lunchtime meal. People who needed help to eat were being supported effectively by staff. There was a sociable atmosphere with people chatting to each other and to staff. Some people were having their meals in their rooms. Each meal was brought from the kitchen in a hot box to ensure that it was served hot. People were included in decisions about food and drinks and their religious and cultural needs were noted and respected. For example, there were vegetarian options available at every meal. People could access food and drinks outside of meal times and we noted that staff were offering drinks to people throughout the day of the inspection. Risks associated with eating and drinking had been identified and assessed. Some people had been supplied with special equipment such as adapted cutlery, plates and cups to enable them to remain as independent as possible. Some people had swallowing difficulties and needed a modified diet to reduce the risk of choking. Care plans included details of the support that people required at meal times and records showed that monitoring of people's food and fluid intake was completed consistently and their weight was checked regularly to identify unplanned weight-loss.

The premises was suitable to meet people's needs. Rooms and corridors were spacious and could accommodate wheelchairs and hoists. People who could move around independently or with support, told

us that they could access the garden and used a lift to move between floors at the home. There was level access from the dining area onto a wide terrace overlooking the grounds. People told us they enjoyed using this sitting area and we observed people going out onto the terrace, both independently and with staff support, throughout the day of the inspection.

Good

Is the service caring?

Our findings

People told us that they were treated well and staff were kind and caring. One person said, "The staff are fantastic, brilliant, really lovely. They'll do anything for you." Another person said, "The staff are very good, kind and attentive, they look after me very well." A third person said, "All the staff are absolutely delightful, very sweet." People's relatives also spoke highly of the caring nature of the staff. One relative said, "I think they are all very caring from the nurses to the housekeepers." Another relative told us, "The staff are very kind to all the residents." Relatives described being made to feel welcome and said there were no restriction on visitors. One relative said, "They always greet you with a smile and offer a cup of tea."

Staff demonstrated that they knew people well and had knowledge of people's preferences and the people and things that were important to them. One staff member told us, "The care plans have good background information and we talk to relatives too."

Some people had difficulty with communication. Staff used a range of techniques to support people to communicate. For example, a pictorial menu was available for people in the dining room to support people with choosing the food they wanted. Staff used pictures and symbols to help people to express how they were feeling. Some people had learning difficulties and staff told us about how they supported people to communicate. One staff member said, "We get to know people so we can relate to them and find the best ways to communicate. For some people body language is more important then verbal communication." Care plans included details of people's communication needs. There was clear guidance for staff in how to support people. For example, guidance included speaking slowly and clearly in front of the person and allowing time for them to process the information. We observed staff using these techniques when talking with a person who had hearing loss.

People told us that staff listened to them and respected their views. One person said, "I get on well with the staff, they do listen to me if I have an opinion." Another person said, "I am treated very well, the staff are kind to me. I only have to ask and someone will help me if I want it." A relative told us about their relation's care saying, "The staff allways respect her wishes, they don't just do things to her, they do them for her and with her." We observed staff treating people with kindness and showing concern for their well -being. Staff communicated with people in a warm and friendly way. One person told us, "The staff are very good, especially if people are tired or upset, they are quick to help."

People and their relatives were involved in making decisions about their care. One person told us, "They talked to me about what help they thought I needed when I first came here. When they thought I needed more help they explained to me why." Another person said, "They are good at talking to me and to my son." A relative told us, "The staff are very open and willing to talk to you and involve you." Another relative said, "They did set up a care plan and they do review it. I feel that I can approach the staff at anytime about any issue."

The registered manager embraced and had started to develop a positive and diverse workforce in order to meet the needs of people who received a service. For example, where English was not a person's first

language support was provided by a care worker who spoke the same language and who had the same cultural heritage. People's preference for male or female care staff was noted in their initial assessments and care plans. Staff members were then allocated who reflected people's preferences. One person said, "I prefer to be seen by females and they know that and provide it."

Records were kept securely and staff demonstrated a clear understanding of their responsibilities to protect people's confidential information. People said that their privacy was respected. One person told us, "They close the door and curtains when they're helping me, they are very good." People said that staff always knocked on doors and waited to be invited in. We observed this happening during the inspection.

People told us they were supported to be as independent as possible and that their dignity was respected. One person said, " I do feel I can be as independent as I want." A staff member explained, "We see it as fundamental to ensure people remain as independent as they can be." They went on to explain how they maximised choices available to people. Another staff member said, "We identify and promote ways for people to remain as independent as possible." During the inspection we observed staff encouraging people and supporting them to do what they could for themselves. One relative told us, "The staff encourage my relation to do as much as she can for herself and show her different ways to try and do things." People's care plans guided staff in how to support people to regain their confidence for example, in re-learning skills to improve their independence. One relative told us about the support that their relation had received to manage their continence, saying, "We didn't want her to lose her dignity." They described how staff had listened to and worked with the person saying, "They have listened and done things in the way she wants."

