Marantomark Limited

# St Mark's Care Centre

## Inspection report

Delaunays Road
Sale
Cheshire
M33 6RX

Tel: 01619622032

Date of inspection visit:
16 April 2018
17 April 2018

Date of publication:
22 June 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Inadequate |

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

# Summary of findings

## Overall summary

This inspection took place over two days on 16 and 17 April 2018. The first day was unannounced, which meant the service did not know in advance we were coming. The second day was by arrangement.

St Mark's Care Centre is a care home which was purpose built and registered with CQC in July 2015. It is located near the centre of Sale in Trafford, South Manchester. The home is registered with CQC to provide nursing care for 62 people living with dementia, acquired brain injury or enduring mental health needs. The home has five units which are called Walton, Walkden, Woodhey's, Worthington and Ashton.

Due to enforcement action taken following our October 2017, the provider has not been able to admit any new service users to St Mark's Care Centre. This meant at the time of this inspection, there were 31 people living at the home and there were three units in operation; Walton, Walkden and Worthington.

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

At our last inspection in October 2017, the home was rated as 'Inadequate' overall and in the key questions, safe, effective, responsive and well-led. Caring was rated as 'Requires improvement'. We identified the provider was in breach of the following regulations; Regulation 9, person-centred care; Regulation 12, safe care and treatment; Regulation 13, safeguarding service users from abuse and improper treatment; Regulation 14, meeting nutrition and hydration needs; Regulation 16, receiving and acting on complaints; Regulation 17, good governance and Regulation 18, staffing. As a result of our findings, St Mark's Care Centre remained in special measures.

Other enforcement action is on-going and the outcome of this will be added to the report after any representations and appeals have been concluded.

At this inspection, we identified continued breaches of the regulations and the overall rating for St Mark's Care Centre is inadequate. Special measures remains in place and we will continue to monitor the service closely and will expect to see continuing and sustained improvement.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, it will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

At the time of our inspection, there was a registered manager in post who had started at St Mark's Care Centre in December 2017 and commenced the process of registering with CQC. Their registration was completed 13 April 2018. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we identified failures in respect of the delivery of safe care and treatment and how risks to people who used the service were identified and mitigated. In particular, risks associated with the management of people's dietary needs and pressure areas.

We found the provider and management team could demonstrate greater transparency in the reporting of events and incidents. However, we identified inconsistencies across the three units in regards to the recognition of safeguarding matters and identified a number of safeguarding referrals on Walton unit that should have been made to the local authority.

We found there was ambiguity regarding people's care records and identified concerns regarding risk management. We found the most current risk assessments and up to date care plans were not in people's care files but stored electronically and all the care staff did not have access to this information. This meant care staff did not have access to the identified risk in order to mitigate the risks and provide safe care.

We expressed concerns with the current quality and safety of the electronic method of care planning. At the time of the inspection, all the care plans, risks assessments and other service user documentation were written into word and excel files and stored on the local network drive. Concerns with this method include overwriting errors, duplications of files, and the lack of security in relation to care plan reviews, as anyone could write that a named nurse had reviewed a care plan with no electronic signature or secure method to determine this.

Appropriate recruitment checks were undertaken prior to staff commencing in post. We saw the use of

agency staff had significantly reduced since our last inspection and recruitment was on-going to address the homes agency use.

Medicines were not always managed safely. Issues were identified regarding documentation and the consultation of a pharmacist when covert medicines were being given.

We found the provider was not always working within the principles of the Mental Capacity Act (2005). This was because best interest decisions were not evident for the use of restrictive practices such as lap belts and bed rails. Although we acknowledge these had been implemented to mitigate risks, we found best interest meetings had not been convened to determine that the use of these measures were in people's best interest in accordance with the Mental Capacity Act 2005.

Since our last inspection, we saw that all the locks had been removed from communal doors and there was an emphasis in care plans regarding supportive measures to meet people's needs. We saw this had translated to practice since implementation as there had been no recorded use of restraint on the accident and incident forms since these changes had been made.

We saw daily meetings had been introduced to support communication and management oversight of occurrences and support required within the home.

The induction had vastly improved. Staff received an induction to the service that was aligned with the care certificate and undertook shadow shifts with an experienced member of the staff team. The staff member continued to mentor them through the induction to support them within the role. Training had significantly improved. This included, staff competency assessments and there was an on-going rolling programme of on the spot training and supervision to address any shortfalls in practice.

The meal time experience had improved but we observed insufficient time was maintained between meals which we raised with the provider on the day of our inspection.

Relatives were extremely positive about the care provided and felt consulted about the care their family member required. We observed positive interactions between staff and people throughout the inspection visits across all the units. We did inform the registered manager of one instance observed of staff not maintaining a person's dignity. This was because staff had transferred a person in a wheelchair without footplates which resulted in their feet being dragged across the floor in an unsafe and undignified manner. The registered manager gave assurance this would be addressed straight away and all wheelchairs without footplates would be removed from use.

We observed staff providing people with choices during the inspection and promoting people's independence where able. People were engaged in daily activities and there was a singer that performed at the home on the second day of our inspection that was observably enjoyed by all those that attended.

The complaints process had significantly improved as there was now a process in place that logged complaints and a clear audit trail could be seen of actions taken. Relatives spoken with confirmed they were aware of the complaints process and that any complaints they had made had been resolved to their satisfaction.

