Bupa Care Homes Limited

St Mark's Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

St Mark's Care Home provides personal and nursing care to a maximum of 39 people who are living with a dementia or a mental health condition. At the time of the inspection there were 35 people who used the service.

St Mark's Care Home is an established service, which had been previously registered under a different provider. This is a first inspection of a newly registered service.

This inspection took place on 26 September and 3 October 2017. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. We informed the provider of our visit to the service on 3 October 2017.

The service had a registered manager. 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 a 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 time of the inspection the registered manager had taken on an additional role for the provider so was not working full time at the service. However, the clinical services manager was acting as an interim manager. For the purpose of the report we will refer to them throughout as the manager.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

We received mixed reviews when we asked people, staff and relatives if there were enough staff on duty to meet the needs of people. We spoke with the registered manager after the inspection who told us they would review people's needs and speak with the provider with a view to increasing staffing levels.

We have made a recommendation about reviewing staffing levels.

Since the registration of the new provider no new staff had been employed. However, the manager told us about the pre-employment checks that were made to reduce the likelihood of employing people who were unsuitable to work with people.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and staff were suitably trained and received all the support they needed to perform their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, further work was needed to ensure decision specific Mental Capacity Assessments and best interests decisions were in place when people lacked capacity.

People were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff were kind, caring and interacted well with people.

Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care need. Staff encouraged people to actively participate in meaningful leisure and recreational activities that reflected their social interests and wishes, and maintain relationships with people that mattered to them. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the management team. Quality assurance processes were in place and regularly carried out to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met. Feedback was sought from people who used the service through regular meetings'. This information was analysed and action plans produced when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We received mixed reviews from relatives and staff when we asked if there were enough staff on duty to meet people's needs.

Staff knew how to report any concerns about the safety of people who used the service.

People's medicines were stored, administered and disposed of safely; regular competency checks and audits ensured errors were minimised.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained.

Decision specific mental capacity assessments and best interest meetings were not in place for all areas where people lacked capacity.

People were supported to make their own choices around their food and drink. Staff worked with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good

This service was caring.

Staff spoke to people kindly and in a respectful and dignified way.

People were encouraged to maintain contact with their relatives.

Staff knew people who used the service well and involved people in all aspects of their care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their care planned.

People had access to opportunities for social stimulation or activities.

There was a complaints procedure available for people and relatives should they be unhappy with any aspect of their care or treatment.

Is the service well-led?

Good

The service was well led.

People received a reliable, well organised service and expressed a good level of satisfaction with the standard of their care.

Staff were supported by the management team and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

St Mark'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 checked 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 26 September and 3 October 2017. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. We informed the provider of our visit to the service on 3 October 2017. The inspection was carried out by one adult social care 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.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. We emailed the local authority commissioning team and the safeguarding team at the local authority to gain their views.

We had not requested 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 used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included four people's care records including care planning documentation and medicines records. We also looked at six staff files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the manager, acting deputy manager, activity co-ordinator, two nurses, four care staff and an agency care worker who was providing one to one support to a person who used the service. After the inspection we spoke with the registered manager on the telephone and exchanged numerous e-mails.

During the inspection we spoke with 10 people who used the service and seven relatives. After the inspection we spoke with an additional two relatives on the telephone.

Requires Improvement

Is the service safe?

Our findings

Communication with most people who used the service was limited because people were living with a dementia. We spoke with one person who told us, "Yes I'm safe and the staff are very good." A relative told us, "It's a safe place. Most of the staff are very pleasant." Another relative said, "When I go home I am confident [Person who used the service] is safe and well looked after."

We received mixed comments from relatives and staff when we asked if there were sufficient staff on duty to meet people's needs. One relative said, "[Person who used the service] is well looked after. Generally speaking there are enough staff. On one occasion there were no staff in the lounge (upstairs), something had happened elsewhere." Another relative commented, "The majority of time there are enough staff. There is the odd time when staff ring in sick and they are short." A staff member we spoke with told us, "I think there are enough staff on duty. There is always one staff in the lounge at all times to ensure people are safe."

