St Marks Care Home Limited

St Marks Residential Care 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection of this service in February 2017 and we found breaches of legal requirements in relation to risk management, governance and staffing. The provider submitted an action plan about how they would make improvements and we also met with them.

We inspected again in November 2017 and found that improvements had not been made and there was a further concern in relation to recruitment. The service was rated 'Inadequate' and placed into special measures. We took immediate enforcement action to restrict admissions to the service. We also placed conditions on the provider's registration requiring them to send us a report to inform us how people were being cared for in a safe environment by skilled staff.

During February and March 2018, we carried out a further unannounced inspection and we found that although some improvements had been made the provider was continuing to fail to meet the requirements of the regulations, commonly referred to as The Fundamental Standards of Quality and Safety and the service remained in special measures.

You can read the report from our last focused and comprehensive inspections, by selecting the 'all reports' link for St Marks Residential Care Home on our website at www.cqc.org.uk

During this comprehensive inspection undertaken in August 2018 we found that improvements had been made.

This service 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.

St Marks Residential Care Home is an adapted building, located close to the town centre, sea front, GP surgery and public transport. The service provides accommodation and personal care for up to 17 older people. This includes people requiring support with medical and physical frailty, and people living with dementia. There were nine people living in the service when we inspected.

There was a registered manager in post, who was also a director of the company which owned the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since our last inspection of the service, while improvements had been made and we found no breaches of legal requirements, further improvements were still required. We viewed the appointment of an experienced person in care, as Nominated Individual, to be a very positive step, bringing stability, support and guidance

to the management team. However, further improvements were still required. This is to ensure that quality assurance arrangements are continually robust and effective to drive, sustain and embed improvements to achieve continued compliance with regulatory requirements. We made a recommendation to support them in maintaining staffing levels, to ensure sufficient staff are consistently, and effectively deployed to meet people's needs.

There were systems in place to safeguard people from abuse and staff had been recruited using safe recruitment practices. Staff were aware of their responsibilities and knew how to report concerns. However, further improvements were needed in the completion of records, to confirm the action staff had taken to ensure people's safety and welfare.

Improvements had been made in infection control, décor and maintenance of the service, as part of an on-going refurbishment. This was providing people with a brighter, clean, well maintained, and safe, environment. We made a recommendation to support the provider in identifying where the layout of the service could be further improved to support people living with dementia.

Systems were in place to reduce / eliminate any risks associated with the person's environment, supporting their care needs, or associated with promoting their independence. However further improvements were required around checking wear and tear on walking aids to ensure they are fit for purpose.

People were being supported by staff who received training and supervision to enable them to provide effective support in meeting their needs.

Staff were respectful and caring, supporting people to maintain their dignity and independence, including meeting other people living in the community. The range of activities to support people's emotional and social wellbeing had significantly improved. People were being supported to continue with their hobbies / interests and where applicable, fulfil ambitions / wishes.

People, and where applicable, their relatives, were being involved in care planning to ensure the guidance given to staff met, and reflected their current needs.

People were supported to eat and drink enough as part of meeting their nutritional needs. They received their medicines as prescribed and were supported to access healthcare professionals. Staff were prompt in referring people to health services when required.

The culture within the service had improved. Views of the people living in the service, their relatives, and staff were being sought, listen to and used to drive improvements. Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and people's consent was sought appropriately.

The managerial oversight in the service had significantly improved. Audit and quality assurance systems were in place to ensure that the quality of care was consistently assessed, monitored and improved. However, they had not identified all of the issues that we found during our inspection. This identified that further work was needed to ensure these systems continued to be embedded and sustained to drive continuous improvement.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of

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.

People were protected from unsuitable staff through safe recruitment procedures.

Staff received training, and knew what action to take if they had concerns about a person's safety and welfare. However, further improvements were required in completing records to reflect the action they have taken to investigate any marking to a person's skin.

Improvements were required to ensure sufficient numbers of staff are consistently deployed effectively to meet people's care and support needs.