The registered manager and care consultancy firm were not always coordinated in their approach to determine that there was a cohesive approach to achieving regulatory compliance. There were two action plans in progress at the time of the inspection and the registered manager did not have access to

documents requested to determine progress against one of the action plans to demonstrate they had oversight.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate**

The service was not consistently safe

Safeguarding processes were not embedded to demonstrate consistency of reporting across the three units. Safeguarding incidents had occurred on Walton unit but safeguarding referrals had not been sent to the local authority.

There was ambiguity between the risk assessments; care plans and documentation which meant records were unable to be relied upon to determine people's risk had been managed.

Medicines were not always managed safely.

We saw staffing numbers were determined using a deployment tool and agency use had significantly reduced.

### Is the service effective?

**Requires Improvement**

Not all aspects of the service were effective.

Best interest decisions were not consistently demonstrated for the use of restrictions such as bed rails and lap belts in line with the Mental Capacity Act (MCA 2005).

The provider had significantly improved the induction process and the care certificate had been introduced.

Training had improved since the last inspection and competency assessments completed to determine staff had the required knowledge and skills to undertake their role effectively.

We received mixed reviews regarding the mealtime experience and we observed the mealtimes were not appropriately spaced out with meals being brought from the kitchen to the unit within two hours of people finishing their previous meal.

### Is the service caring?

**Good**

The service was caring.

Relative feedback regarding the staff and the care provided was overwhelmingly positive.

We observed positive interactions and staff engagement but there was an isolated incident of a person not being supported in the most dignified way.

Staff told us how they aimed to treat people with dignity and respect and promote their independence on an individual basis. Staff demonstrated they knew people's needs well.

Relatives told us they were involved in planning people's care and felt the communication from the staff and the manager was effective.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive

People could not be assured they would receive the support they required as an accurate and contemporaneous record of their care needs was not maintained.

The activities programme had improved and we observed people engaged in 1:1 activities throughout the inspection.

The complaints procedure was displayed throughout the home and there was an effective process in place for receiving and responding to complaints.

## Is the service well-led?

**Inadequate**

The service was not well-led.

The provider had consistently failed to achieve compliance with legal requirements since registering with CQC in June 2015.

The management was fragmented and continued to work in silos which meant there was not a coordinated approach to meeting regulatory requirements.

Progress had been made around completion of audit and quality assurance but gaps in recording were still evident. There was not a single person overseeing the action plan to ensure cohesiveness and continuity was being embedded across the three units.

Relatives and staff spoke positively of the registered manager, the culture and the trajectory of improvement at the home since

our previous inspections.

# St Mark's Care Centre

**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 two days on 16 and 17 April 2018. The first day was unannounced, which meant the service did not know in advance we were coming. The second day was by arrangement.

A planned inspection of St Mark's Care Centre was brought forward in response to information of concern received by the Care Quality Commission (CQC). These concerns were of a safeguarding nature.

In advance of our inspection we contacted external stakeholders including Trafford local authority, Trafford safeguarding team and Trafford care commissioning group (CCG). Stakeholders expressed continued concerns regarding St Mark's Care Centre and the engagement of the provider and their management team with statutory bodies. We used this information to inform our inspection planning.

On 16 April 2018, the inspection team consisted of three adult social care inspectors, a pharmacist inspector and a medicines team support officer from the Care Quality Commission (CQC). On 17 April 2018, three adult social care inspectors completed the inspection.

Due to the timeframe in which this inspection was completed, a Provider Information Return (PIR) was not requested to support us with our inspection planning. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we reviewed information we already held in the form of statutory notifications received from the service, including safeguarding incidents, deaths and serious injuries.

Due to the nature of the service, a large number of people living at St Mark's Care Centre were unable to

communicate their experience of the care provided so we observed the care and interactions in the communal areas which included lounges and dining rooms.

During our inspection we spoke with the nominated individual, the registered manager, and 11 staff including nurses, care staff and maintenance. We also spoke with six relatives to ascertain their views regarding the care provided at St Mark's Care Centre.

We looked at various documentation including 13 care records for people receiving support and 12 medicine administration records (MAR). We also looked at staff recruitment information, supervision notes, training, induction process, staff rotas and policies and procedures.

Inadequate

# Our findings

At our last inspection of St Mark's Care Centre in October 2017, this key question was rated as inadequate. We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to; Regulation 12, safe care and treatment as people were not receiving a modified diet in line with their assessed needs. Regulation 13, safeguarding service users from abuse and improper treatment because safeguarding incidents were not being identified and reported to the local authority. Regulation 18, staffing as there was a high reliance on agency staff which meant there was not sufficiently skilled staff deployed to meet people's needs.

We undertook this inspection to ascertain the progress made since our last inspection and found continued breaches of the regulations. This meant the provider had failed to comply with the regulatory requirements despite the enforcement action taken.

At our last inspection we identified an ineffective system to recognise and report safeguarding concerns. There was low reporting of safeguarding incidents across all the units and the incidents that were reported were indicative of high incidences of harm. During this inspection, we found reporting overall had significantly improved and the threshold for reporting incidents had been lowered in recognition of needing to increase transparency at St Mark's Care Centre with other agencies. In recognition of this lowered threshold for reporting, we identified 13 low level safeguarding incidents involving five different people on Walton unit that had not been reported to the local authority. The incidents involved the identification of unexplained bruising, falls, entrapment in bed rails, two incidents of thickener not being used for a person that required their drinks thickened and a person grabbing another person by the arm. Following the inspection, CQC confirmed with Trafford safeguarding team that these referrals had not been made and CQC made the referrals to ensure people were safe. Safeguarding incidents had consistently been reported on the other two units.

