Mr Anthony Doherty

Mariana House

Inspection report

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31 January 2018
02 February 2018

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place over three days on 30, 31 January 2018 and 02 February 2018 . The first day was unannounced, which meant the service did not know in advance we were coming. The second and third days' were by arrangement.

Mariana House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Mariana House is registered with CQC to accommodate up to 23 people. At the time of this inspection, 16 people were accommodated and the home had seven vacancies. Mariana House is a large detached property. It has two lounges, a dining area, and a large garden. It has bedrooms on both the ground floor and first floor with lift access.

Mariana House benefits from a long standing registered provider/manager. A registered manager is a person who has registered with the Care Quality Commission (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 found a new breach of Regulation 9 and a continued breach of Regulation 17 in respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made two recommendations in respect of equality and diversity and end of life care.

Since our last inspection of Mariana House, we acknowledged the registered provider/manager had made improvements in the key questions of 'safe' and 'effective.' However, this is the third consecutive rating of 'requires improvement'. The expectation would be that following the previous 'requires improvement' rating, the provider would have ensured the quality had improved and attained a rating of either 'Good' or 'Outstanding' at this inspection. This had not been the case so we plan to meet the registered provider to seek further assurance as to how they are going to address the issues identified in this report and ensure that it improves. Additionally, we will return to the home again in due course to review progress.

Staffing levels at Mariana House were sufficient to meet people's needs and the home benefited from a stable workforce.

Systems and procedures which sought to protect people from abuse were in place and staff were able to describe the homes alert process for safeguarding and whistleblowing.

Safe systems were in operation for the management of medicines including ordering, storage, administration and disposal.

All relevant health and safety and building maintenance checks had been completed and safety certificates

were up to date. Equipment used for moving and handling people had been serviced and maintained in line with regulations and was deemed safe to operate.

People were protected by the prevention and control of infection. The home was visibly clean throughout and there was no malodour present.

People living at Mariana House were cared for by staff who were well trained and competent to carry out their roles. All new staff were required to complete the Care Certificate and ongoing training was provided face to face via a professional training provider.

Staff treated people with compassion and dignity and respected their privacy. We saw people were afforded time to express their needs and communication was at an appropriative level and was not rushed. Staff talked to people with kindness and offered an appropriate level of encouragement and support.

People were well supported to eat and drink and to maintain a balanced diet. People were offered a wide range of menu options throughout the week.

People and their loved ones were not always involved in decisions related to their care and support and we found the quality of reviews to be poor with little or no involvement. There was no formalised process for completing a meaningful review and we found the 'review forms' contained in people's care files offered little to no information as to whether a person's needs had changed or stayed the same, and whether or not people had been consulted.

People living at Mariana House were able to participate in a wide range of activities and people were supported to maintain links with the local community.

Staff and management at Mariana House knew people well and their basic care needs were being met. However, care and support planning documentation was not reflective of this. The majority of care files were large and contained historical information that was not always reflective of a person's needs and this made establishing the current picture difficult. Care records were too task orientated and did not take sufficient account of people's likes, dislikes, personal preferences and who was important to them.

Improvements had been made, and sustained, for audit and quality assurance of medicines management and infection control, but other aspects of audit had not improved. This included audits for accidents and incidents, care plans, and other associated documentation concerned with the governance of Mariana House. We found no regular overarching analysis was completed in order to identify trends or contributory factors.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The systems for managing medicines were safe and well monitored.

Staffing levels were sufficient and recruitment processes were safe.

Systems and procedures which sought to protect people from abuse were effective.

Is the service effective?

Good

The service was effective.

Staff were competent, well trained and supported in their roles.

People's routine health needs were met and the home had good relationships with community health professionals.

The quality of food was good and people were offered a variety of choices

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

People were afforded time to express their needs and communication was at an appropriative level.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not reflective of people's needs.

People were not always involved in decisions relating to their care and support.