Risk assessments were in place and were reviewed regularly. Improvements were required to identify and address any concerns relating to mobility aids.

There were systems in place to manage medicines in a safe way.

Is the service effective?

Good

The service was effective.

People were supported with their dietary and hydration needs.

Staff received the supervision, support and training that they needed effective care and support to people.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and people's consent was sought appropriately.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were protected and promoted.

There were positive interactions between people using the

service and staff.

People, and where appropriate their advocate, were supported to be actively involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were engaged in meaningful activities to ensure their well-being.

Care plans had been revised with the involvement of the person, or where applicable their relative, to ensure it reflected their current needs and preferences.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Managerial oversight had improved and the leadership was proactive. Audit monitoring systems were in place to ensure that the quality and safety of care was constantly assessed and monitored, however these required further improvement.

The culture of the service had improved and was more positive. We received positive feedback about the nominated individual and registered manager, and the changes they were making.

St Marks Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place over four days. We visited the service unannounced on 1 and 16 August 2018 and announced our visit on 2 August 2018. We contacted people's relatives for feedback on 21 August 2018. The inspection team consisted of two inspectors on the first day and one inspector for the following days.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders including the local authority and members of the public and we reviewed the providers Information return. This is a form which asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people living in the service, four relatives and two social care professionals who had contact with the service. We also observed the care and support provided to people and the interaction between staff and people.

We also spoke with the nominated individual (the person who represents the company), the registered manager, the deputy manager, three care staff and the cook.

We reviewed four people's care records and other information, including, observation checks, risk assessments, nutritional and medicines records.

We looked at two staff personnel files and records relating to the management of the service. This included

minutes of meetings, fire safety, legionella and environmental risk assessments, financial records, training and systems for assessing and monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last focused inspection of March 2018, we found that there were concerns with staffing numbers, recruitment procedures and risk management. We rated this key question as, 'Inadequate.' At this inspection we found improvements had been made, however further improvement was required in this key question which is now rated as, 'Requires Improvement,'

Recruitment procedures had improved. Records showed that checks were undertaken to demonstrate that staff were of good character, and suitable to work with vulnerable people.

Effective action had been taken to reduce the risk of legionella, and staff had received fire safety training. This reduced the risks to people using the service.

Improvements were required in calculating the numbers of staff required to be on duty to keep people safe. The registered manager used a dependency tool to support them in setting the staffing levels according to people's assessed needs. The registered manager had recently reduced the care staffing levels back down to two (one senior carer plus one carer) to reflect their reduction in occupancy numbers. Care records showed that two people required the support of two staff for their transfers and personal care. We were concerned that only having two care staff on duty could impact on people's safety.

The registered manager did not feel it impacted on people's safety, as they, or the deputy manager, would be around to provide support when needed. A staff member provided examples of when they had asked the deputy manager to assist, and they had responded straightaway. Although a staff member acknowledged when there had been two staff on duty it could be, "Hard work," especially at weekends, and another said the staffing levels were okay, "As long as nothing goes wrong." Both staff felt it did not impact on them providing, safe, quality care to people. When occasionally people were left unsupervised in the lounge, they felt it did not impact on their safety as it was only for a very short time.

One person living in the service felt that this was not a problem, as they looked out for each other, and would alert staff if there was a problem. They said, "Most of us look after ourselves." Records showed that staff completed 15-minute welfare checks, which supported staff in knowing everybody's whereabouts.

Staff rosters, feedback from relatives, safeguarding, and our 'share your experience' web forms, showed where management, although on call, were not always on the premises or available to offer support. The staff rosters also showed where care staff were required to cover, catering, social activities and domestic duties. Staff we spoke with all felt that this did not put people at risk, because personal care was always prioritised over other tasks. However, feedback from relatives showed it did impact at times on staff responding to the door-bell, and having a visible presence. Also, one incident where two staff were rostered with no management on duty, the staffing levels had been reduced to one for a few minutes whilst awaiting the second staff member to arrive on shift.