Since our last inspection, all the staff at St Mark's Care Centre had received safeguarding training and had their competency assessed to determine their understanding of safeguarding matters. Staff told us there had been a change in the culture at St Mark's Care Centre since the previous manager had left and that transparency was supported. Staff told us reporting of incidents was encouraged and staff saw reporting concerns as an individual responsibility. The registered manager had a system in place for monitoring safeguarding referrals and was honest about the further improvements required. This included; the need to streamline the safeguarding process so staff consistently recognised what constituted a safeguarding issue and was empowered to provide the safeguarding team with a management plan at the time of referral.

The failure to report abuse showed the systems and processes in place to protect people from abuse and improper treatment were not yet embedded and consistently operated effectively across all three units. This was a continuing breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people's relatives told us they felt their relatives were safe, the risk assessment system in place at the time of the inspection did not enable the provision of high quality, safe care. The provider had an electronic system in place but all the staff responsible for providing care did not have access to it. We were told risk assessments were duplicated in care files but in all the care files we looked at, they didn't contain the most up to date risk assessment. This exposed people to the risk of avoidable harm because staff did not have access to the guidance to mitigate the risk.

At our last inspection, we identified systemic concerns with the management of people's dietary needs as people were frequently being given foods that were not in line with their assessed needs, which had exposed them to the significant risk of harm. At this inspection, the system to manage people's dietary needs had improved. However, at this inspection we found the guidance available regarding people's dietary needs could not be relied upon to determine the consistency of the food people required. At this inspection we identified some ambiguities between the risk assessments, care plans, people's assessed needs and the foods that people had received.

We saw one person on Walton unit had a care plan that indicated they required a pre-mashed diet to assist with their swallow. We spoke to their relative and they confirmed this was something they wanted to try. The care plan also indicated to mitigate risks to the person that they should be sat upright when eating. However, we were told and observed during the inspection that this was not being followed. Certain foods documented on the food and fluid record, for example sandwiches and cakes were not in keeping with a pre-mashed diet.

We found there was ambiguity in the care plans regarding what people's dietary needs where which could result in people being given foods that were not in line with their assessed needs. For example, on Worthington unit, one person had a nutritional care plan dated 25 January 2018 which documented the person had been assessed by speech and language therapy (SaLT) and required a pre-mashed diet. The SaLT guidance in their care file dated 22 December 2017, stated they required a pureed diet. Previous SaLT guidance in their care file dated 25 November 2017, documented the person required a 'fork mashable diet'. We spoke to two care staff to determine the person's dietary needs and received two different answers as to what the person's dietary needs were. On Walkden unit, a person had a risk assessment and care plan that identified they required a soft diet but the food and fluid records documented that normal foods were being given. We asked the nurse on duty who found the SaLT guidance on the computer dated 06 September 2017 which confirmed the person was able to have softer options of normal foods but this was not clear in the records looked at.

We saw the management of pressure care was not safe. People had pressure relieving cushions and mattresses in place, however, on Walton and Worthington unit we observed the bed mattresses were not set to the correct setting. On Walton unit, one person's mattress was set for a person that weighed 80 kg, but the person's current weight was 54kg. On Worthingon unit we were informed five people required airflow mattresses, when checked we found none of the mattresses were set to the correct setting for the person's weight. Of the five people on Worthington unit, we found there was no guidance in three of the people's skin integrity care plan regarding the correct setting which meant staff did not have the required guidance to ensure this was maintained.

On Worthington unit, we looked at two people's repositioning charts over a week period and found the documentation could not be relied upon to demonstrate each person had been repositioned as per their identified time frame of two hour repositioning. On Walton unit, we observed during the inspection a person required to continually wear a protective foot boot for pressure relief due to a pressure sore was observed throughout the inspection not to be wearing this despite the inspector raising their observations with staff. The nurse on the unit told us this person often removed the boot themselves, however this was not recorded in their care plan about how staff needed to intervene.

We reviewed the care records of a person on Walton unit who had been assessed as high risk of falls. The person was identified as requiring staff support when mobilising and for the staff member to walk on their right side when assisting them to walk. During the inspection it was observed staff walked on their left side. The person also had a bed rail risk assessment that indicated bed rails were not appropriate for use due to the risk of entrapment but it was observed this person had a bed rail in use on one side of their bed.

At our last inspection, we found medicines were managed safely. However, we found some areas that could be improved and requested medicines support at this inspection. The pharmacy inspector found documentation was inconsistent across the three units and best practice was not being followed in regards to the administration of covert medicines.

We checked the storage arrangements for medicines on the three units in operation. All areas were secure, trolleys and cupboards were locked, and treatment rooms were clean and tidy. Staff recorded the room and fridge temperatures daily to ensure medicines were stored within the recommended range. Controlled medicines were stored securely, stock balances were correct and records were maintained in line with national guidance.

Records demonstrated that staff training and competency checks were being regularly undertaken. Managers and staff carried out regular audits to check that medicines were used safely and in accordance with the home's medicine policy. Recent audits showed that when issues were found they were actioned promptly. Some sections of the medicines policy were due for review. We were told these were being updated at the time of the inspection.

We looked in detail at Medicine Administration Records (MAR) for 12 of the 31 people in the home. All residents had personalised information to help staff care for them, for example, photographs, allergy and GP details. Records were clear and there was evidence that stock checks were being completed. We checked a sample of medicines stocks and these were correct. There were no gaps in records indicating that residents were receiving medicines as prescribed and at the correct time. We did however, see one administration error with one resident who was prescribed a medicine with a variable dosage. This was highlighted to the management during the inspection.