Is the service well-led?

Requires Improvement

Aspects of the serve were not well-led.

Systems and processes for overarching governance, audit and quality assurance remained ineffective.

The ethos and culture within the home was open, honest and transparent.

Mariana House

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.

The inspection was carried out over three days on 30 January 2018, 31 January 2018 and 02 February 2018. The first day was unannounced. The second and third days' were by arrangement.

The inspection team comprised of two inspectors from the Care Quality Commission (CQC) and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This 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. We also reviewed information we held in the form of notifications received from the service, including safeguarding incidents, deaths and injuries.

During our inspection we spoke with seven people who used the service and nine visiting relatives. We also completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine staff, including the registered provider, deputy manager, external consultant, senior carers, care assistants, domestic staff and the chef. We also spoke with two visiting health care professionals.

We looked in detail at eight care plans and associated documentation; six staff files including recruitment and selection records; training and development records; audit and quality assurance; policies and procedures and records relating to the safety the building, premises and equipment.

Good

Is the service safe?

Our findings

Since our last inspection of Mariana House in January 2017, we found improvements had been made which sought to ensure the service was consistently safe. This meant the registered provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of safe care and treatment.

We asked people who lived at Mariana House if they considered the home to be a safe place to live. Comments included, "Oh yes, definitely safe, health wise definitely."; "I have a frame and it's quite easy to get round here, I'm still very independent."; "We find there is always somebody about to call if you need to something." and, "They tell me to ring when I'm up and they'll bring me a cup of tea. I get up at 5 o'clock and told to buzz for the carer when I am ready."

During the inspection we looked at the care records for eight people. We did this to establish if people were receiving the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. We found where a particular risk had been identified, for example risks associated with falls or pressure sores, these had been appropriately assessed and documented. However, it was not always clear what steps had been taken to mitigate the identified risk. We spoke with the registered provider and consultant about this and we were shown several examples of a new series of risk assessment and care plan documents that had been newly completed and were being introduced into people's care records on a phased basis. Through these discussions, we emphasised the importance of ensuring these improvements were rolled out across all care plans in a timely manner.

We reviewed how accidents, incidents and untoward events were managed. We found such events continued to be reported and recorded appropriately, including the immediate steps taken to reduce the likelihood of a reoccurrence. We also found continued good practice in respect of staff completing a 72 hour post-incident report form which sought to protect people from any delayed effects of an incident or injury.

We reviewed staffing at Mariana House and found the home continued to benefit from a stable, long serving workforce who knew people well. Staffing levels were historical and not calculated based on people's individual dependency levels but we found deployment of staff was flexible to meet people's individual needs should they increase. We also looked at historical and planned rotas and found staffing levels were consistent with this approach. Throughout the inspection we saw sufficient numbers of staff were on duty to meet people's needs.

We looked to see how the service sought to protect people from abuse and found there were appropriate safeguarding and whistleblowing policies and procedures in place. Staff were able to describe the homes alert process and the local authority protocols. All the staff spoken with demonstrated a good understanding of the types of abuse and the procedure to follow if they suspected that a person was at risk of or was being abused.

We asked staff about whistleblowing. All of the staff we spoke with told us they would not hesitate to use the

policy and identified internal reporting protocols. For example informing the local authority if they did not feel their concerns were being taken seriously. Staff also referred to CQC as an external agency they could contact.

We reviewed how people's medicines were managed to ensure safe practices in respect of ordering, storage, administration and disposal. Whilst we found no serious overarching issues, we found improvements were required in respect of the quality of information recorded on people's individual PRN protocols. These are a set of protocols written when a PRN (as and when required) medicine is prescribed and should guide staff to look out for signs and symptoms. These are particularly important if a person is unable to express their needs or tell staff if they are in pain. We discussed this with the registered provider during feedback and were assured the PRN protocols would be reviewed without delay.

