

Martha Trust

Mary House

Inspection report

Mary House, Martha Trust
490 The Ridge
Hastings
East Sussex
TN34 2RY

Tel: 01424757960

Website: www.marthatrust.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mary House is a care home providing personal and nursing care to up to 15 people. The service provides support to people with complex learning disabilities, autistic people, and people with physical disabilities. At the time of our inspection there were 14 people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support:

Risks to people were not always managed safely. Medicines were prepared in advance of giving them and not signed by the staff member who had given them. Medicines that were prescribed on an as required basis were not always managed safely. There was limited oversight to ensure some people had enough to drink throughout the whole day.

The systems in place ensured that people were protected from abuse and improper treatment. Mary House was kept clean. Although there were high staff vacancies the service used regular agency staff who knew people well. 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.

Right Care:

Although records of activities were basic and lacking in detail, we observed that staff worked with people in a person-centred way to involve them as far as possible in all activities. The number and range of activities had increased since our last inspection, and people were going out more to places of interest. Staff were caring in their approach and people responded warmly to them. We saw people smiling and responding with happy faces when staff spoke with them. Staff ensured people's privacy and dignity was always maintained.

Right Culture:

Systems to monitor the quality of records in relation to staff recruitment, daily records and incident reporting were not effective as they had not identified the matters we raised. The management of medicines was not effective, but the service had recognised this and was seeking advice and support and actively trying to improve in this area.

We received mixed feedback from parents and professionals. Most felt that the service had made significant improvements and were on track to improve further. Although all recognised the improvements, further work was needed to improve communication, to be more accessible and to work together in people's best interests.

Staff felt supported by the management team. All staff had attended a supervision meeting and staff meetings were held to give staff the opportunity to share their views on the running of the service. Staff morale had improved since our last inspection and all staff spoken with felt positive about working at the service.

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 17 December 2022) and there were breaches of regulation. We served the provider Warning Notices under Section 29 of the Health and Social Care Act 2008. The notices required the provider to become complaint with breaches relating to person centred care and governance.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mary House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified continuing breaches in relation to safety and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Mary House

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Mary House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mary House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager worked at the service two days a week. However, there was also a manager with day-to-day responsibility for the running of the service and they facilitated the inspection so are referred to in this report as the manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we held about the service and the service provider. We looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spent time observing how staff interacted with people to help us understand the experience of people living at the service. We spoke with the registered manager, the manager, 2 nurses and 11 staff members. We looked at a range of records relating to the home, which included records relating to health and safety, and the management of the home. We spoke with 6 people's relatives and received correspondence from a further 5 relatives. We received correspondence from 6 health and social care professionals. We looked at 4 people's care plans, audits, training data, 2 staff recruitment records, quality assurance records and meeting minutes. We have continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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 not ensured the safe and proper management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough progress had been made and the provider remained in breach of regulation 12.

- Medicines were not always managed safely. Medicines continued to be dispensed in advance of each medicine round. This process for medicine administration was not in line with the provider's medicine policy and left the risk for errors to occur. Senior management were aware that the procedure needed to change and were actively working towards the setting up of a new system.
- The procedure for recording medicines administration was not always in line with the provider's medicines policy. The home's policy recommended that the person giving the medicine would sign the Medicines Administration Records (MAR) after they had administered the medicines themselves. However, we saw on occasions non-medicines trained staff administered medicines to people, they would inform the nurse/senior support worker of the administration, who then signed the MAR on behalf of the care staff.
- The home's policy is to assess medicines competency every two years. However, we found that approximately half of the care staff team had not been assessed as competent to give medicines. A further quarter had been assessed but it was over two years since the assessments.
- On the day of inspection, we observed a member of care staff about to give a person their medicine, which was on the table in front of them. Another staff member stopped them and said that the medicine should be given 30 minutes after their meal. The staff member had not been there when the nurse had placed the medicine on the table so had not been informed by the nurse. This practice is not in line with the NMC code of delegation, which states if a nurse is delegating responsibility for the administration of medicines, they need to be clear who they have delegated the responsibility to and advise how the medicine should be taken. Although the nurse had done this, there had been a change to the staff member supporting the person.
- No improvements had been made to the management of 'when required medicines' (PRN) protocols since our last inspection. Guidance lacked person specific details to support to administer PRN medicines effectively. For example, we saw some protocols stated to give certain medicines for pain relief or acute distress but did not detail how staff could recognise if the person was in pain or distressed. Whilst there was a Disability distress assessment tool (DisDAT), there was no guidance to refer to the person's DisDAT tool or the person's care plan for more information. Some people were prescribed more than one medicine for pain relief but there was no guidance as to when each should be used. Staff did not record if pain relief had been effective. Therefore, we could not be assured that people received their PRN medicines as directed by the

prescriber and when people needed them to be effective.