Several people were receiving their medicines covertly, hidden in food or drink. We saw documentation showing this had been agreed as being in their best interest. However, there was no evidence that a pharmacist had advised the home how to disguise each medicine without reducing its effectiveness. This did not follow the medication policy of the service.

Some people were prescribed one or more medicines to be given "when required". Additional information to help staff give the medicine safely was not always available. The provider had several different documents in use and some lacked essential detail. Some residents were prescribed pain-relieving medicines to be taken when needed that had a variable dosage and it was not clear what dose staff should give. We saw one resident had received two doses of paracetamol without a four-hour gap as recommended.

We looked at topical application records and storage of creams and ointments. Care staff applied these as part of personal care. Records included a body map that described where and how often to apply these preparations, however we saw a record where both care and nursing staff had signed separate records for the same resident that did not match. This meant we were unable to determine if this had been applied as prescribed. Patch application records demonstrated that patches were repositioned following manufacturers guidance. On Walton unit, we saw that creams were stored securely together with their records in the treatment room.

This was a breach of Regulation 12 (2) (b) (g); Safe care and treatment of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not doing all that was practicable to mitigate any risks and could not demonstrate consistently the safe management of medicines.

The provider continued to calculate staffing numbers using a dependency tool. This is a tool used to determine staffing numbers needed on each unit to meet people's assessed care needs. At our last inspection, we identified a high reliance on agency staff to ensure there were sufficient numbers of staff deployed to fulfil the care hours required. Our observations during our October 2017 inspection determined there were not sufficient numbers of suitably qualified and trained staff on duty to meet people's needs.

Since the October 2017 inspection, we found the agency use across the home had reduced by 70%. The registered manager and Human Resources had an extensive program of recruitment underway to address the remaining shortfall. This was discussed daily at the morning 'flash meeting' which the Lead nurse from each unit attended and was given updates of progress made. Also, since the registered manager had commenced at the home, they had changed the agency in which agency staff were requested to improve the quality of staffing provided. Governance arrangements and training had been considered to ensure staff had the necessary skills and competence to work at the home. Relatives told us the use of agency had improved and we saw there was ongoing recruitment at St Mark's Care Centre and two nurses and a care staff member had been recruited during the inspection.

We arrived at St Mark's Care Centre at 06.30 and the units were calm. We observed staff were proactive in responding to people's needs and although at times we observed staff were busy, they gave people time and engaged with people to provide positive stimulation. Relatives told us; "There seems to be enough staff. In the early days a lot of agency staff were used. There still are but it has improved. There seems to be enough around to care for people." "There have been times when he may have to wait a bit, but overall it's not too bad. He receives a bath more frequently than in the past because there are more staff." "I wouldn't say there are enough, plus you can tell they are unskilled" "[Person's name] has only been on this unit for a short while, but there always seem to be a lot of staff around, not had any concerns."

We looked at three staff personnel files and saw staff had been recruited safely and the required recruitment checks had been carried out prior to them starting work at the home. Staff had produced evidence of identification, had completed application forms with any gaps in employment explained, had provided employment references and a Disclosure and Barring (DBS) check had been undertaken. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

During our tour of the building, the home visibly looked clean. However, we noted an unpleasant odour on some of the chairs in the small lounge on Walton unit. The most recent infection control (ICT) audit had been in January 2018 when the home received a low score of 50%. We saw staff had completed infection control training and at the time of our inspection the registered manager was working through the required actions. The home will be revisited by the infection control team (ICT) within six months to determine

whether the home has made sufficient progress against the identified requirements.

There were cleaning schedules on the inside of each door and the ones we saw had been completed. We observed staff wore protective aprons and gloves appropriately when providing personal care.

At the time of the inspection, one of the lifts was not working and there was ongoing debate between two companies regarding responsibility for the repairs. There was another lift on site for use but for a short period during inspection this was being serviced. We spoke with maintenance and looked at systems for checking and maintaining the building. We saw all safety certificates were in date and appropriate fire safety and legionella checks were being completed. We saw records of service of hoists, slings, and weighing scales. Fire protection and detection equipment was regularly checked and serviced.

We found people had a Personal Emergency Evacuation Plan (PEEP) in place. A PEEP provides information on accessibility and means of escape for people documenting there mobility, assistance needs and ability to understand and respond in the event of an emergency. The PEEPs described the care and mobility needs of each person and were comprehensive in detail of people's support needs in the event of an emergency.

Requires Improvement

# Our findings

At our last inspection of St Mark's Care Centre in October 2017, this key question was rated as inadequate. We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to; Regulation 13, safeguarding service users from abuse and improper treatment as practices were overly restrictive and not in consideration of people's best interest. Regulation 14, meeting people's nutrition and hydration needs because people were not being provided nutritious and appetising food and staff were not taking the most appropriate action when people had been identified as losing weight. Regulation 18, staffing as staff had not received an induction, training and supervision or appraisal to support them to fulfil the requirements of their role.

We undertook this inspection to ascertain the progress made since our last inspection. We found significant progress had been made regarding restrictive practices, staff training and support. This meant the key question had improved to requires improvement. However, we identified there was a continued breach of Regulation 13; safeguarding service users from abuse and improper treatment because best interest decisions had not been made in regards to the use of lap belts and bed rails. During this inspection, we also received mixed reviews regarding the mealtime experience.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to see if the home were working within the requirements of DoLS/MCA. MCA assessments had not been completed in relation to the making of day to day decisions and potential restrictive practices, wherever a person lacked capacity. We found bed rails and lap belts were in use for people that were deemed not to have capacity. Although we acknowledge these had been implemented to mitigate risks, best interest meetings had not been convened to determine that the use of these measures were in people's best interest. Lap belts and bed rails are used as a safety measure to prevent falls, but are restrictive and restrict people's freedom of movement in recognition of this a best interest process should be followed in line with the Mental Capacity Act 2005.

