

Qualia Care Limited

St Marys Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Mary's Nursing Home is a purpose built nursing and residential home located in the Greater Manchester suburb of Moston. The home provides nursing care for people with physical disabilities, those living with dementia or related conditions, as well as palliative care, day care and respite care. The home is registered to accommodate a maximum of 74 people across three floors (named St Mary's, St Alexius and St Joseph's), however due to some bedrooms not currently being used, the maximum occupancy level was 69. At the time of inspection 66 people were living at the home.

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

We found improvements were still required in key areas including the safe management of medicines, management of modified diets, person centred care, record keeping, staff training completion and the home's auditing and quality monitoring processes. We identified four regulatory breaches, including three continuing breaches, as sufficient improvements in these areas had not been made.

People told us they felt safe living at the home. Relatives we spoke with also raised no concerns about the safety of their loved ones. Staff were knowledgeable about how to identify and report any safeguarding concerns, which had been reported to the local authority as per the reporting procedure. Accidents, incidents and falls had been documented consistently, with lessons learned discussed as a staff team to help prevent a reoccurrence.

People had not always received their medicines safely. We identified issues with administration practices, documentation and record keeping. The home was responsive to feedback and took steps during the inspection to address these concerns.

People and relatives spoke positively about the care provided and the caring nature of the staff. Staff were described as kind, warm and friendly.

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

People received personalised care which met their needs and wishes. However, we identified some practices which were not person-centred, such as people's bedroom doors being propped open, without staff confirming this was the person's preference.

People spoke positively about the food and drink provided, confirming they were offered choice and received enough. We identified some concerns with two people who required a modified diet, as they had been given foods contrary to professional guidance. This issue was addressed during the first day of inspection.

People reported staff were competent and knew how to do their jobs. Staff also told us they received sufficient training to carry out their roles. However, the training matrix evidenced staff had not been completing regular refresher training, to ensure skills and knowledge were up to date. This had already been identified by the current registered manager and a plan was in place to ensure completion.

People and relatives acknowledged there had been a number of personnel changes at the home over the last 12 months, but felt the home was a better place for it. The new management team were reported to be accessible, approachable and actively engaged in making improvements. A more robust auditing and quality monitoring process was being developed, however additional work was required to ensure this was identifying the types of issues we found during inspection. Greater oversight was also required to ensure daily documentation and the completion of supplementary charts was being done fully, accurately and consistently.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published) and there were multiple breaches of the regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safe management of medicines and modified diets, staff training completion, person centred practice and governance systems and processes.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Marys Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, an assistant inspector and a medicines inspector from the Care Quality Commission (CQC) 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.

Service and service type

St Mary's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the provider's quality assurance officer, unit manager and care workers.

We reviewed a range of records. This included eight people's care records, six staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, copies of certification and evidence of action taken to address concerns discussed during feedback at the end of the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

- People were not always given their medicines safely because systems in place were not effective. Some medicines in the home were out of date placing people at risk of being given medicines which would not be effective.
- People missed some doses of their prescribed medicines because there was no stock available. People were also at risk of being given doses of medicines too close together or at the wrong times.
- People did not always have written guidance in place for staff to follow when they were prescribed medicines to be given "when required" or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give.
- Information was missing to help staff give covert medicines safely. There was no advice from the pharmacist and there was no information about what food and drink each medicine could be mixed with.
- Records about creams were poorly completed and did not show that creams had been applied as prescribed.
- Staff did not make any records to show that people's drinks had been thickened, to make sure they could have drinks and other fluids safely without choking. Some of the information available to staff to tell them how to thicken people's drinks was out of date which meant people were at risk of choking.

The issues identified with medicines management placed people at risk of harm. This is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People did not consistently receive foods in line with professional guidance. For two people assessed as requiring a level 6 diet (previously known as 'fork mashable'), food charts indicated they had been provided with toast and roast chicken.
- Foods such as sandwiches, cake and chips had also been documented, which can be eaten if served in a

certain way, such as if containing soft fillings or covered in custard or gravy, however records did not specify this had occurred. Although neither person had come to any harm, being provided with the wrong foods placed them at risk of choking.

People had been placed at risk of choking due to dietary guidance not being followed and records failed to confirm certain foods had been served in an appropriate way. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Upon alerting the registered manager to the concerns, they ensured all staff were aware not to provide these foods again, until speech and language therapy (SaLT) had completed a re-assessment of each person's dietary needs. The importance of completing food charts accurately was also discussed.