Following the first two days of our inspection the provider sent us revised staffing rosters, for week

commencing 6 August 2018; care staffing levels had been increased to three during the day. They also provided additional information showing when the registered manager and deputy manager were covering as a carer, and when they were working in the office. The aim being, that any management work / appointments would be organised so it did not impact on their availability to provide personal care, and having a visible presence to monitor people's safety. Our return on the 16 August 2018 confirmed that these levels were being maintained.

Although assurances had been given by the provider to mitigate risk, and we observed people's needs being met, historically, our previous reports showed where increased staffing levels had not been maintained. It did not demonstrate a lesson learnt approach being used by the provider to support continual improvement, by ensuring enough staff on shift to provide a consistent, safe service. We recommend the provider should seek advice and guidance from a reputable source, to support them in identifying an effective staffing tool that meets the needs of the service.

People told us they were provided with safe care and environment to live in. One person told us what made them feel safe, was the knowledge of knowing staff would act if they become unwell, or concerned about their safety. This meant they could maintain their independence. They gave an example where staff's quick action had resulted in them getting urgent medical treatment, "Owe my life to this place."

Improvements had been made in the management of risk to ensure people were supported in a safe environment. This included as part of safe management to reduce the risk of Legionella, a new hot water system and all the works as recommended in the external Legionella risk assessment had been completed. Plans were in place to upgrade the call bell system. All equipment was now serviced on a regular basis. This included the passenger lift and transfer hoists.

We checked the rubber feet [ferrules] on two people's walking aids, and found on one person's, both ferrules had worn through to the metal. Although the person said they had had no problems using the frame, without an effective rubber barrier, this posed a potential risk of slipping. The management acted straightaway, replacing the worn ferrules. A staff member who had delegated responsibility in falls prevention, confirmed that a system would be put in place to check the safety of this type of equipment. This would reduce the risk of the wear and tear of equipment going undetected and potentially placed people at risk of harm from using equipment that may be damaged or unsafe.

People's care records contained risk assessments. These provided guidance to staff on supporting people, linked to the person's individual health and welfare needs, to ensure their safety. This included risks associated with people's mobility, diabetes, constipation, skin vulnerability, swallowing and ability to use a call bell. For people who required a hoist to transfer, staff were provided with clear instructions which also included photographs of the equipment to be used. This supported staff in ensuring they were using the right equipment for the right person in a safe manner.

Improvements had been made to protect people against the risk associated with poor infection control. One person told us, "Look at my room…lovely and clean." Staff confirmed that they had received training and were putting it into practice. One staff member commented that they had, "Learnt a few things," from the training. Where we observed that some arm chairs looked discoloured / stained, this had been picked up on the provider's relative feedback survey and would be looked into.

The laundry, located in an open outside dwelling, had been cleaned and refurbished, and had hand wash facilities. Gloves and aprons were available to be worn when required. Floor mops were colour-coded and used for set tasks, reducing the risk of cross infection, and 'air' dried to reduce the risk of bacterial growth.

Enclosed laundry trolleys, and the use of dispersible bags protected people against the risk of spreading potential airborne infections.

Improvements have been made in fire safety training to ensure staff had been trained in the use of the evacuation equipment. Fire action notices around the service clearly set out what action staff should take in the event of a fire to ensure peoples' safety. A copy of people's personal emergency evacuation plans (PEEPS) were located next to the fire alarm system. This provided both staff and emergency services with guidance in supporting people to evacuate safely. Where we noted a bedroom had no name or number on the door, which could hinder a fire evacuation, management took action straight away.

People told us they received their medicines as prescribed. One person said that staff were aware of their preferred routines, "As soon as I have had breakfast and medication I am out." We observed lunch time medicines being given out. We saw that the staff member's approach, supported compliance of a person who was living with dementia to take the medicine. They gained the person's trust by sitting down and talking to them, we heard them explain what it was for and assisted them in a relaxed, unrushed manner. By continuing the conversation, enabled them to discreetly check the person had taken the medicine.