- Since our last inspection, the provider had carried out a review of the creams prescribed, and creams were stored in secure cabinets in people's own rooms. Care staff administered creams to people and informed the nurse/senior care staff once administration had been completed. The nurse/senior care staff then signed the MAR to record administration.
- There were guidelines for the administration of emergency medication in relation to epilepsy. However, some guidelines were open to misinterpretation, and we asked that this be clarified further. For example, advice from emergency services needed to be sought before medicine could be given and the instruction around timings from the onset of a seizure was not clear.

The provider had not ensured the safe and proper management of medicines. This is a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been several errors in relation to lack of stock available. New procedures had been brought into place the week before our inspection to address this issue. This involved a more detailed audit of medication from the time of receipt into the service along with weekly and monthly checks on stock.
- Monthly medicine audits were carried out by a senior nurse from a sister home within the organisation and any shortfalls identified had been addressed.

Assessing risk, safety monitoring and management

At our last inspection the provider had not assessed the risks to the health and safety of service users of receiving safe care or treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider remained in breach of regulation 12.

- Some people were not always adequately hydrated. Some people were offered their first drink two hours after getting up in the morning. Their last drink at night was between 6.30 and 7.30pm. This meant that there were regular gaps of 12 -17 hours between drinks. Some regularly declined drinks through the day which meant the opportunity to ensure enough fluids was limited. Some of these people were unable to be supported with drinks whilst in bed due to a high risk of choking. The service was awaiting professional guidance on how to address this matter. However, in the interim there was no person-centred approach to ensuring enough fluids were offered in a way that suited people and this left an increased risk of dehydration.
- Although people had detailed guidelines in relation to epilepsy management, some of the guidelines were open to interpretation. Some people had increased risks associated with bowel management and there were guidelines of the support each person needed.
- Staff knew what to do in the event of a fire. Fire drills were carried out regularly but records in relation to these, lacked detail. The manager told us the names of staff involvement in drills was kept separately. We were also told that the time of the drill varied throughout the day, but this was not recorded. The duration of each drill was always 5 minutes (rounded up) and there was limited information to demonstrate the outcome of each drill.

The provider had not assessed the risks to the health and safety of service users, and this was a continuing breach of regulation 12.

- People used a wide range of equipment to maintain posture, support independence and to move around the home safely. A staff member had been designated to make frequent checks on all equipment for any

issues and to make referrals for advice and support as needed. This staff member ensured that wheelchair services were contacted with any issues. Hoists used to safely lift people were checked on a regular basis by an external company.

- A relative told us, "Safety issues seldom arise and any that are spotted are addressed by the staff. An example of this are the wheel guards on [Person's] wheelchair. A member of staff researched wheel guards and that has taken care of this issue."
- People at Mary House lived in a safe environment because the service had good systems to carry out regular health and safety checks including electrical appliances safety. Water temperatures were monitored regularly. Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan.

Staffing and recruitment

At our last inspection the provider had not ensured sufficient numbers of suitably qualified, competent, skilled, and experienced persons were deployed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 18 but further work was required to recruit to the vacant posts.