- The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, hoists, the lift and fire equipment, which had all been serviced as per guidance with records evidencing this.
- Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans
- Where issues or concerns had occurred or been reported, the home followed a lessons learned process, which involved the completion of a team discussion to review what had happened and discuss options of how to avoid a reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at St Mary's. Relatives also had no concerns about the safety of their loved ones. One relative stated, "He feels safe here, no worries."
- Staff knew how to identify and report any safeguarding issues or concerns. Safeguarding training had been provided, although some staff's training was out of date and needed to be refreshed.
- The home had reported any safeguarding concerns in line with local authority guidance. A tracker had been used to log and monitor each referral, which included what had occurred, the action taken and outcome.

Staffing and recruitment

- We received mixed feedback about staffing levels within the home. People and the relatives we spoke with felt there were enough staff on shift. The majority of staff also told us staffing levels were sufficient, however some felt an additional staff member was required on one of the floors, to effectively meet people's needs.
- The home used a system for determining staffing levels, often referred to as a 'dependency tool'. The tool calculated the amount of staff needed to cover the number of care hours on each floor. We noted for one floor, people's care needs exceeded the number of staff allocated. This was the same floor on which staff had stated an extra staff member was required.
- We discussed this with the registered manager, who said they would complete a review of people's dependency levels and how staffing was allocated.
- The home was actively recruiting in order to provide consistency of care and reduce the use of agency staff. Staff told us they had noticed a change over the last few months. One stated, "Just hired new staff recently. We don't really use agency anymore."

Preventing and controlling infection

- The home was clean and free from odours with appropriate infection control and cleaning processes in place. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels.

Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

- We noted some furniture within the home required replacing, particularly some armchairs in the lounges which due to being fabric, would not be easy to clean and disinfect should they become soiled. We saw a plan for refurbishment, including replacing certain items of furniture was in place.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not completed regular refresher training, to ensure knowledge and skills were up to date. This was evidenced by the training matrix which contained a number of gaps and the training compliance report, which detailed the percentage of staff who have completed each session. The provider's training co-ordinator confirmed there was 'work to be done to achieve compliance'.

The provider had failed to ensure staff received or completed regular refresher training. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted the co-ordinator and registered manager had a plan to address the issues with training, including staff's non-attendance. This consisted of access to new online training, as well as providing face to face sessions at a range of locations. Two staff had also completed certified training courses, which allowed them to facilitate specific training sessions in the home.

- Staff told us they received supervision and an annual appraisal. The frequency of supervision sessions varied, with some staff stating these were held quarterly, others twice to three times per year. The home tracked supervision completion using a matrix. We saw all staff had completed at least two meetings since January.

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

- Prior to people moving in, pre-admission assessments had been completed. These ensured the home could meet people's care needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured as part of the admission process. This information had been used to help complete people's care plans.
- Each person we spoke with, told us they were happy with the care they received and were supported to make choices.

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

- People and the relatives we spoke with, were complimentary about the food and drink available and that enough was provided. One person told us, "Yes, the food is very nice. There's a good variety and it's healthy." Another stated, "No problem with the food, I get plenty."
- People were able to eat where they chose, we observed people eating meals in their bedrooms, the lounges and dining areas.

- Staff were attentive to the needs of people during meal times, supporting those that required assistance to eat, whilst maintaining oversight of everyone else.
- We identified some issues with the provision of modified diets and the accuracy with which food records had been completed. This is covered in more detail in the safe and well-led domains.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments of people's capacity to make a variety of decisions were located in care files. Each decision had been considered individually, in line with the MCA code of practice. Where people lacked capacity, meetings had taken place to make decisions in their best interest. However, whilst documentation included who had been involved in the decision-making process, signatures had not been captured to confirm their participation.
- Care files also contained consent forms, signed by the person or their legal representative, such as Power of Attorney (POA). Where people lacked capacity and had no POA in place for welfare, the best interest process had been used to determine consent.
- DoLS applications had been submitted where required, with a log used to monitor applications and ensure reapplication had been submitted in line with guidance.

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

- The home was part of a pilot scheme which involved an external primary health care provider supporting the home with people's wellbeing. The support included the completion of health-related care plans, ward rounds, medication reviews and provision of training.
- People had access to a range of medical and healthcare services, with GP's and other professionals regularly visiting the home. Guidance from professionals was included in people's care files and helped inform both risk assessments and the care planning process.
- Where concerns had been identified, such as unplanned weight loss, issues with skin integrity, or concerns with swallowing, we saw referrals had been made timely to professionals such as GP's, dieticians, district nurses and speech and language therapists (SaLT). This ensured people received the correct care and support.
- We saw the Waterlow, which is a pressure ulcer risk assessment and prevention tool, had been completed monthly. However, the calculation of people's risk had not always been done correctly. For example, existing medical conditions had not been considered, as per guidance.

