

St Marks Care Home Limited

St Marks Residential Care Home

Inspection report

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06 February 2023

08 February 2023

14 February 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Marks Residential Care Home is a residential care home providing accommodation and personal care for up to 17 people aged 65 years and over, in one adapted building. The service provides support to people who are vulnerable due to their age and frailty, including varying levels of dementia related needs. At the time of our inspection there were 14 people using the service.

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

This inspection found improvements continued to be made across the service. This was reflected in the positive comments we received from people using this service and their relatives.

Although this inspection showed on-going improvements, not having effective governance systems in place has impacted on the service achieving an improved rating.

The provider's governance systems were still not strong enough to demonstrate how the management of the service was able to independently identify and act on risk, which placed people at risk of harm. Or, have effective planning in place to demonstrate how they are going to achieve and sustained improved ratings and ensure people receive good quality and safe care at all times. This is especially important as the service has not achieved an overall good rating since 2015.

The provider has taken action to address breaches in regulation, but because the governance systems have not been strong enough, it has led to repeated, or recurring breaches.

The management were reactive during the inspection to address issues we brought to their attention, which had not been identified through their own quality assurance checks.

Where a person's relative felt staff provided safe care, they also commented that they could only go by what they saw when they visited. Another relative told us about the ongoing improvements in the quality of food, activities, environment, management, and staff. The relative said, "They're all very friendly and lovely."

Throughout the inspection, we saw positive relationships between people and the staff who supported them. Also, we saw the friendships forming between new and existing people using the service, as they shared their life experiences and interests.

Staff were motivated and took pride in telling us where they had been able to put their training into practice to support people's welfare. Improvements were still needed in planning training, how they can make resident meetings more inclusive and driving improvements. We have made recommendations to the provider regarding these areas.

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

Rating at last inspection and update.

The last rating for this service was requires improvement (published 5 January 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The service remains rated requires improvement

At this inspection we found some improvements had been made, with the provider no longer in breach of Regulations 9 and 18. However, they remained in breach of Regulation 17, and a new breach of Regulation 12.

This service has been in Special Measures since April 2021. During this inspection the provider demonstrated that improvements have been made.

The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

This service has been rated requires improvement for the last 2 consecutive inspections.

At our last inspection we made recommendations which covered recruitment, taking guidance from reputable sources to support people with their communication needs, the provider's complaints policy, and people's end of life experience.

At this inspection we found the provider had acted on the recommendations. Improvements had been made to the provider's recruitment application forms to include a full employment history. Information for people was being produced in a clearer font and size, to make it easier to read. Incorrect information given in the provider's complaints procedure had been amended. Our next inspection will enable us to see how the end-of-life training being attended by staff in May 2023, will be used to enhance people's experience.

Why we inspected

This inspection was carried out to see what improvements the provider had made.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

At this inspection we found breaches of regulation relating to risk management and having effective governance systems in place, to ensure continued improvements.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

St Marks Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Marks Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Marks Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 February 2023 and ended on 6 March 2023. We visited the service on the 6 and 8 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, which included the provider's action plan to drive improvements. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with 5 members of staff including the deputy manager, care staff, the cook and the activity coordinator. Also, a visiting hairdresser and a contractor.

We met everyone living in the service, sat and had informal chats with 5 people, and observed people interacting with staff. We reviewed a range of documents and records. These included people's care and support plans, and medicine records, policies and procedures, staff personnel records relating to recruitment, training, development and supervision, and records relating to the running of the service.