- Although the home continued to have very high staff vacancies, staff worked overtime and they continued to use regular agency staff.
- Nursing cover at night was mainly provided by regular agency staff. There was only 1 shift a week covered by a member of the core team. When agency staff were used there was always a senior support worker and 2 support workers. There were contingency plans in place for how senior support workers could gain advice and support when needed and in emergency situations.
- A person did not always receive their assessed level of support. This was due to the way in which the funding was allocated and how it could be used. Clarity had been sought around this and agreement in principle reached around the time of our inspection that agency staff could be used for this purpose. The manager confirmed that this could now be addressed going forward, subject to agreement of costings. We saw that other people who were in receipt of one-to-one support received their allocated hours.
- People's relatives recognised the difficulties the service faced in terms of recruiting to staff positions. A number were particularly worried about the lack of nursing staff particularly on night shifts. In relation to support workers, a relative said, "Yes, I worry when there are new agency staff, but some of the regular agency staff have been here a long time and know people as well if not better than some of the permanent staff. Another said, "Staff wise, they are still struggling. They don't have a nurse on shift all the time, but they are trying, and improvements are happening."
- A health professional told us, "I have offered training on several occasions which is important, but this gets cancelled at short notice due to staff shortages." This is an area for improvement.
- Recruitment checks were completed before staff started work at the service. Gaps in staff employment history had not always been explored and whilst references had been sought, sometimes it was not always clear if they were character or work references. (See well led section for further information). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Following the inspection, the provider confirmed they had adapted their recruitment procedures to ensure employment history was clearly detailed. In addition, they stated they would only use character references if work references could not be sourced, and the manager or registered manager would ensure a sign off of all documentation before the staff member started working at the service.

Systems and processes to safeguard people from the risk of abuse

- When safeguarding concerns were identified these were reported appropriately to the local authority for investigation and any learning as a result was addressed promptly. However, we identified some matters that had not been reported to Care Quality Commission as required. It was not immediately clear that these were reportable matters. However, we discussed the incidents with the manager who was clear about what needed to be reported going forward.
- Safeguarding incidents were discussed with staff in team meetings to ensure staff were aware of concerns raised and any changes made to prevent reoccurrence.
- Most of the staff team had received training on safeguarding and they were able to tell us what constituted abuse and how they would report matters if needed.
- A relative told us, "[Person] is unquestionably happy and safe. Before moving to Mary House [Person's] anxiety level could be measured by [a particular behaviour]. This is not the case now and it is so good to see, and it has stayed this way for a long time now."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were able to receive visits from friends and families.

Learning lessons when things go wrong

- Where accidents or incidents had occurred, forms were completed, and where appropriate medical advice was sought, and the accident/incident was also discussed with the home's GP who visited weekly.
- Following a particular medication error, the home sought professional advice and amended their policy to include a section on the 'Do's and Don'ts' of medication administration.
- A six-monthly review was carried out by an external contractor to examine all accidents and incidents to assess for any patterns and trends. The manager told us this was a fresh pair of eyes looking at the records and they found this a useful process.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had not ensured people's capacity around decisions of their care and treatment had been fully assessed and staff were not always working within the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this regulation.

- We found the service was working within the principles of the MCA and where appropriate, authorisations were in place to deprive people of their liberties.
- People were assumed to have mental capacity to make their own decisions. Where there was reason to believe they lacked mental capacity, an assessment had been carried out. If specific decisions then needed to be made for example, in relation to dental care and medical interventions, best interests meetings had been arranged to seek the views of people, their relatives and professionals. Records were kept of the outcomes.
- We saw that people were encouraged to make simple choices, for example in relation to what they wanted to eat for breakfast and what they drank. When people were supported to move around the home staff spoke with people first to explain what they were doing and check if it was ok to move them. A health professional told us, "Care staff are always excellent at discussing best interests from their knowledge of the

individual's preferences."

- People were given medicines with their food. Staff told people that their medicine was in their food before giving it to them. People's care plans detailed when there were restrictions in place and why they were needed. Advice was given in relation to how to support people in the least restricted way. For example, people were to be offered time out of wheelchairs or given opportunities to use alternative seating/standing equipment.

Staff support: induction, training, skills and experience

- The vast majority of staff had attended a supervision meeting this year. However, it was evident that there had been a gap for a number of staff since their previous supervision. The manager told us there were plans to change the process to introduce a care/person centred supervision taking place six monthly and a values-based supervision taking place six monthly. This would mean that each staff would have some form of supervision quarterly.
- Staff received a programme of training to ensure they could meet people's needs effectively. This included a mixture of e-learning and classroom-based training. Essential training included moving and handling, safeguarding, first aid and infection control. Specialist training was also provided on subjects such as epilepsy, diabetes, and intensive interaction. New training specific to working with people with learning disabilities was being introduced and 41% of the staff team had attended this training. There were plans for all staff to complete this training.
- Staff received an induction to the home when they first started working. Staff said they spent three weeks shadowing experienced members of staff in different areas of the home and took time to get to know people. Agency staff that were new to the home were also given an induction process and enhanced training was provided for agency staff who worked in the home on a regular basis in relation to safeguarding and moving and handling.