This meant there had been a breach of regulation 13 (4)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safeguarding people from abuse and improper treatment.

During the inspection, it was evident that significant progress had been made in regards to restrictive practices. Although best interest meetings could not be evidenced, we acknowledged that the higher impact issues had been addressed. At our October 2017 inspection, we observed people on one of the units locked in the lounge with staff despite people trying the door to indicate they wanted to leave the room. We also saw in people's care plans and accident and incident reports that the use of restraint was common practice. At this inspection, we saw all the locks had been removed from the communal doors. Care plans had been re-written and included supportive measures and interventions to respond to people's needs. We looked through the accident and incident reports since implementation of the care plans and found there was no recorded use of restraint since implementation.

We found DoLS applications had been submitted for anybody deemed to lack capacity to consent to their care and treatment. Referrals and outcomes had been tracked via a matrix and timely referrals had been made. Staff confirmed they had received training in MCA and DoLS and demonstrated a good understanding of the main principles. Staff told us; "Deprivation of liberty, if unable to make decisions, these are done for them in their best interest." "Yes, we've had training in this. It's to do with peoples freedoms." "This is when people don't have capacity to make decisions, so we do what's best for them."

We looked at how people's nutrition and hydration needs were being met. At our previous inspection, we had concerns that timely referrals were not being made to dietetic services and relatives had expressed concerns regarding the quality of the food provided.

Since our last inspection, the home had been assessed by environmental health and had received a food hygiene rating score (FHRS) of 2. As a result there had been a change in the catering staff at St Mark's Care Centre and at the time of the inspection there was an agency chef. The registered manager was open regarding the concerns that had been expressed and had taken pictures of the issues for address. At the time of our inspection, we saw the registered manager had worked through the actions required.

We asked relatives and visitors for their opinions about the quality of food served to people at St Mark's Care Centre. Comments included; "Could be better, [person's name] doesn't like gravy, but they put it on his meal today, so we had to send it back." "[Person's name] loves the food. No issues with weight loss. At one point started to put on weight as was less mobile, they referred him to a nutritionist right away." "[Person's name] eats well. They lost weight in the past but they responded quickly and let us know." "The food is alright, [person's name] has put weight on. I think the dining experience could be improved. The crockery and cutlery never matches."

We observed the mealtime experience on each unit. We saw staff were attentive to people's needs and when people expressed not liking something or wanting more, staff responded promptly and provided people with what had been requested. There was a pleasant atmosphere on each of the units throughout the meal and staff engaged with people in conversation and remained a consistent presence within the dining area to provide support.

We informed the registered manager and provider that there was insufficient time between the dinner service and evening meal. We saw people had finished eating their lunch around 13.30 but the evening dinner trolley was brought to the unit at 15.50 to commence the evening meal. We were informed this would be looked in to and extended in consultation with people living at the home and their relatives.

We saw people had nutrition care plans and risk assessments in place providing an overview of people's dietary needs. People's weight was reviewed regularly and the majority of records looked at confirmed people's weight was stable or they were gaining weight. Malnutrition Universal Screening Tool (MUST) assessments were completed and provided an overview of the level of risk presented to people regarding their nutritional status. We saw one person on Walton unit had lost 12kg following a hospital admission and was refusing the calorific drinks prescribed by the GP to support weight gain. At the time of the inspection, this had not been followed up so we requested this was done whilst undertaking the inspection.

We found there were clear systems in place to support staff to work together both within and across organisations. This included handover sheets having been redesigned to include more detailed information regarding each person's needs. There was also a daily meeting that had been introduced since our last inspection. The daily meeting involved the registered manager, clinical lead, lead nurse from each unit, maintenance, HR and activities coordinator meeting daily to discuss events over night, the current position of the home and any identified issues on each unit. Practical solutions and support were offered. For example, one of the nurses identified they had only just returned from leave and it was the end of month requirement to re-order medicines. The clinical lead offered practical support to complete this task.

At this inspection we found there had been significant improvements to the induction process and the provider could demonstrate the induction was aligned with the care certificate. The care certificate is the minimum fundamental standards worked through to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care. Staff were assigned a buddy and had 12 weeks from commencement in employment at St Mark's Care Centre to complete the care certificate. We identified four staff members and verified with their care certificate workbooks that this was the required time frame for completion. We saw workbook completion was signed by a nurse from the service to ensure the required competency had been met. All of the staff, including agency staff spoken with during the inspection confirmed an induction was provided when they first started working at the home.

On commencement with the home, the registered manager had received a three week induction. We also found that all new staff completed shadow shifts with a consistent team member who offered continued mentoring and side by side training during the induction period.

We found training had vastly improved since our last inspection and staff's competencies were continually being assessed to demonstrate the training was consolidated in to practice. We saw instances were staff had not demonstrated the required competencies in moving and handling and this had resulted in them receiving further training and assessment. We saw one instance where a staff member had not demonstrated the required competency over a number of assessments and when we enquired about this, we were informed the staff member had subsequently been dismissed.

The mandatory training completed included; moving & handling, fire safety, safeguarding, COSHH, infection control, health & safety, food hygiene, first aid, dignity and respect, equality and diversity, MCA and DoLS. Staff compliance was above 80% with an identified timeframe for remaining staff to complete the required training. Further training was also provided in; medication, positive behaviours, dysphagia, falls prevention, dementia and six steps and staff completed this training if it was applicable to their role. Staff comments included; "It's improving, a lot more of the team actually deliver training, after doing train the trainer courses. The training coordinator also completes on the spot training with the carers. If they anything they are doing wrong, they will spend time with them and show them what they should be doing." "They are good with training here. They keep on top of it and let us know when things are due." "Most of my training was with the agency, but they make sure you are trained before you can work here."