We spoke with 6 people's relatives to hear their views of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. The registered manager also sent further information, including evidence of action taken after we fed back on areas that needed to be improved. This included reviewed care plans, and risk assessments.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Our 2022 August/September inspection identified enough improvement had been made, and the provider was no longer in breach of regulation 12 but identified a culture of learning still needed to be developed.
- At this inspection we found a risk management culture was not embedded in practice to ensure people continually received safe care. Management and staff were not always identifying potential risks independently through their own checks and systems in place, which placed people at risk of harm.
- The service was supported in risk management by a consultant who carried out their own quality checks of the service. Reports showed the consultant was identifying potential risks, which had not been identified independently by the management team. During our visit we noted their last report (15/12/2022) showed where they had picked up areas of risk, and actions to be taken. This included 'need a cold weather risk assessment'.
- On the first day of our inspection, we alerted management that a person, who remained on bed rest felt very cold to touch. The bedroom window was open, and the wall thermometer measured 17 degrees centigrade. The environmental risk assessment showed the person was reliant on staff managing their environment, which should be maintained within 20 to 25 degrees centigrade. Staff were not given enough guidance on how to ensure this. Therefore, the recommendations made by the consultant had not been followed.
- Assessments of staff competency in moving and handling had been carried out by senior staff who had not received training, therefore not qualified to monitor, identify, and correct poor practice. The situation had not been risk assessed to ensure people were supported safely, which could lead to inappropriate and unsafe moving and handling techniques.
- People's moving and handling plans did not always provide detailed guidance for staff on how to support and move people safely and correctly. Nor did they cover where a person may require assistance in an emergency to be assisted up from the floor. This placed people at risk of harm.
- Where a person's behaviours could impact on others, the guidance given to staff to support the person was not accurate. This had not been picked up during quality checks but was acted on after we provided feedback.
- An assessment of fire doors carried out in October 2022, identified work needed on the doors, which included replacing fire strips. Fire strips expand when exposed to heat, reducing the spread of fire or smoke from one area to another. Work on the fire doors commenced in January 2023. No risk assessment had been carried out to ensure it did not impact on fire safety, whilst waiting for the work to be undertaken.

Learning lessons when things go wrong

- A culture of learning had still not been developed. There was no record of actions and lessons learned

taken forward from recent events such as inspections and incidents to minimise reoccurrence and demonstrate that any new systems were working as they should.

- For example, we had previously brought to the attention of the management the need to ensure the generic risk assessments used for contractors, were tailored to the task. Our review of 2 contractor's risk assessments, 1 still on site, showed this had not happened. On raising our concern with the registered manager, the contractor had been asked to sign an updated risk assessment.
- Minutes of staff meetings showed they were not always used as a forum to discuss shared learning to prevent similar situations happening again. This included where a staff member had been distracted by answering the doorbell, had not signed as witness to a person being given a controlled medicine.
- We had previously brought to the attention of the management where substances that were hazardous to health were left unsecured. This inspection found the same again, which was a risk to people using the service. Management took action on our findings but showed risk management in storing hazardous substances was not embedded in practice.

Systems had not been fully established to monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at potential risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider failed to ensure enough suitably qualified, competent, skilled and experienced staff were deployed to meet people's needs, at all times, and ensure safe, good quality care. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, further improvement was needed.

- Where staff undertook health and safety training which had expiry dates, there was no system in place to alert management when refresher training was due, to support effective planning.
- Relatives felt there were sufficient staff on duty to meet people's needs. One relative told us, "I've found all the staff to be very considerate and caring."
- During the inspection, staff had a good presence and were available to respond to people's needs. A visiting professional said staff were quick to offer people support.
- Staff told us there were usually enough staff on duty, and if they got busy and needed extra support, this would be provided by the management. One staff member told us the registered manager, "Comes out a lot, normally is out on the floor."

At our last inspection we recommended the provider consider current guidance in relation to effective recruitment to ensure a suitable workforce is employed to safely meet people's needs.

- This inspection found improvements had been made to ensure safe recruitment procedures in place. This included gaining a full employment history and any gaps explored and recorded during the applicant's interview.
- The registered manager said they had an ongoing recruitment campaign, to ensure they had sufficient staff cover. They discussed the importance of staff retention and were using incentives, such as 'Angel of the month' to recognise good work.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and had an awareness and understanding of abuse and their responsibilities to protect people. They were able to explain what they would do if they had concerns about anyone.
- One relative told us they felt their family member was, "Very safe and happy," living in the service. Another said, "We've no issues with the staff ...they're good with [family member] who is quite happy with them."
- People looked comfortable and had a good rapport with staff supporting them.