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

- People's needs, and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These included various aspects of people's care needs such as how they communicated their preferences, and information on how they liked to spend their time.
- The manager and therapies lead worked closed with the local occupational therapy team who assessed people when new equipment was needed.
- People's care plans were created in partnership with people's relatives and health professionals. Where appropriate, people had received assessments and support from health professionals around eating and drinking and moving and handling, this information was clear to see in people's care plans.
- People's relatives told us they were happy and kept up to date with changes. A relative told us, "They will contact us if there are problems. They know [Person] and recognise when [Person] is struggling. They don't hesitate to call an ambulance. A health professional told us, "If I had a relative that required this level of care, I would move heaven and earth to secure a place there [Mary House].

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

- People had enough to eat, and staff knew how people liked and needed to be supported. Each person's food needed to be prepared in line with their specific needs. Where appropriate, referrals had been made to the Speech and Language Therapy (SaLT) Team for advice and support and guidance was included in care plans.
- The menus did not demonstrate that people received enough fresh fruit and vegetables, and this was discussed with the manager. They assured us that people received an appropriate amount of fruit and vegetables daily and confirmed they would amend their menus to demonstrate what people received. They also confirmed they would clarify with people's relatives how they calculate how much of a meal was

received to take into consideration any spillage.

- We observed that people were not rushed. Staff noticed small signs that indicated if people were enjoying their food. They understood the different techniques needed to encourage each individual person to eat their meals. For example, for an individual, a certain food item was used in between mouthfuls of their lunch to engage the person's 'chew reflex'.
- When people indicated they did not want to eat, staff tried different techniques to encourage them. This included moving a person to a quieter place. For another person, a different staff member took over to support and different food was offered. In both situations there was a positive outcome. Each person had their own adapted cutlery and crockery, and staff knew who had what and why they had them.
- The chef told us the menus were decided and built up based on what people liked. "If people don't like certain things, we won't have it again. I spend time supporting people to eat and checking all the mealtimes to see how people are doing, how they are responding to the food and what goes down well or doesn't go down well." They also told us, "I receive records of people's weights so I can monitor if people are losing or putting on weight." This meant meals could be adjusted accordingly to make sure people were getting what they needed. The chef told us they were always involved when the speech and language team came to assess people.

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

- A number of parents told us that the garden areas were not maintained. The manager told us they did not currently have a gardener, so the maintenance person attended to this. They were trying to recruit to this post.
- Areas of the home required decorating. Some walls had marks and small holes from people's wheelchairs and some fixtures in people's bathrooms were broken. The manager had already identified this and had plans to redecorate areas of the home. Since our last inspection the lounge and hallways leading off phase 2 of the building had been redecorated and the blinds were due to be replaced. Decking in various areas had been removed and replaced with brickwork to make it less slippery and a new cover had been purchased to keep the water in the hydrotherapy pool warm.
- People's bedrooms had been personalised and decorated in partnership with people and their families. Some people's bedrooms had photographs of family and friends, toys, and sensory items.
- People's bedrooms had ceiling hoists to support people to move safely. Each person shared a bathroom with no more than 1 other person. There were doors separating each side for privacy.
- Areas of the home had been specifically designed for therapeutic experiences. This included a sensory room which had different lighting and sensory items, an IT room which included an eye gaze machine and equipment to support people's dexterity and learning. There was also a hydrotherapy pool.

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

- Each person had a hospital plan that would go with them if they were admitted to hospital. (A hospital plan provides key information about the person so that staff who do not know the person can support them safely). The manager told us they also notified the learning disability lead nurse in the hospital if anyone was admitted to the hospital. At the time of our visit there were 2 people in hospital.
- Referrals were made for medical advice and support as needed. The manager told us a dentist had visited the home recently to see a person who was not well enough to attend a dental surgery. They also told us the dentist had visited previously to provide training for staff. An optician had also visited to carry out eye health checks for everyone earlier in the month.
- Referrals were also made when necessary for podiatry, occupational therapy, physiotherapy, wound management and speech and language therapy.
- People's GP visited the home weekly to check on their welfare. This meant that matters could be raised

quickly, and the home had easy access to the surgery in between these visits if there were any emergencies so they could be responded to quickly.