Some people who were living with dementia had behaviours that could be challenging to others. Staff told us they had received training in how to support people with positive behaviour plans and this reduced the need for sedating medication. This was reflected within people's care plans. The registered manager told us that using positive behaviour support strategies instead of using medication, enabled people to remain more physically active and improved their independence. They described the positive benefits that people experienced through being able to move around freely and retain independence and control in their lives.

Requires Improvement

Is the service responsive?

Our findings

People told us they were receiving care that was responsive to their needs. One person said, "I get the care I expect and I choose how to spend my time." Another person said, "They give me the care I need." A third person said, "They know me well and what I like and don't like." However, despite these positive comments we found some areas of practice that needed to improve.

Care records showed that people, and where appropriate their relatives, were involved in developing care plans based upon assessments of their needs and preferences. Care plans were detailed and reflected the physical and mental health needs of people as well as their emotional, spiritual and social needs.

The home had staff dedicated to coordinating an activities programme. We saw that there were organised activities planned for each day. However, not everyone at the home felt that there were activities available that were meaningful or relevant for them. People told us that they did not always have enough to do. One person said, "I like the surroundings here but it is boring. There's nothing to do." Another person said, "I don't join in the activities, there aren't many on offer that interest me." A third person said, "There could be more activities and entertainment." A further person commented, "I'm not bothered about the activities, they come and tell me what's on." Another person told us that there was an activities plan and they said, "I go to what I fancy, they get musical entertainers in sometimes." There was little evidence to show how people's interests and hobbies had been incorporated into the activities programme.

Some people were living with dementia and we noted that when organised activities were not happening, there were few opportunities for people to engage in a meaningful occupation. Some people were able to amuse themselves by reading a newspaper of magazine. However, there were no other resources within reach for people to use independently. Staff were noted to be around to offer drinks and biscuits to people but no staff were spending time with people or engaging with them. This meant that some people were sitting with nothing to do and no stimulation for long periods of the day. This is an area of practice that needs to improve.

SCIE guidance states that person-centred planning is a process for continual listening and learning, focusing on what is important to someone now and in the future and acting upon this in alliance with their family and friends.

We recommend that the provider finds out more about providing meaningful occupation, based upon current best practice in relation to the specialist needs of people living with dementia.

Following the inspection, the provider sent us information about the steps they were taking to make improvements to the activities programme.

People were supported to retain relationships with people that were important to them. For example, staff told us how they supported one person to use an electronic tablet to communicate with their family members via the internet. A relative told us, "Staff are very good at keeping us informed." One person told

us, "Communication with my friends and family is very good."

People told us that staff were responsive to changes in their needs. One person said, "They treat us all as individuals, as human beings." A relative described how staff had reacted to changes in a person's mood, explaining how this had led to improvements in their relation's health and well-being. They told us, "He is so much better now."

The provider was a faith based charity and the values of the organisation were based upon the Roman Catholic Faith. The registered manager said that people of any religion would be welcomed and Christian's from a Roman Catholic or Church of England background were encouraged to live at the home. People's religious needs were included within care plans. People told us that they were supported to follow their religious beliefs. A minibus was available to take people to a chapel in the grounds for a religious service on five days of the week. We noted that a number of people had chosen to attend on the morning of the inspection. Staff had received training in Equality and Diversity. The registered manager explained that staff received training on the ethos and values of the provider as part of their induction and that this included encouraging respect for each other, being welcoming and offering spiritual support to people.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Some people had communication needs due to their disability or sensory loss. Care records highlighted this information and included clear guidance for staff in how to support the person with communication. For example, one person who was living with dementia was experiencing difficulty with speaking to people. The care plan identified actions for staff to take including ensuring that they included the person in conversations and to explain what was going on using short sentences and visual aids including items of reference. We observed staff using these techniques during the inspection. A visiting health care professional told us that staff were knowledgeable about people's individual needs and told them about any particular communication needs that people had.

The provider had a complaints procedure in place to respond to people's concerns and to drive improvement. Formal complaints were investigated and responded to in line with the provider's procedure. People told us they knew how to complain and would feel comfortable to do so. One person said, "I've never had to complain yet but I would go straight to the manager." Another person said, "I would say if I was unhappy and I'm sure they would sort it out."