Another relative commented, "I don't think there is enough staff. Sometimes [person who used the service] will go to the toilet and take [their] pad off and staff don't check. Staff will forget about [person]." Another relative said, "The staff are caring but there isn't enough of them. There is always a nurse in the lounge but some [people] need two staff to help and they have to wait." Another relative said, "They [staff] do their best but some people are challenging. In a perfect world there would be more staff." A staff member we spoke with told us, "There definitely isn't enough staff on duty. The nurse is busy with medicines and isn't always available to help. People do have to wait."

The service had two units. Preston unit on the ground floor of the service was full with 19 people who used the service. On a morning there was one nurse on duty and three care staff to support people. This reduced to one nurse and two care staff on an afternoon. At the time of the inspection Ropner unit on the first floor of the service accommodated 16 people. The same staffing was in place for this unit as Preston unit. Overnight for both units there was one nurse and three care staff.

Observation during our visit showed that there was always a staff member in the lounge area on both floors during the day. However, we did see that people had to wait for support. Staff told us on night duty they were busy from the start of the shift supporting people to get into their nightwear and go to bed, which meant those people who wanted to stay up later were in the lounge area on their own. We raised our concerns with the registered manager after the inspection who told us they would review staffing levels and speak to the provider.

We recommend the service review the dependency of people who use the service to determine if there are enough staff to support people and meet their needs.

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the manager would respond to any concerns raised.

Since the change in provider there hadn't been any new staff employed. However the manager was able to talk us through the recruitment procedures they followed and checks undertaken before new staff commenced employment. For example, disclosure and barring service checks. These were carried out before potential staff were employed to confirm whether applicants had a criminal record or were barred from working with people.

We looked at how staff helped protect people against the risks they may face, such as falls, choking, moving and handling, using equipment and weight loss. Risk assessments were in place detailing what the risks were, when they might be most prevalent and what staff could do to reduce those risks. Staff we spoke with demonstrated a good awareness of these risks.

We noted and staff told us the first floor of the service was very warm. People who used the service were not too hot; however the staff had struggled to work in the heat. There was a plentiful supply of drinks and people who used the service and staff. We asked the manager to monitor the temperatures within this unit. Measures to reduce heat were in place, for example curtains were closed when the sun was shining. We were told that there were thermostats on most radiators; however heating was controlled centrally at the providers head office. The registered manager contacted us after the inspection to inform they had contacted the provider to turn down the temperature of the radiators. They were to continue to monitor the temperature to ensure people and staff were warm and safe.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) that we looked at were completed correctly with no gaps or anomalies. We asked what information was available to support staff when handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. The room temperature in which medicines were stored was monitored daily to ensure it didn't exceed the maximum limit for the safe storage of medicines.

We did note that the flooring in the medicine room was cut in places and didn't meet the walls. This meant the flooring could not be easily washed and there was an increased risk of infection. In addition the walls were marked and in need of painting. The registered manager contacted us after the inspection to inform that new flooring and skirting board had been fitted to the medicine room and the walls were to be painted in the next few weeks.

Maintenance records showed that relevant equipment had been regularly serviced and checked, for example emergency lighting, fire detection and fire extinguishers, gas and hoists. This meant people were prevented from undue risk through poor maintenance and upkeep of systems.

Good

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "The staff are wonderful. They can't to enough. Unfortunately [person's] condition has declined but the staff still manage to get a little smile out of [person]." The same relative told us, "When [person] got sepsis a few months ago they [staff] spotted it straight away." Another relative commented, "They [staff] have got [person] walking again. [Person] was very poorly a year ago but now [person] is much improved."

Staff confirmed that they had supervision and the management were always available for support. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Through supervision it could be identified if further performance management was necessary to help staff in particular areas they may struggle with. Supervision also gave staff the opportunity to identify any areas they wanted to develop further or support they wanted to receive. One staff member said, "I feel supported. I get supervision about every six weeks." Records were available to confirm that staff had received their annual appraisal.