The service had systems in place for the safe storage and administration of people's medicines. Staff received training and competency checks to ensure they followed safe practice. Regular audits were carried out to check staff followed safe practice. Where shortfalls had been identified, such as not signing to confirm a person had been given their medicines. Records showed that action had been taken with that staff member, to prevent it happening again. This included supervision, and if required further training.

Staff had received training in safeguarding and could describe the different types of abuse, and the actions they would take if they had any concerns a person may be at risk. One staff member said, "The first thing," they would do was report their concerns to the management. Staff were aware of the external agencies responsible for investigating safeguarding, and how to contact them. Posters displayed within the service providing information and who to contact if people, staff or relatives had any concerns.

The provider had systems in place to identify potential abuse and reduce risks to people using the service. However, further work was needed in the completion of 'body maps'. These are completed by staff when they noted any damage or bruising to a person's skin. Where we tracked the body maps for two people, staff had clearly documented the location of the marks on bruising they had seen. However, there was no information to show if these injuries had been investigated, or reported to the local authority safeguarding team if, after investigation, they remained 'unexplained'.

The registered manager after consulting with staff, could provide a satisfactory explanation to the cause of the injuries was linked to medical procedure carried out / condition. They also consulted a person's GP to confirm that the bruising was linked to their medical health. Both people's records were updated during the inspection and reflected what we had been told. The registered manager showed us the revised body map form, where staff and management could record what action they had taken. Reassurances were given, that they would review all the completed forms, to ensure all appropriate action had been taken to ensure peoples' safety, minimise any risk, and where applicable make a referral to safeguarding.

Good

Is the service effective?

Our findings

At our focused inspection of November 2017, we found that there were continued concerns with ineffective training, which impacted on the quality of care and support people received. We rated this key question as, 'Inadequate.' At this inspection, we found significant improvements had been made and the rating has improved to 'Good.'

Improvements have been made to ensure staff received a range of training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service. The service had a system in place to ensure that new staff were inducted into the running of the service, and received training to enable them to carry out their role effectively. Where required staff, to ensure it did not impact on them being able to perform their role effectively, were being supported with their communication needs.

The registered manager and deputy manager told us they had attended a train the trainer course covering dementia well-being. This would support them in carrying out training for staff to support people living with dementia.

Staff were supported to access training to enable them to be effective in their designated roles. Staff photographs displayed in the service provided people with information on which staff, 'championed' different areas of practice. This included dignity, dementia, safeguarding, diabetes nutrition, infection control and activities.

Discussion with staff demonstrated how they enjoyed, and took pride in being given these responsibilities and how they had access to training to enable them to be effective in their designated roles. A staff member spoke about the learning they had gained through attending specialist training such as the, "Falls prevention day." They used this to support continuous improvement through learning and implementation to reflect current best practice.

Staff told us they felt supported and regularly met with their supervisor to review how they were getting on in their role and discuss any learning needs. One member of staff told us this had led to them being supported to access a higher-level qualification in care. Which would support them in their career progression.

People told us they were supported to eat and drink and maintained a balanced diet. One person said, "Very happy with all the food, it is well cooked and is excellent." Another person told us, "Good selection on the menu, I can have additional helpings, no rubbish served…cook always gives a good meal. If I do not want anything on the menu, cook will do me something else, no trouble."

We saw people helping themselves to the snacks and cold drinks made available in the communal lounges. When we asked one person if they were given / had access to sufficient drinks during the day they pointed to the table and told us, "Water [and juices] is there if I want." Where people could not answer our question,

records showed that they were being offered regular drinks to keep them hydrated. When staff took the 'tea trolley' round at set times, people were being offered bananas, biscuits as well as their choice of hot drinks. A staff member commented that although there were set times that staff served hot drinks for people it was, "Not regimented… If they want a cup of tea they can have it." This was our observation.

Nutritional screening, and monthly checks of people's weight supported staff in identifying where people were at risk of being over, or underweight. Where staff had identified concerns, advice had been sought from a dietician and the person's GP. Records showed where people previously identified as being of low weight, the impact of the strategies the service had put in place had led to people gaining weight. This included fortifying meals such as adding cream to mashed potatoes to increase the calorie content, offering and having snacks made available.