People were supported to plan for care at the end of their lives. Staff had received training in providing end of life care. One staff member described the support provided as a "real strength of this home." They explained that family members were supported and encouraged to be involved in the planning and provision of care for people at the end of life. One staff member said, "Families are given lots of space and choices and we put a lot of planning into end of life care. People are very involved in making choices." Care records included details of people's wishes such as who they would like staff to contact if their health deteriorated suddenly. Particular wishes associated with people's religious or cultural beliefs were also clearly documented.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 5 April 2016 we had no concerns regarding the management and leadership at the home. However, at this inspection on 11 July 2018 we found some areas of practice that needed to improve.

Prior to the inspection we were contacted by the local authority about concerns they had in relation to standards of record keeping and lack of management oversight. We found that systems and processes for managing records of people's care and support were not consistently effective in maintaining a complete and contemporaneous record of care provided to people. People's care records were a mixture of electronic and paper records. Not all care plans were personalised. For example, some care plans had little information about the personal history and background of the person and lacked details about people's preferences, interests and what was important to them. Care plans were detailed however they focussed on the tasks that were required. This meant that it was difficult to "see the person" within the care plan. Care plans did not always guide staff in what was most important to people, including their likes, dislikes, hobbies and interests, and their preferred daily routines. Staff knew people well and they were providing care in a person-centred way however this was not always reflected in the documentation. This meant that there was a risk that people may not always receive care in the way that they preferred. This was identified as an area of practice that needs to improve.

Files were not always maintained in good order and information was difficult to find. For example, some records were kept electronically, others were paper based documents such as those completed by visiting professionals. Not all documents were stored together. This meant that systems for auditing records and monitoring decisions taken about people's care, were not always operating effectively. We discussed this with the registered manager and the provider who acknowledged that this was an area of practice that needed to improve so that they could be assured that records were accurate, complete and contemporaneous.

The provider told us that there had been recent changes to their management structure and governance arrangements. They said this had resulted in a review of systems for supporting registered managers as well as for providing oversight and governance of the quality of care provided at the home. New arrangements were in place but were not yet fully embedded and sustained.

The registered manager used a number of systems to monitor quality. Questionnaires were sent to people, their relatives and visiting health care professionals to gather feedback on the service. The registered manager said that this information was used to drive improvements at the service. They gave the example of the balcony terrace which overlooked the grounds of the home. This was developed following feedback from people about wanting to be able to go outside more easily.

A number of audits and quality assurance visits took place on a regular basis. For example, a pharmacist undertook a visit to assess how medicines were managed and administered. The registered manager explained that the provider visited the home on a regular basis to offer support. They spent time with people and observing the provision of care as part of their quality monitoring process. The provider said that regular

unannounced spot checks were undertaken during the night to assure themselves of the quality of the service at night time. Learning from quality assurance processes was used to improve the quality of the service.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014. For example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

People and their relatives told us they found the registered manager to be approachable and easy to talk to. One person said, "The manager is a super person, she will do anything for you within reason." A relative told us, "The manager is very good with all the residents." All the people we spoke with told us that they would recommend the home to other people. Their comments included, "It's like a five star hotel," and "They do well here, it's a wonderful place."

Staff also spoke highly of the management of the home. One staff member said, "It's a well-led service. If there's any problems the manager is always available." Another staff member told us, "The manager is very hands-on and actively interested in all the residents. She knows them well as individuals and is involved in reviewing their care plans. "The registered manager was able to talk knowledgably about all the people living at the home. The registered manager had a visible presence in the home. During the inspection we observed how people interacted with the registered manager, they appeared to recognise them and to be comfortable in their company. One person told us, "I see the manager around the home most days, she always stops and chats and checks everything is alright. I would recommend this place to anyone."

The ethos and values of the home were based upon the Roman Catholic faith and staff received training in this during their induction. Staff were expected to uphold the values of the provider and their ethical code, for example with regard to the sanctity of life and respect for people.

There was a clear management structure and staff understood their responsibilities. They described feeling well supported and said that communication was effective. Staff told us that their views were sought on developments at the home. One staff member said, "We have staff surveys and staff meetings so there is plenty of opportunity to have our say." Another staff member said, "The management value the staff and we have 100% support. We are listened to and we don't have a big turnover of staff because staff are happy here." Another staff member told us, "It's a happy home for residents and staff. People tend to stay

People and their relatives told us the home was well run. One person said, "It all runs very well, there's nothing I would change." Another person said, "I wouldn't change a thing, the service is great. I 've only got praise for the home." A relative told us , "I have peace of mind knowing my relation is well looked after."

Staff had made positive connections within the local community. For example, students from a local college volunteered at the home. Staff had accessed advice and support from a local hospice. Staff described positive communication with a range of health care professionals. A visiting health care professional confirmed that staff worked in partnership to achieve good outcomes for people. The registered manager attended local management improvement groups to keep updated with good practice.