Records we looked at showed staff had received the training they needed to meet the needs of the people using the service. This training included, safeguarding, first aid, infection control, moving and handling, medication and fire training. Where there were gaps the manager was aware of this and had taken action to address this. Most staff complimented the training. One staff member said, "The dementia training was very good. It taught us about different areas of the brain and the different types of dementia." One nurse we spoke with told us they thought some of that some of the training for nurses could be aimed a little higher. They though some of the content was aimed more at care staff. We pointed this out to the manager. One nurse needed some training on clinical skills and the registered manager contacted us after the inspection to inform us they had taken action to address this.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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 on authorisations to deprive a person of their liberty were being met. We found that the provider had made applications to the local authority about the people who lived at the service because people needed supervision both inside and outside of the home. We found 30 people's DoLS applications had been authorised by the local authority and four were pending. In this way the provider was complying with the requirements of the Mental Capacity Act.

Although some MCA assessments and best interest decisions were available in people's care records some

had not been undertaken for areas such as using the hoist, personal care, health, sensor mats and other equipment and the management of people's medicines. We pointed this out to the manager and spoke with the registered manager after the inspection who told us that they had commenced the process of adding these to care records.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care and assisting with eating and drinking. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

We looked at the menu plan which provided a varied selection of meals and choice. People were supported to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. We asked people if they enjoyed the food that was provided. One person said, "The food is good. I like well cooked egg sandwiches. I like a Sunday dinner and Yorkshire puddings are my favourite." A relative commented, "The food seems well balanced, protein and carbohydrate, three courses at lunch time. We've eaten here too. [Person] eats everything."

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. Discussion with the manager and examination of records informed that when people had lost weight they had been referred to the dietician.

Nursing and care staff demonstrated a good knowledge of people's needs and how they helped them. We saw a range of evidence that demonstrated staff liaised with external professionals to ensure people's primary healthcare needs were met. For example tissue viability nurses, dieticians, speech and language therapy (SALT) and doctors. We saw advice from these professionals was incorporated into care planning documentation.

Good

Is the service caring?

Our findings

People told us they were happy and that the staff were very caring. One person said, "The staff are kind and very helpful." Another person told us, "All the staff are pleasant and speak with respect." Another person commented, "I'm well treated here. The staff are very nice. They are very good to me." A relative said, "Excellent care, really pleased with it. We chose the home, we looked at a few. I liked the atmosphere. No one was sat there doing nothing, it's bright and clean. The staff are very good. They are so kind and patient." Another relative said, "They are very caring and they treat me like one of the family."

Care plans indicated that people or their relatives were involved in the development of their care plans and in their review. Care records contained information regarding people's life history and their preferences. Relatives told us they were always made to feel welcome when they visited. One relative commented, "We're always welcome, no matter what time we come. We're always offered a cup of tea. We come separately twice a week at different times. They do exactly what they say on the tin! "

Observations throughout the inspection showed staff were caring and respected people's privacy. Staff were polite, friendly and caring in their approach to people. People were relaxed and happy and were able to freely move around all areas of the service. There was good rapport between people and staff. Staff sat with people and engaged in an unhurried way chatting about common interest and what was important to the person.

Where people were anxious we saw staff interacted with them in a kind and compassionate way. Staff were able to distract people from these anxieties by chatting with them and providing reassurance or by taking part in an activity. Staff demonstrated a good knowledge of people's individualities and how best to support them. Whilst people had a wide range of needs and at times anxieties, we found the atmosphere to be calm during the inspection. People's rooms were personalised with photographs and mementos.

Staff generally interacted very well with people who used the service. People and staff engaged in conversation, general banter and there was laughter. We observed staff accepting physical contact such as holding hands and hugs to ensure people were emotionally supported. We observed one instance of interaction between a staff member and a person who used the service which was not managed as well as it should have been. We pointed this out to the manager at the time of the inspection who told us they would take action to address this. When we returned for our second visit the manager showed us a record of formal supervision they had undertaken with the staff member which included a reflection of practice. All other staff interactions we observed were caring.

Staff were patient when speaking with people and took time to make sure that people understood what was being said. On the morning of the inspection we saw how one member of the care staff spent time with people giving them choices about what they would like for lunch. The staff member made sure each person was aware of the individual choices available for them. We saw staff were affectionate with people and provided them with the support they wanted and needed.