We reviewed records relating to staff supervision and annual appraisal. Staff supervision provides an opportunity for line managers to meet with staff, feedback on their performance, identify any concerns, and offer support, assurances and learning opportunities to help them develop. Comments from staff included; "I feel supported. We have supervision every now and then. Sometimes the nurse in charge will go through supervision with you, see how we are doing." "I try to organise my supervisions, I did a lot in January." "I really do feel supported now. The change in management has made things much more positive. I am included in decision making and feel trusted, which is empowering. [Manager] will let me know if there are any issues." We saw group supervision was also being delivered to larger numbers of staff when a particular issue or concern had arisen and staff signed to confirm attendance.

Good

# Our findings

At our last inspection of St Mark's Care Centre in October 2017, this key question was rated as requires improvement. We found the key question had improved to good.

We asked the relatives of people living at the home if they felt their relative was receiving good care whilst living at St Mark's Care Centre. Comments included; "I think the care is excellent. We are constantly kept updated if there are any issues with [person's name]. We were aware of the last inspection in October 2017 and feel the care has been good since then. I am really pleased with everything. [Person's name] is always clean and well presented. They make an effort to blow dry their hair and apply lipstick." "I would say that [person's name] is receiving good care. The staff appear to be very caring towards both residents and relatives. Some of them are unbelievably amazing. He seems to be well presented and clean when we visit and I'm confident that happens when we are not here." "All the staff are truly lovely people."

At our last inspection, we had expressed concerns regarding the morning routine as it had not been conducive to maintaining a calm environment. We arrived at the home on the first day of our inspection at 06.30 and commenced a walk round to determine the atmosphere on each unit. We found each unit was calm. People were still sleeping when we arrived and staff were sensitive to this and were whispering to each other when communicating. There was a mix of open and closed doors and we verified with people's care plans that this was in line with their wishes.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We saw people had communication care plans in place which detailed the most effective ways to support the person to communicate.

Relatives told us they had been involved in developing people's care plans and felt involved with people's care. Comments included; "Yes, I feel involved. They keep me updated with anything that happens and will ring me if there have been any issues or speak to me when I visit." "Yes I do have input in to the care plans, tends to be as and when. Was regularly initially, but as more settled and programme stable, not as frequently, as there isn't the need."

We saw people's relatives had been communicated with and engaged in discussions regarding the service. Regular resident and relative meetings were scheduled. A relative said; "Relative and resident meetings occur regularly. We have also started to get email notifications and updates. There's been a big change for

the better since the new manager has been here."

We observed positive interactions on all the units and staff were caring, patient and kind in their interactions with people. We saw when staff came into the communal areas they spoke with people, listened to what people had to say and gave them time to respond. On Walkden unit, people were enjoying singing and staff provided positive encouragement by clapping and singing along. This was a spontaneous rather than an organised activity which people who used the service, and staff alike, appeared to enjoy.

We saw one person on Walkden unit spent a lot of time at the nursing desk. Staff engaged them in conversation and continually offered them engagement in different activities. The person expressed a fondness for one of the nurses and repeatedly asked where they were and when they would be returning to the unit. The nurse showed kindness and patience with the person throughout the inspection and responded calmly and with sensitivity each time the person became anxious or asked for their family member. The nurse rang their family member for them and they visibly calmed and settled following their conversation and this reassurance.

We asked staff how they maintained people's dignity and treated them with respect. Comments included; "We knock on the door before going into someone's room and close the door behind us." "I was assisting someone in the hoist the other day and their legs were showing, so I covered them up quickly so they weren't on show." "I cover people up when doing personal care, ask people for their preference, such as if they want a bath or shower." "I put the towel over people when cleaning their upper body and communicate with them, let them know what you are doing."

However, we observed an isolated incident when staff were not maintaining a person's dignity. We observed one person on Walton unit being taken down the corridor in a wheelchair that didn't have footplates which meant the person's feet were trailing along the floor. This could have resulted in them getting their foot caught under the wheelchair and incurring an injury. We expressed our concern to the registered manager who indicated the wheelchair should not have been in use and advised us they would remove it from the unit following the inspection to prevent this re-occurring in the future.

Staff promoted people's independence where possible and we saw people were encouraged to continue to do things for themselves during the inspection. Staff demonstrated a good understanding of people's needs and how they supported people on an individual basis. Comments included; "It's hard on this unit because most people are very dependent on staff. Some people can eat themselves though so we encourage that." "I walk with people to keep them safe, but encourage them to hold their frame and take small steps." "Some people like to eat by themselves, but need support, so staff will sit with them and help where needed." "It's about letting people do what they can for themselves."

We looked at how people were able to exercise choice and control over their lives. We saw staff asking people during the inspection what they would like to do, eat or whether they wanted to go outside. Staff told us; "We support people to choose their own clothes, what they want to eat, what activities they want to do." "Offering choice can vary from the food they eat, what they wear to activities they want to complete." "On here people choose meals, activities. We also try and involve people in decisions about how the unit is decorated." We saw the dining room on Worthington unit was being decorated at the time of our inspection and there was a selection of tester colours that had been put on the wall for people and relatives to indicate which they liked the best.