Where people were identified at risk of choking, referrals had been made to the speech and language therapist (SALT) and their advice acted on. Staff were aware of people's dietary needs and the support they needed to eat their meal. Care records held in people's bedrooms included a 'one-page profile' which covered any known food / diet allergies, and the level assistance a person required. This included any specialist utensils, such as drink containers.

Staff told us they had developed good links with the local community health services. The service had received the following feedback from one visiting health professional, 'On home visit staff are welcoming and take me to the patient…appointments are made for those that can access the surgery to maintain their independence.'

We observed one person returning from seeing their GP. They told us they liked the idea of being able to, "Go over to the doctor," that although they were "Getting a bit doddery" on their legs, this had not impacted on them being able to, as staff supported them to attend. People's care records confirmed that they had access to a range of healthcare services including the GP, OT, optician, specialist nurses and chiropodist.

People told us they liked living in the service and the layout met their needs. One person showed us their bedroom, "Smashing little room, very happy in here." Another person showed us their recently redecorated bedroom, which they were very pleased with. They said, "Done it last week…really brighten it up." The service now had a designated smoking area for people living in the service which also offered shelter when wet.

Since our last inspection in March 2018, we saw how the continual improvements to the environment, as part of an ongoing refurbishment, was having a positive impact. People were now making use of the different communal lounges and dining room. In the court yard garden area, tables and chairs had been painted bright colours, which made them easy recognisable / visible, and a garden shed had been converted into a 'tuck shop'. People had been involved in creating this, and a sensory garden with herbs and lavender. Where a new wooden fence had been erected, it was too low to provide a secure area for people living with dementia. We were shown the wooden trellises on order, which would be fitted to increase the height.

The inspection took place during a prolonged heatwave, staff were ensuring people's bedrooms and lounges were kept to a comfortable temperature. The garden provided shaded areas, and the lounge which led out to the garden, with its doors open also provided a cool area. Two people living in the service, sitting near the open door, said it was their favourite place to sit during the hot weather. With one-person remarking, "Its lovely, that's why we are here."

Following our inspection of November 2017, where we noted the lighting in main lounge could be improved upon to support people with poor eyesight. Although action had been taken to replace all the non-working lightbulbs, we still noted that the lighting could be improved upon. This had also been commented on by a person living in the service who described the lounge area as a, "Bit dark." The registered manager assured us that they would seek advice on which lighting would be suitable for the room.

The provider was aware of the difficulties of the premises being an adapted building and its limitations, and the ongoing work to ensure layout meets people's needs. They were aware of the importance when assessing new people. Especially for a person living with dementia, who requires safe open spaces to walk around, whether the steep stairs, and narrow corridors would meet their individual needs. We recommend that the provider seeks advice from a reputable source, in supporting the environmental needs of people living with dementia.

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 at least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the deprivation of Liberty safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions.

Staff had received training in MCA and demonstrated how they applied the principles of legislation in their daily practice to support people to make decisions. We observed staff asking people for their consent before providing care and support. Where a person had declined a bath, records showed that staff returned to the person and asked at different times, the person accepted.

Good

Is the service caring?

Our findings

At our comprehensive inspection of June 2017, we found that not all interactions with people were consistently caring, meaningful and supportive of developing caring relationships where people felt valued. We rated this key question, 'requires improvement.' At this inspection we found improvements had been made and the rating has improved to 'Good.'

People told us they got on well with staff, which attributed to the relaxed, homely atmosphere. One person said, "I'm happy here, I like being here." Another person told us "Nice living here, food nice, people nice… Asked to stay here until I peg it that tells you I'm happy." A third person commented, "I absolutely love it here, that is why I have asked to stay for the rest of my days." They spoke about the friendships they had made with other people living in the service, "Nice to have someone who enjoys a laugh."