- A relative told us, "The [manager] takes us seriously. We recently raised issue of something wrong with [Person]. He took us seriously, sent a photograph to the GP and chased it and followed it up to make sure it was addressed."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection there was a failure to ensure people's care and treatment was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this element of regulation 9.

- People's preferences in how they were to be supported had been reviewed and were clearly recorded in their care plans. This included specific support and preferences in relation to personal care and assistance with meals. We saw that care was provided in line with the care plans and staff told us how people's preferences were met.
- The manager told us that 'must do' actions had been added on the electronic care plans system to remind staff how to support individual people. Spot checks were then carried out to ensure staff had commented on the support provided. The local speech and language therapy team had provided a video on how to support a person with their meal and the expectation was that all staff including agency would need to view the video before providing support to the person. It was hoped that this action would be achieved by the end of the following week.
- Comments from relatives include, "We see how the staff treat everyone, not just [Person] and it's kind and caring across the board. [Person] seems really happy at the moment so that is what we go on. Staff seem to be making [Person] happy." Another said, "Here [Person] is among peers and with a specially skilled and knowledgeable caring team who empower rather than write [Person] off as unable to participate and enjoy life. Another comment included, "The care received by our [relative] at Mary House is professional, caring and given with sensitivity to [Person's] ever changing needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection the provider had not ensured that people's care and treatment was appropriate, met

their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this element of the regulation.

- People were communicated with in line with their assessed needs and wishes. People's needs in relation to communication had been assessed and were clearly documented in their individual care plans. A health professional told us, "Staff care for and speak to residents with respect and affection. They have a positive attitude to implementing care plans/changes."
- Some people had communication aids to enable them to make choices. Some relatives told us they were worried that communication aids were not being used or referred to consistently by staff. We observed staff using communication aids during our inspection.
- We saw that people were given choices. Staff presented a person with two choices. The staff member then swapped the choices around and offered again to make sure they were clear about the choice the person had made. We also saw staff use a symbol for medicines to tell a person that it was medicine time. The person appeared to understand this. A pocket size booklet had been prepared that included the personalised Makaton signs that a person used. (Makaton is a form of sign language). Staff told us this had made a big difference in understanding the person's signs and what they were communicating.
- People had recently had an eye examination and some had been prescribed glasses and these were due to be delivered.
- A staff member had received specific training on eye gaze technology. (An eye gaze device is essentially a traditional tablet, however instead of using your hands or a mouse to navigate the screen, your eyes do the scrolling). The staff member was allocated a day a week to work with people using this technology. Whilst this was mainly around games and fun, the intention is to encourage people to develop skills and use this technology as a form of communication in the long term. The staff member was also beginning to cascade their training to other staff.

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

At the last inspection the provider had not ensured that people's care and treatment was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this element of the regulation. Whilst significant improvements had been made and people were offered increased opportunities to participate in activities, it was recognised that this was an ongoing process to ensure person-centred activities continued to be provided throughout the week and weekends.

- All the relatives told us they had noted the increase in activities and the positive impact it was having. A few issues were raised regarding the reading material used and the level of involvement of some staff in activities to get the best out of people. We observed activities that were stimulating and engaging, for example, flower arranging and karaoke and made suggestions to the manager about other activities. The overwhelming view was that significant progress had been made and the staff team were committed to ensuring people received fun and engaging person-centred activities.
- The activity programme had been reviewed to ensure people received opportunities to do the things they enjoyed. The activity coordinator had changed their working hours. Each person's needs had been assessed

in relation to how they wanted to spend their time. In addition to regular reflexology, some people now attended activities such as carriage driving or an interpretive dance class. The home's hydro pool was in use daily, and a pool party had recently been held with a person's relatives. Weekly trips had been arranged to places such as Wingham Wildlife Park, the London Eye and, a shopping trip to Ashford. A trip to Wet Wheels - a specifically designed boat for people with multiple disabilities had also been held.

- There was a sensory wall in one of the corridors. This involved the fitting of a timber harp which was light and sound sensitive. There were three vehicles to support outings. In addition, taxis could be used, and the maintenance person occasionally did drop off and collection trips to facilitate activities or to drive to activities that were further afield.
- The activity coordinator told us that they sent photographs of the various activities to people's relatives to keep them informed of what their loved ones had been doing. All the relatives told us they valued this. A relative told us, "Activities are improving, and the activity lady is a real gem. We get lots of photos. They are working towards a much better home." Some relatives told us they wanted to see the activities extended to be as creative at weekends and for work to continue to ensure that activities could be as person centred as possible.