We looked at the provider's approach to equality and diversity and how the rights of people who shared a protected characteristic were promoted and respected. Protected characteristics are a set of nine

characteristics that are protected by law to prevent discrimination. For example, discrimination on the basis of age, disability, race, religion or belief and sexuality. We saw that mandatory equality and diversity training was delivered to all the staff. Care plans captured people's individual needs, for example; religion, diet and spirituality. Staff confirmed on an individual basis how the information captured translated to care. Staff told us; "We have residents who like to go to church and they are taken."

Requires Improvement

# Our findings

At our last inspection of St Mark's Care Centre in October 2017, this key question was rated as inadequate. This was because people were not engaged in stimulating activities and care was reactive rather than proactive in managing people's needs. We also identified an ineffective complaints process, which meant concerns were not being captured and used to support improvement. At this inspection, we found this key-question had improved to requires improvement.

During the inspection, we identified issues with the overall format of care planning documentation and care records which meant people were not receiving care responsive to their needs. We found accurate and contemporaneous records were not always maintained regarding people's care and there was ambiguity between the staff and management regarding where to access the most up to date care records to provide care that was responsive to people's identified needs.

On each unit, we were informed the care file contained the most up to date risk assessments and care plans. However, as the inspection progressed and we were identifying issues with the printed care plans, we were shown a more up to date record on the computer. As a result, we looked at both care files and the information on the computer. We found discrepancies between the information contained on the computer and all the care files we looked at.

We also identified that the computer care plans were not without their limitations. For example, one person on Worthington unit had several newly written electronic care plans which included medication, DOLS, continence, and communication. Despite the newly written care plans, the previous care plans also remained in the same electronic file and we saw they had continued to be reviewed and evaluated on a monthly basis in addition to the new care plans. This meant we were unable to determine which care plan staff were following and which was an accurate representation of the person's needs.

We also saw a person that had incident forms to illustrate falls on two separate occasions which were two months apart. However, the description on the forms of the incident were exactly the same, indicating they had been overwritten or copied and pasted from one incident form to the other.
We observed one person on Walton unit that was visibly unkempt and had extremely long, dirty nails. However, when we looked at their personal care chart it was documented that nail care had been attended to for the past several days. In regards to oral care, their personal care records was ticked as no so we were unable to ascertain their oral hygiene was being maintained. Their care plan indicated staff needed to attend to their oral hygiene, as they were unable to do this for themselves. We informed the registered

manager and provider of our observations during feedback and they assured us this would be addressed.

This was a breach of Regulation 17 (2) (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider could not demonstrate accurate records were maintained to determine people's assessed needs were being met.

We also experienced some communication difficulties when speaking with staff, which meant we were unable to complete all the questions during the staff interview because the staff indicated they were unable to understand the question. We raised this with the registered manager regarding our experiences in recognition that people at the home may encounter the same experiences.

We were unable to determine progress since our last inspection regarding admission assessments because of the enforcement action CQC had taken to stop any further admissions to the home since our last inspection.

We looked at the activities available to people within the home and saw this had improved since our last inspection. The home employed an activities co-ordinator and we saw them participating in activities with people during the inspection. This included painting tyres with people on Walton unit so they could be used for bedding plants. A person told us they had enjoyed this activity and they were looking forward to planting seeds as they would be having one of the tyres on their patio.

There was an activities board displayed on each unit informing people of the activities available each day and we observed staff engaging in one to one activities with people and completing puzzles and playing dominoes. There was a singer that attended the home during the second day of our inspection and we saw one of the units was used for the singer to perform. We attended and saw 20 people from the three different units and visitors enjoying the songs and making requests for other songs. There was a vibrant atmosphere and people were smiling and clapping. People were dancing with staff and visibly enjoyed the afternoon. Relatives told us; "An activities coordinator has recently been appointed to this role, when she is in there is definitely enough going on, when she is not then no." "I'm not sure how much I see of this. When the weather is nice, they do a lot outside. They also do lots of events such as at Easter and Halloween. I know staff do puzzles and go through [person's] picture book with them."

Staff told us; "We have an activity coordinator; staff also do activities such as board games and painting. I think enough goes on." "There are enough indoor activities but to be honest I think some could be taken out somewhere rather than just stay in the building." There is always room for improvement but it has certainly improved. The activity coordinator works Monday to Friday, I think they are doing a good job."

We saw the complaints process had significantly improved and was advertised throughout the home so people and their relatives had access to the necessary procedure to make a complaint. We saw the registered manager maintained a complaints log and there was a clear audit trail of the actions taken within the required timeframe. Copies of the response to complaints were maintained so we could determine appropriate actions had been taken to resolve any concerns received. Relatives told us they knew how to raise a complaint. Relatives told us; "I have had to complain but my concern was addressed and things have got better since." "No I've not had to complain, there are notices around the place which explain what I would need to do if I do have a concern."

Inadequate

# Our findings

In reaching our judgement about how well-led St Mark's Care Centre was, we took into account the current regulatory breaches and the inspection history of the home. In particular, the fact St Mark's Care Centre has not been compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 since it's registration in June 2015.

At our first inspection in August 2016, the home was rated as inadequate overall as we identified multiple breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found a lack of leadership and managerial oversight of the home and following this inspection we took enforcement action and served a warning notice for Regulation 17. St Mark's Care centre was rated as 'Inadequate' overall and the home was placed in to special measures.

A further inspection was carried out on 01 and 02 February 2017 at which time some improvements were found but there remained four continued breaches of the 2014 Regulations. As a result of the continued breaches identified and the rating of inadequate in the key question well-led, St Mark's Care Centre remained in special measures.