Thank you cards and feedback forms described staff as, "Very friendly staff," and, "Very welcoming, lovely atmosphere in premises, friendly and helpful staff," this reflected our findings, where we heard people enjoying banter with staff, and sharing jokes.

Our inspection in June 2017 raised concerns over equality, where some staff's lack of communication skills and understanding of dementia, led to them not interacting with people in a meaningful way. We saw how the impact of improvements in staff selection and training, had positively impacted on the quality of staff interactions. Staff acknowledged people when they walked by, instigating conversations. Staff were smiling and using banter when engaging with people which was being reciprocated. Interactions were natural, meaningful and supported people to feel valued. For example, ensuring eye contact, and gentle touch of the arm, to further confirm to the person that they had the staff's full attention.

Staff told us they had worked hard to improve the care provided and the positive impact it had on people's quality of life, and overall atmosphere of the service. We saw this was further evidenced by comments from six people living in the service who had completed the provider's 2018 quality assurance survey. Their comments included; "Love it here, not trapped…I can do what I please, this home suits me I'm very happy," "Staff take time to explain things to me…I can have who I choose to help."

Staff knew people well, and could tell us about all the people's preferred routines. For example, they told us how a person, "Likes to go down [to their bedroom] for a siesta," in the afternoon which we observed happened. Staff told us how they supported people to make choices in their day to day decisions; meals, drinks, personal care, and activities. Feedback from six people completing the provider's 2018 survey confirmed this.

In response to be asked in the provider's 2018 staff questionnaire, 'How good do you think we are supporting people to make genuine choice, decisions about their care and how these are met?' The responses given showed that staff felt they did well in this area. Examples of how they did this included at meal times, 'Try to give a variety of choice, sometimes [people living in the service] change their mind when they see another dish.'

We observed people's privacy, dignity, choices and independence being respected and promoted. Where people went out independently, the need for staff to unlock the front door did not have an impact. One person told us it provided extra security for them, as staff knew they had gone out, and their normal routines. If they were late, staff contacted them on their mobile telephone to check they were okay. People's care records confirmed where this had happened. It also enabled them to keep staff updated on their movements, if they decided to be out longer.

We saw people's visitors being offered drinks, a task which reflected what people would do in their own homes. Where people's relatives lived a distance away, they told us people were supported to keep in telephone contact.

Where applicable, relatives spoke about how they, and their family member were involved in planning and making decisions about care. Which we observed happening. Where people had capacity to make decisions about their care, they had signed different areas of their care plan to agree its content.

People had been asked for their feedback about the quality and selection of food provided. One person told us about the recent residents meeting they had attended, which included a 'taster' session with the cook. The result of which, led to people deciding which meals they would like removed from the menu, and which ones they wanted to replace them.

Good

Is the service responsive?

Our findings

At our comprehensive inspection of June 2017, we found that there was a lack of stimulation and activity for people to enhance their well-being, and care was not always personalised. We rated this key question, 'requires improvement.' At this inspection we found improvements had been made and the rating had improved to, 'Good.'

Opportunities to participate in activities had improved significantly since our last inspection. Our previous inspections identified how the lack of stimulation had a negative impact on people's wellbeing, putting them at risk of social isolation. The opposite was seen at this inspection and attributed a more positive energetic atmosphere, where people were supported to do activities.

Staff were using a personalised approach to supporting people to improve their physical and mental well-being. This ensured all the people living in the service, not just those who were more independent, were being supported to access social stimulation. This included supporting people to fulfil a wish, or in the case of one person fulfilling their ambition to go up in an aeroplane. The registered manager told us although the original request had been to go up in a Spitfire, they had managed to find, "The next best thing," and arranged a flight with the local flying school. A newspaper cutting displayed in the service spoke about the person's experience of the day, "I felt on the day of the flight very excited and not nervous at all" and how the flight had enabled them to realise an ambition as they had, "Always wanted to experience the feeling of flying."