Using medicines safely

- Systems were in place to support people to receive their medicines safely as prescribed, by trained staff. However, improvements were needed to ensure staff were provided with clear guidance for people prescribed, 'as when required' (PRN) medicines.
- Medicine audits were carried out to identify any errors. However, a person was prescribed 2 different types of 'when required' (PRN) inhalers to aid their breathing, the audits had not picked up missing PRN protocol for 1 of the inhalers. Although records showed the person had not needed the second PRN inhaler, without guidance in place, staff would not know when it should be used. Following our feedback, the management acted, and a protocol was put in place, but it did not state what action to take if the PRN dose had not been effective. Also, any risk identified with being on 2 PRN inhalers at the same time.
- Not all PRN protocols had been reviewed and revised to ensure staff have relevant, accurate and personalised information regarding how and when PRN medications should be used, or in relation to when external input may be required, for example GP review.
- The staff member administering medicines was aware of people's individual preferences on how they liked to take their medicines.
- For people who were unable to talk to staff about their pain, assessment tools were in use. A staff member told us as they knew people well, any changes in a person's behaviour, verbal or non-verbal body language could be a sign the person was in discomfort. This would trigger the pain assessment tool being used. The person was given pain medication and staff recorded if it had been effective.

Preventing and controlling infection

- People's relatives told us they had no concerns over the cleanliness of the service. A relative told us they always found the person's bedroom, "Clean and tidy." Another commented, "There aren't any odours anywhere."
- We found the management's checks on the standard of cleanliness were not always thorough enough. This meant they had not picked up dried bodily fluids on 2 of the raised toilet seats, a build-up of dust and debris behind a person's bed, the underneath of a person's over bed table had not been cleaned, or the strong odour coming from the pipework. We brought this to the management's attention, who took action to address these concerns, and it was positive to note when we returned on 08 February 2023, there was no longer a malodour coming from the pipework.
- Staff had received training in infection control and told us they had access to enough personal protective equipment (PPE).
- The use of paper towels, liquid soap, and hand sanitiser reduced the risk of spreading infection through good hand hygiene. However, when the dispensers ran out, they were not always being replenished in a timely manner. The management took action to ensure the dispensers were restocked and told us they would put extra monitoring checks in place to prevent it happening again.

Visiting in care homes

- Visiting arrangements were aligned to government guidance on visiting in care homes.
- Relatives told us staff always gave them a warm welcome when they visited.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure enough suitably qualified, competent, skilled and experienced staff were deployed to meet people's needs, at all times, and ensure safe, good quality care. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, further improvement was needed.

- Relatives told us they were happy with the skills of the staff, and support given. One relative said, "The care is very good, we have no qualms whatsoever." Another told us, "The staff look after [family member] well... The staff are good they know [family member's] likes and dislikes."
- Systems were in place to induct new staff into their role and get to know the routines of people living in the service. Following induction, unqualified care staff completed the Care Certificate, which is agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- A staff member described the recent dementia training they had been on to support them in their lead role, "It was amazing, learnt a lot." It gave them a greater insight into why people could become anxious, and the importance of trying to find out why.
- However, for another staff member who had not attended the training, we saw they did not have the confidence to effectively communicate and reassure a person who became anxious and needed support from the dementia lead to step in twice and reassure the person.
- The provider told us specific training was sourced as required depending on people's needs. However, there was no specific plan to monitor the range of training, in line with all the people's specific needs, staff's additional responsibilities or known areas of development.
- The provider's 'training matrix', recorded the range of 'mandatory' and 'non-mandatory' training staff had completed. But did not provide information on the length of the training, if face to face, or eLearning, and when refresher training was due, to keep staff updated on best practice.

We recommend the provider consider current guidance on putting in place an effective training plan and monitoring tool to support them in this area.

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

At our last inspection we recommended the provider considered seek advice and guidance from a reputable source about the design of dementia specific settings to maximise the safety and suitability of the environment for the benefit of people with dementia using the service.