Improving care quality in response to complaints or concerns

- There was an effective system for dealing with complaints, but we saw that some concerns/ complaints were about recurrent themes. For example, issues with contacting the service in the evening and at weekends. The manager confirmed this is being addressed. Following the inspection, the manager told us that additional telephones had been ordered so that care staff could receive calls more easily in the evenings and at weekends.
- The service also had a parents' representative who attended regular meetings with the management so people's relatives could share any issues of concern through this process as an alternative to raising concerns individually.
- At the time of our last inspection concerns raised informally by people's relatives had not been recorded in a measurable way. At this inspection there was a detailed log of all concerns/complaints received, actions taken in response to concerns and, the response given to those who had raised issues.
- The service also welcomed positive compliments and we saw several emails and cards received that complimented the service on a range of matters from how staff had worked through the pandemic, to compliments on impact of the increase in activities and the atmosphere in the home.

End of life care and support

- People living at Mary House were not able to express their wishes in relation to end of life care.
- The manager told us that people's relatives had been invited to share their views on how they would want their relatives to be supported should they be assessed as needing this care. Some relatives had responded but others did not feel able to contribute to the discussion at this time.
- Staff told us the organisation had supported them when there had been a death of a service user. Staff had been invited to attend the funeral service and offered bereavement support should they have needed this.
- A relative told us, that the subject of death was handled well at the home. They said, "We all accept and are aware how delicate their lives are. When someone dies, they send an email to all the families. We support each other at times like that."

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

At our last inspection there was a failure to maintain securely an accurate, complete, and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care and treatment provided. The systems were not effective to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the service remained in breach of Regulation 17.

- Following the last inspection, a detailed action plan was drawn up and this was reviewed at regular intervals to monitor progress. The manager, registered manager and nominated individual met with CQC to discuss their action plan and to discuss progress.
- The provider was aware that their current procedures for giving medicines did not meet good practice guidelines and had plans to introduce an electronic system in July 2023. Despite temporary safeguards and audits, errors had continued to happen, and the systems and process remained ineffective. It had not been identified that a large percentage of staff had not been assessed in terms of competency to give medicines.
- The quality assurance systems were not effective as matters that we raised during our inspection in relation to recruitment records, epilepsy guidelines, fire records and the quality of some incident reports had not been identified.
- Although the management team was monitoring people's hydration levels and had sought professional advice for some people, there was a lack of assessment to determine in a person-centred way if there were practical steps that could be taken to improve this for each person. A health professional told us there was a need for, "Accurate, specific, meaningful data records."
- Two people were in hospital at the time of our inspection. It was noted that the hospital plan had not been sent for a person. The manager confirmed this as an oversight and said they would make sure this was sent over.
- The home's quality assurance systems had not been effective in identifying issues with the management of enteral feeding. Enteral feeding is where nutrition is supplied via a tube directly into the gastrointestinal tract. Health professionals advised that there had been problems with running out of supplies, the manager confirmed this, but assured us that systems had been revised and this was no longer an issue. The provider did not have effective systems to assess, monitor and improve the quality and safety of the

services provided. This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were effective systems and processes to carry out audits in relation to infection prevention and control and health and safety and any action points identified had been addressed. A monthly person-centred audit had been introduced. This included an assessment of each person where time was set aside to observe mealtimes, activities, to check the care plan and ensure that a person-centred approach was used.

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

- We received mixed feedback from people's relatives. The majority of relatives we spoke with, or received written feedback from, provided very positive feedback about the progress made since the last inspection and they welcomed the improvements made. Some relatives recognised that further improvements were needed but felt the service was on the right track to achieve them. Some relatives did not feel that enough improvements had been made. A relative told us the service was, "Institutional and protective – defensive – Have to repeat the same things – they improve for a short time and then it goes back to the same old. If staff don't know an answer they should say, I don't know but I will check and get back to you." Negative feedback was discussed with the manager who confirmed they would continue to work with people's relatives to ensure the best for the people in their care.
- There was a very noticeable improvement in the morale of staff at this inspection. There was a very positive atmosphere and staff felt supported and happy to work at the service. Staff felt that although there were still staff vacancies, there were regular agency staff who knew people well. People were doing more, there was a mixture of structured activities and planned outings and people were happier as a result.
- We observed staff supporting people with kindness and compassion. We saw through people's facial expressions that they were enjoying interactions and that when people indicated they were not happy they were supported to do another activity.