A third inspection was carried out on 04, 09 and 11 of October 2017. Upon inspection, the home was found to have deteriorated and multiple breaches of the regulations identified. St Mark's Care Centre was again rated as 'Inadequate' overall and remained in special measures.

A Notice of Decision was issued on 23 October 2017 under the CQC's urgent powers of action, which stopped the provider from admitting any service users to the home. That decision continues to be in force on the provider's registration. CQC's enforcement action following inspections is added to reports after any representations and appeals have been concluded.

Although there were fewer and less serious regulatory breaches found at this inspection than the previous one in October 2017, we found considerable improvements were still needed. The expectation would be that following the previous inspections, the provider would have ensured the quality of care received had continued to improve and attained a rating of either 'Good' or 'Outstanding' at this inspection. This had not been the case and there was a continued failure to meet the regulations in respect of; safe care and treatment (two parts), safeguarding service users from abuse and improper treatment (two parts), and good governance (two parts). In addition, the provider had consistently failed to sustain and make improvements where non-compliance and breaches of regulations had been identified at previous inspections. This meant

the quality of service provided to people living at the home was not continuously improving over time and as a result of the regulatory breaches found at this inspection, the service will remain in special measures.

Since our inspection in October 2017, the provider had commissioned a care consultancy firm to provide daily oversight and up until three weeks prior to the inspection, a consultant had been on site at St Mark's Care Centre, seven days a week. This had reduced to five days per week, three weeks prior to the inspection. St Mark's Care Centre had also been receiving support from Trafford CCG and the local authority but communication had broken down prior to the inspection.

At the time of our inspection, there was a registered manager in post who had started at St Mark's Care Centre in December 2017 and commenced the process of registering with CQC. Their registration was completed 13 April 2018. A registered manager is a person who has registered with CQC 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.

Following our October 2017 inspection, the registered manager and nominated individual in post at that time had left the service and there was a new leadership team in place at this inspection.

The registered manager had commenced in post in December 2017 and we received positive feedback during the inspection regarding their leadership and communication from relatives and staff. Relative comments included; "I have noticed a difference, last year the place went downhill, but now it is much better." "I have met the manager a few times now. She seems very capable and wants to get a handle on things and make it right." "The manager is like a breath of fresh air. They are around and have good oversight." Staff comments included; "We've got new management, things are now more structured and stricter, which is good. Food and fluids are much better." "At first for a week or so, it was overwhelming, and then things settled down. The manager came in with a fresh pair of eyes. We've still a lot to do but we are working on it."

Following our last inspection, when the service had remained in special measures, the care consultancy firm had continued to update CQC monthly regarding the actions that had been taken to address the regulatory requirements. Following our inspection, we provided feedback regarding our findings and areas of concern that required address. Prompt action was taken by the management team to incorporate the inspection findings in to an action plan that detailed what actions would be taken to address our findings to achieve regulatory compliance. We will determine whether this has translated to practice and been embedded in to the service to achieve regulatory compliance at subsequent inspections.

During the inspection, we expressed some concerns that the care consultancy firm and registered manager were working in isolation. When we asked the registered manager for documents and training information, they were unable to access this and they were required to request this from the consultancy firm. This meant the registered manager could not demonstrate daily oversight of the changes implemented. We found that although there was a consultant on site daily, this was different people and meant there was no one person maintaining continued oversight in conjunction with the registered manager. We were informed the changes of consultants were based on the needs of the service and that different consultants with different specialisms were on site to support improvements in these areas. However, we found this caused some confusion amongst the staff team and the management which meant it could not be demonstrated the management was working cohesively. This resulted in a fragmented approach to achieving improvements and the registered manager maintaining continued oversight.

We found there remained two action plans in place at the home. An action plan completed by the registered manager in response to previous CQC inspections. However, there was an action plan completed by the local authority as part of the service improvements which the consultancy firm had transferred to the care consultancy paperwork. During the inspection the registered manager was unable to provide an update regarding this.

We found during the inspection that representatives from the care consultancy firm and the registered manager were approachable and visible. However, when we spoke with staff there was some confusion expressed regarding the changes as the implementation of systems and changes involved the consultancy firms established paperwork rather than supporting the staff to improve their own documentation and systems.

There were continued concerns identified with the current system in operation at St Mark's Care Centre as the documents could be edited which meant a chronological history was not maintained. We identified that care plans could be edited without an audit trail. Improvements were also needed to record keeping as there were inconsistencies in the accuracy of information contained in people's care records, examples of these have been highlighted in the safe and responsive sections of this report. Inaccurate or incomplete information in care records places people at risk of not receiving the care they need. This further demonstrated to us that there were ineffective systems in place to accurately assess and monitor the service.

This meant there had been a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance.

We found staff meetings could not be evidenced as frequently as identified they were occurring and the notes received for staff meetings did not contain action points from previous meetings to determine how these had been addressed. We saw the meeting minutes provided only equated to a small number of staff and were not inclusive of all the different disciplines of people working at St Mark's Care Centre. That said, staff told us they felt they had opportunities to raise concerns and felt empowered in other ways to influence change at St Mark's Care Centre.

All the staff consistently spoke positively about the registered manager and the change in the culture at St Mark's Care Centre. Staff told us they felt safe and that transparency was promoted.

The rating from our last inspection was displayed on the provider's website, and copies of the report were on tables in the entrance. This meant people knew about any current issues within the home and how they were going to be addressed.

Since the change in management, we had received an increase in notifications since our last inspection which assured us there was greater transparency at the service and we were receiving notifications as required which are a legal requirement.