- Whilst an internal dementia environment assessment had been carried out it did not show what the findings meant or how they were being used or what improvement was needed and planned for. The registered manager said the planned review of the environment from an external consultant had been cancelled and they were awaiting a new date.
- The dementia environmental risk assessment had not identified where there were no taps to support people to wash their hands in the multi-use shower/toilet/hairstyling room. On bringing this to the management's attention, they confirmed action was being taken to change the fitment to taps.
- Relatives spoke of the on-going improvements they had seen in the environment. One relative told us, "The décor has been improved inside and out, it's really nice now."
- We noticed a variation on the décor of people's bedrooms, which reflected a relative's comment about the bedroom looking a little dated and dark. The provider told us all the bedrooms would be refurbished by 2024.
- Whilst the garden had previously been tidied up it was again in need of attention. The service's October 2022 relative newsletter stated the service were seeking 'green fingered' volunteers to assist in getting the gardens ready for summer.

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

- As part of the assessment process, the management carried out an assessment of people's needs, which included liaising with the person, their family and health professionals involved in their care. Although the registered manager said they did not like to turn people down, they only accepted people whose needs they could meet.
- The majority of people receiving the service were living with dementia. A relative spoke about the improvements they had seen, and felt the service was, "Much more dementia aware."
- The registered manager said a consultant who specialised in dementia care, would also be undertaking a review at the service. At the time of the inspection, a date was being arranged.

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

- A relative spoke about the improvements they had seen, "I have visited when breakfast has been served and [family member] doesn't just get porridge but some fresh fruit as well, that never used to happen." Another commented, "There's a good choice of food and the staff know what [family member] likes."
- The dining room at lunch time, with people sitting chatting together, promoted a homely atmosphere, supportive of encouraging people to eat more. Coloured place mats were in place to guide staff on who required additional support with eating. A person's relative told us their family member was, "Eating better," since they moved in.
- As part of supporting people to eat and drink enough to ensure their wellbeing, a 'hydration trolley' had been introduced with 2 additional choices of hot and cold drinks added.
- The cooks were aware of people's individual preferences and dislikes, specialist diets and safe preparation of foods for people who had problems swallowing.
- Care records showed people's weights were being monitored, and where concerns were identified, action was taken to ensure their health and wellbeing.

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

- People were supported to access healthcare services and support such as GP, asthma specialist, chiropodist, dietician and speech and language therapists (SALT) for those people with swallowing difficulties.
- People's care plans recorded information when staff had contacted healthcare professionals to support people's individual needs. A person told us they were impressed on how quickly staff had acted following their request to see a chiropodist, "If you need something done, ask the staff."
- Relatives told us staff kept them updated in any changes in their family member's health, and where applicable access to healthcare services. This included staff updating relatives on the outcomes of GP visits, and hospital outpatient appointments.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity and were deprived of their liberty, the registered manager had submitted applications to the local authority to seek authorisation to ensure this was lawful.
- Staff received training in MCA and their competency checked. Where one staff member's knowledge competency record showed 'requires a little more guidance' there was no further information, including what action had been taken. However, the registered manager was able to say what action they had taken to address any gaps in knowledge.
- People's care plans provided guidance to staff to reflect how a person's mental capacity could impact on their abilities. We pointed out to the management so they could address where staff had been given conflicting information about a person's capacity to reposition themselves.
- Relatives told us they had been involved in best interest decisions to support people's health and welfare.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At our last inspection we found there continued to be a failure to ensure a positive culture that was person-centred, inclusive and empowering which achieved good outcomes for people. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However further work was needed.

- Care records showed how people were involved in making decisions about their care. Where people's mental capacity meant they could not make informed decisions, relatives told us they had been consulted.
- One person had taken part in a staff interview. The registered manager said the person asked the applicant why they wanted to work at St Marks Residential Care Home. The person had enjoyed the experience and would do it again.
- We had ongoing concerns about the information booklets available to people using the service which were not in a suitable format. Consideration had not been given by the provider in asking people to review the contents to gain their understanding.
- Staff said how they used their new pictorial menu cards to support a person in choosing their meal. For another person, they provided a sample of the dishes on offer to help their decisions.
- Although staff had received training on equality and diversity, they were not always involving people in a meaningful way, to ensure they felt valued and listened to.
- Residents meetings were used as a forum for people to express their views about the service and be involved in decision making. The minutes of the meetings showed a good attendance and included statements such as 'all are happy' with different aspects of service. However, most of the people who attended either had no capacity or fluctuating capacity to process what was being asked.
- The minutes of meetings did not reflect people's individual contributions to the statements made, or how staff had adapted their approach to assist the person in understanding the question. Where it stated people were aware that medicines were given at the correct time, it was based on 1 person's answer.