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

- Some consideration had been taken to ensure the environment within each unit had been adapted to meet the needs of people who lived there, including the provision of plain flooring and walls with

contrasting handrails, to make them easier to identify.

- Plans were in place to make the environment more suitable for people living with dementia. Based on suggestions from people and residents via survey about the environment, the home was looking to introduce themed reminiscence areas.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives, we spoke with told us they were very happy with both the home and the staff who supported them, who they described as kind and caring. One person stated, "The staff are great, you can have a laugh with them."
- Observations during inspection showed staff were polite and friendly with people, with appropriate use of physical contact used to provide reassurance, such as when people became agitated or confused. A relative endorsed this by telling us, "They are very hands on. I liked that they have hugged him."
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Care files contained sections to document whether people had any specific needs, whether these be spiritual or cultural.
- Due to having an on-site chapel and live in priest, the home was popular with people who followed the catholic faith. Mass was held daily, with this being live streamed on the television, for people who could not attend in person.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful about the importance of maintaining people privacy and dignity and ensured this was done consistently. People and relatives feedback confirmed this. Comments included, "Oh yes, they are polite. They would not dream of coming into your bedroom without knocking" and "They knock and then open the door. They are always polite."
- People confirmed staff encouraged them to retain their independence, by letting them do what they could for themselves. Staff provided examples of how this was achieved, such as by letting people wash their own hands and face, choose their own clothes and mobilise independently.
- People's rights to a family life were respected. Visitors were made welcome at any time.

Supporting people to express their views and be involved in making decisions about their care

- People received care in line with their wishes from staff who knew people well and what they wanted.
- People told us staff spent time chatting to them, listening to what they had to say and discussing their care. One person told us, "Yes, they listen to me. They explained why I am here." Another told us, "If you don't understand they will explain it again."
- An annual resident meeting schedule was on display within the home. Separate posters had also been produced for each monthly meeting.
- The meetings provided people with a forum to raise questions or queries and also receive information about the home, including upcoming plans and events. Minutes and details of action points following

meetings were displayed on the notice boards.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, we found care and support was not always responsive to people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 9.

- Upon arriving at the home, we completed a walk round of the middle floor, known as the St Alexian unit. We found numerous bedroom doors left open. People inside were all in bed, with some still asleep. Care files for these people did not contain any guidance about leaving doors open, or that this had been discussed and agreed with people as being their preference.
- Care files viewed contained conflicting information, and in some cases an absence of information, which meant staff did not have the correct guidance to ensure people had been supported in line with their needs and wishes. For example, one person's care plan stated in one section they required repositioning every four hours and, in another section, they were able to move position independently.

People's needs and wishes had not been captured consistently and some care plans did not accurately explain how to support people effectively. This is a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home was in the process of changing to a new care plan format. We found the new care plans were accurate, easy to navigate and clearly explained how people wished to be supported and cared for.
- The new care files contained a range of personalised information which demonstrated people or their relative had been involved in their completion. However, involvement was not clearly captured, and the new care plans did not have anywhere for this to be recorded, such as a signature section. The registered manager told us they would look to amend the care plans to address this.
- Not all people we spoke with could remember looking through their care plan, however one person told us, "Yes, everybody has got one". Another stated, "Yes, I have one and have seen it. I have done two care plans with them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care files contained communication care plans, which detailed any difficulties people may have and how best to communicate with them. These included details of any aids or equipment they needed to assist with communication, including glasses and hearing aids and whether they chose to wear these consistently.
- We saw communication cards were in place and used for people for whom English was not their first language. Where necessary families had been used as interpreters, whilst the home got to know people and the most effective way to communicate with them.
- Noticeboards were used to provide a wide range of information for people living at the home. Information was available in an 'easy read' format, consisting of simple text and pictures, to make it easier for people to understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had a large, well-stocked activity room which was located near to the reception area. Activities were held here daily from 10.30am through to late afternoon. People who attended spoke positively about the variety of things on offer. Comments included, "We do painting and gardening", "We do puzzles or drawings. We paint sometimes. They are very good" and "I can go downstairs and have a game of bingo and listen to music."
- People's likes, dislikes and interests had been captured and used to help determine what activities were completed.
- However, some people and relatives commented on the lack of activities on the units for people who chose not to attend the activity room or were unable to do so, for example people cared for in bed. Surveys completed by the home regarding activity provision had also highlighted this as an issue.
- The registered manager told us a new activity coordinator was due to commence employment shortly. This would increase the availability and visibility of activities on the units. We will follow this up at the next inspection.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed prominently throughout the home, to ensure people knew action to take if they wished to raise concerns.
- People told us they knew how to complain and would feel comfortable doing so. Comments included, "I would go to the manager because she listens to you" and "Oh yes, I know how to complain. I have a big gob. If something was wrong I would say something." We were also told the resident meeting was another forum where concerns could be raised. One person stated, "There is the forum tomorrow afternoon, where we can put forward any complaints or praise."
- We found complaints had been handled as per policy and procedures. Guidance had been circulated to ensure any verbal complaints were clearly documented, so they could be dealt with formally and a written response provided.