Another person's wish was to visit Scotland. The registered manager explained that due to individual circumstances they were unable to accommodate, so instead they brought Scotland to the person. The cook prepared a traditional Scottish meal, and a person came into play the bagpipes wearing full tartan costume. The person's feelings about the day, "I felt very happy, the day of the Scottish party. Some of my family came, we all sat outside, and watched the lady play the bagpipes. I like the special lunch, that the cook prepared and the treats provided. I hope everybody enjoyed themselves," had been written down, along with photographs and a menu, which was displayed in the service.

During the inspection we saw a range of activities, which reflected people's individual needs and interests. Where people remained in bed, staff supported them to watch their favourite DVDs, listen to music, or look at magazines. Whilst other people living in the service were taking part in the art class, independently going out shopping, visiting relatives or the local cafes.

One person told us they were aware of what was going on, "I can join in if I want to," but felt they had plenty to occupy themselves, "Got an active mind, do my crossword, read the local paper just got a worn-out body." Another person told us about the recent barbecue where people's relatives had also been invited. They said, "I enjoyed it, wasn't noisy, noise just right… That was one of the good days, I suggested doing it again, do things like that more often, get them all [relatives] in."

People and staff spoke highly about the new activities coordinator, especially their energy and commitment.

We observed an art class, which consisted of equal amounts of painting and conversations, with those involved discussing a range of topics. Evidence of people's artistic skills brightened up the lounge, and the signage for the 'Tuck Shop'. An activities programme was displayed, subject to change around people's choices. A person living in the service pointed out a forthcoming event, "Trip to the pier, I'm going on that," which they were looking forward to.

People were being supported to pursue their hobbies and interests. One person who told us they had always been a keen gardener, showed us the beans and tomatoes they were growing in the garden. Another person told us how they sometimes assisted staff, "I like making the Yorkshire puddings for the Sunday roast." One person's relative said, that their family member enjoyed living in the service, "More now than they did before because there's more going on."

Links with the community were being developed, which supported people to meet others and engage with the community. The registered manager told us that the service had linked up with other service providers, and the service had taken part in the, "Tendering Bake Off" competition and came second. Staff also told us about the 'walk and talk' on a Friday, where people living in the service met up with volunteers from the local fire brigade, who provided sandwiches and time to sit and talk.

The provider was in the process of subscribing to be a member of the National Activity Provider Association (NAPA) which promotes activities for older people. The registered manager told us it would be used to further developed the range of activities for people.

People told us they were happy with the care they received. One person said, "I am well looked after." Comments from the six people completing the providers July 2018 quality assurance survey showed that the service was meeting their needs. Their comments included, "I am very happy here, well looked after and cared for," and, "They [staff] call the GP when they know I am not right."

Improvements had been made in care planning to support people to receive personalised care. Discussion with the registered manager and deputy manager showed that the care plans were an ever-evolving tool. They were continually monitoring the content, and layout used to ensure the records were personalised and responsive to people's needs.

Our previous inspection identified shortfalls in information around people's mobility and diabetic needs, staff were now provided with clear guidance on how to support people in these areas. The use of sensor mats / pads, were being used to alert staff a person may be moving, who was at high risk of falls, and may require assistance. The activities coordinator and staff were working with people to learn about their personal history and aspirations. Further evidence by the 'monthly wish', and identifying ways to achieve this.

A staff member confirmed they read the care plans, that the communications systems in place kept them updated with any changes which could impact on people's care. During the inspection we saw management updating care plans to reflect changes in people's physical and mental health. Where applicable, going through the changes with the person's relative, and asking them to sign the care plan as part of confirming their agreement. Whilst doing this, we observed that it also gave a chance for the relative to ask any questions, and clarify any issues which we heard happening.

Staff understood the importance of supporting people to have a good end of life. A staff member explained that it included ensuring, with the family's permission, a representative from the service attend the person's funeral.

As part of their end of life care planning, where it had been agreed, people's care files held a Do Not Attempt Resuscitation (DNAR) orders in place. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation. Where people had capacity, we saw this had been discussed with them, and this had been their wishes.