We recommend the provider seek advice and guidance from a reputable source on how they can make their meetings more inclusive.

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

- Relatives told us they had no issues or concerns in this area. One relative described staff as being, "Very considerate and caring." Another said, "The carers know [family member] well, they love [family member's] sense of humour."
- At lunchtime we joined 5 people, laughing and joking about the impromptu ballroom dancing session people used to teach. The staff member actively listened, saying how they were learning from the person, whilst supporting everyone around the table to join in, reminiscing about dances and dancehalls.
- A person smiled as a staff member approached and sat next to them, holding their hand. The staff member said the person was waiting to see the hairdresser.

Respecting and promoting people's privacy, dignity and independence

- A relative said they always found their family member, "Dressed very well," which supported their dignity and preference.
- Staff continued to look at how they could promote people's dignity and independence. In addition to the adapted cutlery, crockery and condiment sets, a person showed us the individual gravy boats.
- People had been assessed and provided with an appropriate cup of choice, as part of promoting their independence.
- A person's care plan said retaining their independence was important to them and this was reflected in the care plan. However, during the inspection, the person had to remind staff not to do a task which they were capable of.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question as requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- Each person had a care plan either in electronic format for long stay/permanent placements, or in paper format, for people receiving short stay respite care.
- People's relatives told us they had been involved with care plans and reviews. Where a relative had been unable to visit for a while, staff regularly kept in contact, "If nothing urgent happens, we do get updates every couple of months."
- Although we continued to see improvements, there was still inconsistency in the quality, and cross checking of people's care records to ensure consistency and accuracy of the information.
- Night care plans provided a good level of information to ensure person centred care. For 1 person, although staff told us how they supported the person with their catheter care at night, it had not been recorded in their night care plan. When we brought it to the management's attention, they updated the information.
- Guidance given to staff on supporting a person's distress behaviours mentioned a medicine the person was not prescribed for. The management told us it had been discontinued, as the person's behaviours was settled, and updated the care plan to reflect what they told us.
- New 1 page, person centred profile sheets had been introduced. These gave a quick insight into the person's likes and dislikes covering food, interests, and routines.

Meeting people's communication needs

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

At our last inspection we recommended the provider seek advice and guidance from a reputable source such as The UK Association of Accessible Formats (UKAAF) about the creation and provision of accessible formats for the benefit of people using the service.

- The registered manager had accessed the UKAAF website and showed us a document which had been produced in the recommend font size and type. On checking the document, we brought to their attention, the recommend font type had not been consistently used. The registered manager confirmed they would make the required amendments.

At our last inspection we recommended the provider seek advice and guidance from a reputable source such as Royal National Institute for Deaf People (RNID) about communication support.

- A person's relative told us how staff had, "Adapted how they communicate," with their family member who had hearing difficulties, to support communication.
- None of the people's communication needs at the time of the inspection, required staff to communicate using British Sign Language (BSL). The trained BSL staff member said they would ensure their skills were kept updated in case it was needed in the future.
- People's care records provided staff with guidance on supporting their individual communication needs, which included communication cards.
- We noted a person's communication cards had been stuck on their wardrobe door, therefore not making them accessible. Management said a second set was available in the lounge to support the person.
- Information given to people in easy read format, despite several attempts by management, was more suited to a learning disability service. Written information for people living with dementia can be very helpful, but only if it is presented in a way that is dementia friendly and easy to understand.

We recommend the provider seek advice and guidance from a reputable source such as 'The Dementia Engagement and Empowerment Project' guide on writing dementia friendly information.