We observed medicines being administered and spoke with the senior care assistant who had lead responsibility for the management of medicines within the home. We found all the staff responsible for administering medication had received training and we saw there was always a trained member of staff on duty to administer medicines. Staff administering medication had annual medication training and competency assessments were undertaken. The home had an up-to-date medicines policy and staff had access to relevant national guidance.

We looked at recruitment procedures and found safe recruitment practices were in place. This was evidenced through our examination of employment application forms, job descriptions, employees' proof of identity, written references and training certificates. Disclosure and Barring Service (DBS) checks had also been completed to ensure the applicant's suitability to work with vulnerable people.

Records and compliance certificates relating to the safety of the building and premises were examined and found to be up-to-date and in order. This included checks for gas and electrical safety, fire safety, legionella and portable electrical appliances. Upper floor windows were compliant with safety regulations and suitable window restrictors were in place. Equipment used for moving and handling people had been serviced and maintained in line with regulations.

The home had a business continuity plan which would be implemented in the event of an incident or untoward event that stopped the service. For example, fire, flood or electrical failure. An emergency response box was also located at reception for staff to access. Personal emergency evacuation plans (PEEPS) were also readily available should people require evacuation from the premises.

We looked at how well people were protected by the prevention and control of infection. A member of staff had lead responsibility for infection prevention and control (IPC) and they had completed specific training with the local authority. Staff were expected to follow a specific cleaning regime and personal protective equipment such as disposable gloves and aprons were available at the point of care. The home was visibly clean throughout and there was no malodour present.

Good

Is the service effective?

Our findings

Since our last inspection of Mariana House in January 2017, we found improvements had been made which sought to ensure the home was working within the principles of the Mental Capacity Act (2005). New care planning documentation had been introduced relating to communication and respect, and memory and understanding. This meant the registered provider was no longer in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the need for consent.

The Mental Capacity Act (MCA) 2005 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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we reviewed the homes policy for MCA and DoLS and found it gave appropriate guidance on when to apply for a DoLS authorisation. A DoLS matrix was also in use to ensure key dates relating to all aspects of the DoLS process were tracked. The registered provider was aware of the need to apply for a DoLS authorisation if the home needed to deprive someone of their liberty in order to keep them safe.

At our last inspection of Mariana House, we found insufficient improvements had been in respect of providing a suitable environment for people living with dementia. At this inspection, through our direct observations around the home we found good progress had been made in respect of creating a more dementia friendly environment. This included the introduction of vintage style furniture and household items and photographs throughout the home, which sought to prompt people's memories and encourage conversation. Through our discussions with the registered provider, we also learnt of their continued commitment to a programme of ongoing refurbishment at Mariana House. We were assured as and when aspects of the home were improved, the principles of continuing to create a dementia friendly environment would be followed. Mariana House benefited from an accessible garden with raised flower beds and one person told us how they enjoyed going out into the garden during the summer months to tend to the flowers.

We looked at induction, training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. Newly recruited staff were required to complete a formal period of induction and complete a number of observation shifts with more experienced colleagues. Staff new to care were also required to complete the Care Certificate, a nationally recognised induction programme. We saw the training matrix which demonstrated staff had completed, or were scheduled to complete, a range of training courses. These included safeguarding; mental capacity; health and safety; dementia awareness; equality and care planning and record keeping.

All of the training provided to staff at Mariana House was delivered face-to-face by an external training provider. Feedback from staff was wholly positive in respect of the training provided. Comments included: "I've done some training last month and also through college which [registered provider] has been very supportive of. I really enjoy training when it's provided."; "Training if good and I have recently done health and safety and medication and one on dementia"; and, "The training is very good. I like the fact we training together and don't use online training. I really don't like that."

Supervision sessions were completed on a regular basis and appropriate records were maintained. We saw that discussions had taken place around training, professional development and day to day operational matters. Where particular issues had arisen within the home, records demonstrated that supervision sessions were being used to good effect in order to resolve matters in a timely manner. Annual appraisals were also completed and records maintained.