Staff respected people's dignity and lowered themselves to eye level when speaking with people who were sat down. Staff explained where they were going with people, or how they intended to help them. Communication was geared to the needs of the person who used the service. Staff told us about training they had undertaken on dementias which had helped them gain additional insight.

It was clear staff knew people's care needs well. Staff were able to give detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. Staff had enhanced the external gardens and planted a memorial rose tree. There was also a plaque next to this with a verse. The activity co-ordinator told us name plaques of deceased people who used the service were to be added at a later date.

Good

Is the service responsive?

Our findings

People and relatives told us they felt the service provided personalised care. One person said, "I'm very happy here but if I wasn't I would tell one of the staff." Another person told us, "I'm now back to my old self. I wasn't very well when I first came, but now I am feeling so much better." A relative said, "I am very pleased with the care. When [person] was in the other care home they had [pressure area] sores but since coming here [person] hasn't had one."

The majority of people who used the service and relatives we spoke with were content with the level and range of activities available. The service had an activities co-ordinator in place. They worked 5 hours a day usually from 11am until 4pm from Monday through to Friday. The activities co-ordinator told us they worked some weekends or longer hours if there is something special on, for example, Easter or Halloween.

The activities co-ordinator told us about a wide range of activities. On the first day of the inspection there was a German beer festival, which was part of the homes 'European Express' where they visited a different country each week, tasting the food listening to music and talking about the country. People got to taste different beers. Some beers were non-alcoholic for those people taking medicines. We saw people clearly appreciating this event. One person praised the head on their beer and raised their glass in appreciation to staff before they took a sip.

Staff had raised money over the summer through sponsored walks, bingo and other events and purchased a summer house to be used by people and their families. This had been decorated, but needed lighting and heating fitted, so its use in the autumn and winter will be limited until there was an electricity supply. A new wildlife garden was in the process of being established in the grounds.

There were meaningful activities for people living with a dementia. A variety of entertainers visited the home monthly and people took part in pet therapy in which they got to see, talk about and hold animals such as dogs, rabbits and owls. People liked to bake and this activity generated reminiscence about the smells and tastes. People had grown carrots, cabbage and broccoli. On the afternoon of the first day of the inspection six people went to a tea dance at the local museum. There were three families who went along and three carers volunteered their own time to attend. One person told us how they were looking forward to this event. They said, "I like to dance. I am really looking forward to this afternoon."

People had been assessed prior to their admission to the service and these assessments helped to inform care plans. People's preferences, their personal history and any specific health or care needs they may have were documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes and the personal abilities of people to manage their own care, along with the support they required from staff.

In general care plans in place were personalised and gave clear information for staff on how to meet people's needs. We did note that the care plan of one person identified they could become anxious and

needed reassurance, however the care plan did not identify the triggers to the anxiety and how staff were to reassure the person. We pointed this out to the manager at the time of the inspection who told us they would take immediate action to update the care plan. We were provided with an updated plan after our inspection to confirm this update had been made.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns.

Good

Is the service well-led?

Our findings

People and relatives told us they thought the service was well led. One person said, "They do a cracking job." A relative commented, "Yes this is well led. All of the staff are marvellous. I haven't needed to have much to do with the manager but [they] are very nice."

Staff told us the service was well-led and the registered manager was extremely approachable and supportive. "[Name of registered manager] is great and very supportive." Another staff member told us, "The manager is really good. I enjoy working here. It feels like a family rather than a work place." Staff also spoke positively of the interim manager who supporting the registered manager in the running of the service whilst they took on an additional temporary role within the company.

Management carried out a number of quality assurance checks, in areas including medicines, care planning, health and safety and staff records to monitor and improve the standards of the service. Any areas identified as needing improvement during the auditing process were analysed and incorporated into an action plan. A report was frequently produced in relation to quality.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service, training, safeguarding and more. Meetings for people who used the service had also taken place. These were used to discuss menu choices, activities, upkeep of the home and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service. One person said, "I attend the residents meetings. They discussed the change of ownership. I hope the new company is as excellent as this one. The staff and management are approachable."

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

The manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.

The manager told us surveys for people and relatives were to be sent out in the near future to seek everyone's views on the service and quality of care provided. They told us any actions identified in the surveys would be documented in an action plan and used to drive improvement.