There was a complaints policy in place which was displayed in the service, and explain people how they could raise a complaint. Two complaints had been received since our last inspection in March 2018 both complaints had been acknowledged and responded to. One of the ongoing issues were about missing laundry, which the provider told us they were continually working on to address, through better labelling, and staff being more vigilant in monitoring, and tracking any missing items.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in March 2018, we found that there were ongoing concerns with oversight and governance and this key question was rated as, 'Inadequate.' At this inspection, we found improvements had been made, however further improvement was required and this key question rated as 'Requires Improvement'.

Although we found improvements had been made, some areas still required development. For example, calculating staffing levels, record keeping and quality assurance.

When we inspected the service in March 2018 the registered manager who is also one of the directors was managing another service. The registered manager is now managing St Marks only. They told us how this change had enabled them able to focus on, "St Marks," with the support of the deputy manager and a new nominated individual (NI)., The nominated individual was also carrying out regular quality assurance visits, and spending time talking with people living, working and those who had connections to the service to gain their views.

The impact of these changes had led to improvements in the managerial oversight, and had been influential in driving improvement. This had also been noted by visiting health and social care professionals. The quality assurance reports supported the management in prioritising where improvements were needed. Where improvements had been made, to ensure they were maintained.

Although quality monitoring visits, and in-house checks and audits were being undertaken, they did not provide a full picture of what was going on. For example, there were no systems in place to check people's financial records were being completed correctly. When we checked some financial records we found there were missing receipts. These were located after our inspection. Where audits were taking place, for example medicines audits, there was no analysis of these audits to demonstrate that the action being taken was effective enough to drive improvements. Reassurance was given by the nominated individual that both points would be actioned.

The service had policies and procedures in place which provided guidance and underpinned staff practice. However, although they were being reviewed annually, the audits had not picked up that some of the wording did not make sense. For example, in the policy and procedure, last reviewed August 2017 setting up guidance to staff handling people's money it referred throughout to nursing home workers, and also referred in one section that any failure to comply in full with the policy, 'may result in appropriate action and possibly removal from the company register.' The nominated individual was unable to clarify what this meant. They confirmed they were systematically going through all the policies and procedures, and starting with this one, they would make the necessary changes. In doing this it would ensure there was no confusion, and ensure where the service had acquired policies and procedures, that they had been checked to ensure the information had been localised.

Relatives had mixed views over the running of the service's administration office. Where one felt it was well

run and organised, two referred to it being disorganised at times. This had impacted on paperwork not being located, and verbal agreements not being formalised, or carried through. For example, where we had requested to look at a change in a person's care contract, we received conflicting information as to whether the changes had been agreed, or would go ahead. It identified an area of improvement, that any verbal agreement for additional contracted arrangements, were clearly stated in writing. The provider gave us assurances that this would be done. This would ensure that all parties were aware of any additional costs involved, and what they would be paying for, and agreed start date.

We found improvements in the culture of the service, with staff taking accountability for their work, and were more knowledgeable of any factors that could impact on the service. The nominated individual told us how, as a management team, they had been focusing on developing a culture of where staff felt empowered, by delegating responsibilities linked to their interests. Then providing the training and support to enable them to carry it out, "If you value the staff and give them the right resources…. and give them time, we will gain retention of staff."

Discussions with staff about their delegated responses, demonstrated a commitment to undertake these roles effectively. However, during discussions and review of the staff rosters, we observed although staff were being supported with the training to underpin their knowledge, no additional time had been allocated to carry them out. One staff member said it was their choice to carry some of this work in their own time, as they took pride in what they were doing. They felt it contributed to driving continual improvements and meeting the aims of the service, by ensuring people constantly received quality care. The NI said they would consult with the management team to see how this could be addressed, which included management providing cover, to enable the staff member to focus.

Improvements were seen in the engagement of people, their relatives and staff in seeking their views, and being able to influence how the service was run. Methods used included holding regular meetings, during quality of assurance visits, comment book, and survey questionnaires. One relative mentioned that one of the improvements they had seen, "Letting you know what's going on" in the service.