The vast majority of people living at Mariana House were registered with a local GP who was part of the Manchester Care Home GP scheme. This meant people had continuity in the GP service they received. Through our discussions with the GP whilst they were visiting the home, they told us staff at Mariana House knew all the residents they cared for very well, which meant any changes to people's medical needs were often identified early and appropriate treatment commenced. This meant the vast majority of people's healthcare needs were met within the community. The home also had a good working relationship with the local NHS district nursing team. A district nursing team leader visiting at the time of our inspection told us: "We rarely get pressure sores here because the staff report concerns to us straight away – any little change and [deputy manager] is on the phone. I think the staff here are good and the GP is also often here and has a good relationship with the home."

We reviewed the mealtime experience at Mariana House. In the dining area we found tables were well presented with tablecloths, fresh flowers, cutlery, glasses for juice and cups and saucers for tea and coffee afterwards. The food at Mariana House was freshly prepared each day and included a choice of fresh vegetables and fruit. Meals were served in a timely manner and people were given a choice of where to have their lunch, either in their own room or in the dining area. People were able to choose two options from the lunch menu and a dessert. We asked people what they thought of the food at Mariana House and whilst we received some negative feedback, the vast majority of people considered the food to be of good quality and that sufficient choice was offered. Comments included: "I choose to spend most of my time in my room and would like to be able to make my own drinks without relying on staff to bring them."; "The portions can be too much sometimes but on the whole the food is good."; and, "We get plenty of choice and I have a good appetite so I enjoy the meals here."

During our observations in the dining room, we saw that where people required a pureed diet, the meal was not presented in individual elements. For example, separate pureed vegetables or separate pureed potatoes, all of the ingredients were simply pureed together which meant the meal was not as well presented as it could be. We discussed this with the Chef and registered provider who agreed to look at the way in which such meals were presented in future.

At the time of our inspection, a menu board was not displayed in the dining room and pictorial menus were not available This type of menu can help people who are living with dementia to communicate their personal preferences at mealtimes. However, we asked the registered provider about this and we were told they had recently been removed from the dining room whilst it was being redecorated. We asked to see the menu board and pictorial menus and saw these were stored in the dining area but not displayed. The registered provider assured us this would be attended to without delay.

Good

Is the service caring?

Our findings

Without exception, people told us they considered staff at Mariana House to be caring. Comments from people living at the home included: "They treat me well, it's very good, I like it here."; "Yes, they treat me with respect, I get on with all of them."; and, "The staff are cheerful, if you need anything in the day they help. " Comments from visiting relatives included: "Oh yes, they are caring. [Deputy manager] is really kind to me and to my children when we visit."; "Kind and always stop to have a word with [relative], very caring."; and, "Absolutely no issues with the staff, everyone is so caring."

Some of the people being cared for at Mariana House were living with dementia and therefore unable to express their thoughts and feelings to us. To understand their experience we conducted a formal period of observation to watch how well they were cared for. We saw people were afforded time to express their needs and communication was at an appropriative level and was not rushed. Staff talked to people with kindness and encouragement and this clearly brought out the best in people.

More widely, throughout our inspection we observed positive, caring, respectful and often humorous interactions between people living at Mariana House and staff. We saw how one member of staff had brought in some specific new cotton in the colour to match a person's dress and then they both sat and sewed the hem together which the person clearly enjoyed. We also observed light hearted and humerous interactions between one person and a member of staff at lunch time. The person told us, "I tease them and they tease me. Everyone is friendly even though they are busy." This demonstrated that people living at Mariana House felt relaxed and comfortable and positive, trusting relationships had been built between the staff and people they cared for on a daily basis.