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

- We continued to see improvements, which had a positive impact on the atmosphere of the service and quality of people's lives.
- The range of activities continue to be developed. A relative told us, "There's a variety of activities, 1 to 1 or group games like bingo... Staff have bought their pets in and in the summer, they're taken along the seafront."
- Another relative told us their family member, "Is getting the stimulation that home carers couldn't give." Activities included taking the person shopping and taking part in crafts.
- A 'dream tree' had been created, to support staff in identifying individual activities they would like to do. One person's 'dream' which had been addressed was to visit a pub to play dominos with their friends. The registered manager said further trips could be arranged, as part of their weekly 1:1 activity.
 - When visiting a person in their bedroom, we saw they were enjoying flower arranging with the activity co-ordinator, and proudly showed off their work. Aware the person's relative was unable to visit that day, the staff member sent a photograph of the activity. The relative had responded with a voicemail message, and the person smiled as they recognised the voice.
 - The part-time activity co-ordinator left a quiz for the afternoon staff to deliver. The quiz was complex and not suitable for most people with advanced cognitive impairment. Only 1 person was able to participate. We were told they were still developing their quiz to ensure it met everyone's needs.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider seek advice and guidance from a reputable source about complaints management.

- The provider had acted on the guidance and had reviewed and updated their complaints procedure, located near the service's entrance.
- Relatives told us they had not needed to raise a complaint.
- The provider said they had received 2 complaints, which they had acted on, and used the information to drive improvements. This included taking action to ensure the front doorbell could be heard throughout the

home.

End of life care and support

At our last inspection we recommended the provider seek guidance about best practice in end-of-life care to enhance experience and safety of people receiving palliative care.

- Care staff had completed eLearning. The registered manager said learning from the training included learning more about mouthcare; what type of toothbrush was best and using non foaming toothpaste.
- End-of-life care plans should provide staff with guidance on how to support the person to live as well as possible until they died. We found plans for supporting people at the end stage of their life needed further development in areas such as meeting the person's emotional needs.
- The registered manager told us they had booked 5 staff onto a 'Palliative Care Study Day' in May 2023, delivered by the local hospice education team. The training would cover and support staff in understanding, and planning person centred care.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found there continued to be a failure to recognise and identify significant failings impacting on the quality and safety of service provision and a continued lack of consistency in how well the service is managed and led. This is a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

St Marks Residential Home has not been rated Good in Well-Led for the previous 9 consecutive inspections dating back to 2016 and has been rated Inadequate in well-led since 2021. During this time, it has impacted on the safety and quality of service people received. The provider has been supported by external agencies, consultants and had changes in the management structure to reduce risk. The provider sent us action plans and assurances of how they intended to drive improvement and achieve compliance. Despite these assurances, although this inspection showed improvements not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

- A quality culture had still not been established to ensure future shortfalls would be independently identified and pro-actively addressed, and improvements were being embedded and sustained.
- Since the last inspection, the new manager had registered with the Commission in November 2022. They told us the Homes Improvement Plan (HIP) was in place to capture any feedback/actions from internal and external sources, to support them in identifying, actioning, and sustaining improvements.
- The external consultant's 'Regulation 17 visit' reports showed where shortfalls had not been picked up by the management, and what action they needed to take. The December 2022 report carried out 7 weeks prior to our visit, not all actions had been added to the HIP. Where work had been completed, there was no information to demonstrate action taken had been effective.
- Where the consultant's visits had picked up shortfalls in people's care records, there was no evidence of learning and checking other people's records, for any conflicting, or inaccurate information. This meant shortfalls identified during this inspection had not been picked up.
- Some actions had been taken to drive improvement; the approach remained reactive rather than proactive. The registered manager was not effectively and objectively testing the quality of the service they were providing to ensure people always received high quality care.
- The provider's information report (January 2023) told us they had made improvements in monitoring the cleanliness of the service, they had not picked up the shortfalls identified in this report.

- The provider's Quality Governance Framework states all staff received 3-monthly supervision, to support "personal development and support for colleagues with areas of improvement." However, where supervision records identified areas of development, the information given did not show how it impacted on their role.
- A check of all the provider's policies had still not been completed since our last inspection to ensure they were fully reflective of the service being delivered at St Marks Residential Care Home and staff had accurate guidance to support them in their role.
- The provider had produced a summarised version of their year dementia strategy, as part of their vision to be recognised as a leading provider of high-quality relationship centred care for all residents by 2025.
- When we asked to see the full version of the dementia strategy, there wasn't one. Although the summarised version set out the 10 outcomes to be achieved. There were no further information/timescales on how it would be or had been incorporated into the HIP.