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 manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest, and transparent with people and others in relation to care and support.
- The manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required. People's relatives told us they were kept informed of any changes in the health or wellbeing of their loved ones.

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

- There were mixed feelings and inconsistencies about the quality of care received and how the service communicated with people's relatives. Several relatives commented on communication, "Communication does need a little revamp, but I understand that this is being sorted." Another said, "Communication is key and that's what gets parents up in arms. Relatives of 3 people said they had difficulty contacting the home by phone, 2 said they had left messages, and no one got back to them. A relative said, "Staff avoid me, and I don't feel comfortable visiting." Another told us they, "Don't feel comfortable in the home, I can't sit with other relatives, so I go to [Person's] room."
- A health professional told us, "Communication can sometimes be challenging. On several occasions I have called to speak with the Registered Nurse on duty, and if no one is available to answer the phone, you have to leave a message in the mailbox. I am unsure how often this gets checked as I often have to call multiple

times before I get a response."

- Since our last inspection systems to improve communication had been introduced. The manager told us that every week families received a copy of GP notes for their family member. Once a month they received an activity summary from the activity coordinator with photos. The manager or deputy contacted relatives periodically. Meetings were also held with a parent representative on a regular basis. A newsletter was sent to relatives giving an update on changes at the service and there were plans to send another.
- A relative told us, "I feel the management have navigated their way through some very difficult times with Covid and viruses the consequential staffing difficulties. I can truly say that I can only praise them with the way that they have coped with these difficult times."
- The service has systems to hear the views of staff. A staff survey was sent in January 2023 and just over 50% of staff responded. There was an action plan to address matters raised as a result. We received copies of minutes of meetings held with senior support workers and with nursing staff. Minutes demonstrated that staff were given opportunities to share their views on the running of the home.
- All of the staff told us that staff morale had improved, and they felt supported. A staff member told us, "Yes, I'm supported. I go to [Manager] with any issues and he will look at it with his 'on the floor head on' and then think as a manager." An agency worker told us, "It can be difficult to communicate because there's so many of us. But we all get the message. Care plans tell us, seniors tell us. Staff seem happier recently. Morale has definitely improved." A staff member said, "Best it's ever been in terms of support we receive. We are being listened to and things are actually being done to address issues. For example, we received training recently and we fed back that it was not good. [Manager] contacted the trainer and they will not use them again."

Following the inspection, the manager advised us that new phones had been ordered to place in communal areas so that relatives will have easier access to staff when they contact the home.

Continuous learning and improving care; Working in partnership with others

- There was mixed feedback from professionals, including, "It can be difficult to get time to meet with the RNs during visits or when reviewing patients." Another said, "Staff raise concerns/queries with professionals with a good level of detail and clear outcomes requested."
- The service had systems to continually look at staff development and to identify individual staff training needs. 41% of staff had completed the Oliver Mc Gowan training. This is training that has recently been introduced that all staff supporting people with learning disabilities must now complete. Makaton training had also recently been held. The manager told us that they had also attended a course on 'managing challenging conversations.' Arrangements were being made for the Nutricia nurse to provide refresher training on enteral nutrition/support and a nurse told us they would like to attend training on wound management.
- The manager and team worked together with the local health and social care services. We saw evidence of people being supported to have access to their GP. The GP visited the service weekly, and this enabled health matters to be identified and addressed quickly. People had been supported to receive chiropody as needed and to attend optician and dental appointments. Referrals to health, community nursing teams, social workers and other specialist services were made as needed.
- The local authority provided ongoing virtual support to the service to assist them in addressing matters raised at the last inspection of the service. The manager told us they had joined a manager's forum locally and in Kent.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured the safe and proper management of medicines. The provider had not assessed the risks to the health and safety of service users of receiving the care or treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not maintained securely an accurate, complete, and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care and treatment provided. The provider did not have effective systems to assess, monitor and improve the quality and safety of the services provided.