End of life care and support

- People who wished to, had been supported to make decisions about their preferences for end of life care, which were clearly detailed in the relevant section of their care plan.
- Staff all reported feeling confident and comfortable supporting people at this stage of their life, however provided mixed feedback about whether specific training had been provided. We noted this was not included on the home's training matrix.
- The home was supported by GP's and district nurses as required, to ensure people received the necessary

care and support when approaching the end of their life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, quality monitoring processes in place did not provide suitable assurances they effectively monitored the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- We identified issues with the completion of supplementary charts used to record positional changes, food and fluid consumption, personal care and weight monitoring. These had not been completed consistently, in sufficient detail or information had been recorded elsewhere, which made tracking difficult.
- For example, daily notes indicated people had received support with personal hygiene, but checklists detailing what support had been provided had not been completed consistently.
- The home completed a range of audits and monitoring, to assess the safety and quality of the care provided. However, these had not identified all of the issues noted during the inspection.
- In some cases, we saw weekly audits had not documented or picked up on issues, which monthly audits had later identified. As a result, we could not be confident the auditing process was wholly effective.

The provider had failed to complete contemporaneous records relating to people's care and the auditing and quality monitoring systems in use were not robust. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us when they commenced post they identified a number of issues, including an incomplete and disorganised filing system and a lack of regular audits and oversight. They had raised concerns with the provider and a new quality assurance officer had been assigned to support the home and work alongside the registered manager in making the necessary improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had undergone a number of changes, including to the management team since the previous

inspection. The registered manager had only been in the post since January. The deputy manager, who was also the clinical lead had only commenced this role on 24 June. We noted they were the third deputy manager in the last 12 months. We were told the previous two deputies were no longer employed, due to concerns raised and noted about their performance.

- Due to the number of changes, the majority of people we spoke with were unable to tell us who the manager was, although were able to recognise them and point them out. People spoke positively about the registered manager. Comments included, "She's very approachable, she comes and speaks to us" and "She's very pleasant."
- People and relatives recognised the impact the changes to management had had, reporting the home was much improved.
- Staff echoed this view, telling us the home was an enjoyable place to work and they felt much more supported. One stated, "[Registered manager] is definitely a good manager. As soon as she came in things were getting done." Another staff told us, "Any issues [registered manager] has sorted straight away. She's positive, not ignorant to staff's needs and open minded."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People and their relatives told us they currently had no concerns in this regard. Effective communication was becoming a more consistent feature of the service and issues had been discussed and addressed timely, particularly during resident and relative meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us there was now a more positive culture within the home. They reportedly enjoyed their jobs, worked well as team and would recommend the home to others.
- Team meetings were completed; however, we were unable to confirm the frequency of these, due to a lack of minutes on file and mixed feedback from staff. The registered manager stated they would ensure all future meetings were documented to evidence completion.
- The home had two different staff recognition programmes in place. Staff voted for the 'colleague of the month' award, whilst people and relatives were asked to nominate staff who had gone 'above and beyond' to receive a 'star award'. Staff spoke positively about the awards process, which made them feel valued and appreciated.
- We found the home to be an inclusive environment. Both people and staff's views and opinions were sought and acted upon and they were also involved in making decisions about how the home was run.
- The home completed monthly surveys focussing on different topics related to people's care and support, such as activities, meal provision and the environment. People and relatives' views were captured, and feedback provided, via a 'you said...we did...' process on the home's notice board.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations, including the local community, who were able to attend the daily mass held by the home's priest as well as other events held at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's needs and wishes had not been captured consistently and some care plans did not accurately explain how to support people effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff received sufficient training to enable them to carry out their roles safely and effectively.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines had not been managed safely and people had been placed at risk of choking due to dietary guidance not being followed and records failed to confirm certain foods had been served in an appropriate way.</p>

The enforcement action we took:

We issued the provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to complete contemporaneous records relating to people's care and the auditing and quality monitoring systems in use were not robust.</p>

The enforcement action we took:

We issued the provider with a warning notice.