The provider's governance systems were still not strong enough to demonstrate how the management of the service, are able to sustain and drive improvements. Or, to independently identify and act on risk which places people at risk of harm and not receiving a quality service.

This was continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

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

- Action was needed, in line with the provider's policy for dementia care, to explore the views and experiences of people with more complex needs. It had not been included as an outcome in the provider's dementia strategy 3-year plan.
- Although the provider said they used recommended methods such as 'National dementia mapping tool,' to assist them in areas relating to dementia care provision, it had still not been put in place. The observational tool enables trained staff to gain an understanding from the person living with dementia perspective, in assessing the quality of care they are receiving. Information gained supports staff as part of their personal development, to ensure they have the right skills.
- There was no information in the HIP to say if consideration had been given to a staff member who took the lead in dementia care, undertaking the dementia care mapping training.
- The registered manager as part of developing their team, and making them know they were valued, included organising 2 social evening events, and through their 'Angel of the month' reward system. Such events demonstrated management's appreciation of staff.
- Staff told us they felt supported and worked better as a team, which had a positive impact on the atmosphere. This was also noted by a visiting professional who commented on the "happier" atmosphere.
- The registered manager spoke about their commitment to achieving a good, and in time outstanding rating. They had completed a list to demonstrate the improvements they had made, identifying what they were good at, and "remember great achievements that are above basic things we do." Although the list showed areas they had improved in, it did not demonstrate their understanding of what was above 'basic'.
- For example, the list stated, "person centred care is now excellent," saying how they used feedback from residents' meetings to gain their opinions. This inspection had identified shortfalls in person centred care, where improvements were still needed in care planning and supporting all people to have a voice. Therefore, the current system in place to support them in identifying what is good/outstanding care requires further improvement.

We recommend the provider reviews reports from other care providers who have been rated outstanding, to support them in this area.

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

- Meetings were used as one of the forums to engage and gain feedback. However, records of meetings' for people using the service and staff, did not always provide a good insight. For example, comments made and by who, to show level of engagement, and action taken.
- Where a person at the October 2022 had suggested having a personal buzzer to alert staff, the November 2022 and January 2023 meeting minutes did not what action had been taken to show staff had listened and acted on the feedback.
- Three people's relatives had attended the registered manager's first meeting, used as a forum to introduce the management team, and give an update about the service. Minutes of the meeting showed the relatives were happy with the level of care being provided, and thanked staff for their hard work.
- A relative said, "I live too far away to go to meetings, but I get surveys...we got a newsletter at Christmas and are sent surveys, but I've never requested any changes."
- Monies were held in safe keeping by the service as spending money for people's incidentals, where one relative told us there was more transparency and they received statements. Another described this as an area of improvement, as they would like, "More information on what this is spent on," and receive them more regularly.

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

- Relatives told us the management kept them informed / updated on any incidences.
- The registered manager was aware of their legal responsibilities of when to send notifications and required information to the Commission.
- Improvements were needed on ensuring the information the provider supplied to the Commission, as part of monitoring the service and ongoing improvements, was accurate and reflected what was happening in the service. For example, where different documents had told us a person had trialled a beach wheelchair, it had not happened.

Working in partnership with others

- Management worked with a range of health and social care professionals to support people's individual needs, and keep their knowledge updated in best practice.
- The service had received a bronze award from the local health PROSPER: promoting safer care for elderly residents in care homes.
- The registered manager told us they were part of the 'care managers network', which enabled them to share experiences, learn from and support each other.
- Staff told us how they were supporting people to access, local facilities, including the library, church, shops, and public house.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been fully established to monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at potential risk of harm.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider' governance systems were not strong enough to demonstrate how the management of the service, are able to sustain and drive improvements. Or to independently identify and act on risk which places people at risk of harm and not receiving a quality service. This is a continued breach.