Through talking to people and their relatives, we learnt that special occasions were always celebrated at Mariana House. Comments included: "They laid on a party with singing and a chocolate cake for my birthday and then decorated the place, it was lovely."; "For your birthday, they have a party with the cake, set the table and they got a singer in for [person]. For instance on Sunday they are doing a lunch for [person's] family who are visiting from some distance away and because [person's relative] has dementia and hasn't seen them for a while. They are really kind like that."

People living at Mariana House were diverse and multi-cultural. Through talking to staff and members of the management team, we were satisfied the ethos and culture at the home was non-discriminatory and the rights of people with a protected characteristic were 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. However, to fully embed the principles of equality, diversity and human rights and how this should naturally link to care and support planning, further work was required.

We recommend the service consults the CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource.'

Where people lacked mental capacity and did not have any relatives or close friends who were able to advocate on their behalf, or in the event of a dispute, staff were able to describe how they would seek the services of an independent advocate. An advocate is independent of the funding authority and the service provider and speaks on behalf of the person living at the service to ensure that their views are considered and their rights are protected.

Personal and confidential information relating to people who used the service was kept secure. This included hard copy files being stored securely in lockable cupboards and information held electronically was password protected with only relevant people having authorisation.
There were no visiting restrictions in place at Mariana House and relatives and friends were free to visited their loved ones at any time.

Requires Improvement

Is the service responsive?

Our findings

Before a person moved into Mariana House a pre-admission assessment was completed. The manager described the process to us and we were told a pre-admission assessment was important for both the potential new resident and for the existing people living in the home. Everyone was allocated a keyworker and their role was to get to know the person particularly well and to ensure their day-to-day needs were met. One member of staff told us: "I'm the key worker for two people and part of this role means I need to ensure they have everything they need in terms of toiletries and clothes and then speak with family if needed. I also tend to pick up on concerns with these people for example if they need a hearing aid or new dentures."

Throughout our inspection, it was clear that staff and management at Mariana House knew people well and their basic care needs were being met. However, care and support planning documentation was not reflective of this. We found the majority of care files were large and contained historical information that was not always reflective of a person's needs and this made eliciting the current picture difficult. We also found care records to be task orientated and did not take sufficient account of people's likes, dislikes, personal preferences and who was important to them.

We looked at how people and their loved ones were involved in decisions related to their care and support and found the quality of reviews to be poor with little or no involvement. There was no formalised process for completing a meaningful review and we found the 'review forms' contained in people's care files offered little to no information as to whether a person's needs had changed or stayed the same, and whether or not people had been consulted.

In respect of the issues identified above, this demonstrated care and support was not always delivered in a person-centred way and that people were not always involved in decisions relating to their care.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to Person centred care.

People living at Marian House were supported to maintain links within the local community. We found the home had good links with local faith groups and people were actively supported to attend their chosen place of worship. People were also supported to attended day centres and social groups that took place out in the community. Manchester's mobile library service also visited the home on a regular basis.

People living at Mariana House could also choose to participate in a range of activities. For example, a community volunteer helped to organise and oversee a knitting club; a local professional artist visited twice weekly for the 'Art Club'; a choir provided entrainment on a monthly basis; and an exercise instructed held twice weekly classes tailored for older people. People were also able to participate in other activities such as sing-a-long with an entertainer, board games, dominos, bingo sessions. The vast majority of people told us they enjoyed these activities, comments included: "On Mondays we do singing and dancing, and we play games like skittles, you have a list of things and you can go to if you want to."; "I do like the bingo and the

exercise classes and will have a singer, we all sing-along."; "Weekends are busy with family but in the week I like to do crafty things, or we have singers a lot, we sing along and dance."; and, "I come down for my meals but I find it boring. Its better company looking out the window."

We reviewed the homes approach to end of life care (EoLC) and through our discussions with the GP and district nurses, we were assured that as and when a person was nearing the end of their life, the NHS professionals involved in their care had every confidence the staff and management at Mariana House would provide care that was sensitive, compassionate and met people's needs.

Whilst reviewing arrangements for EoLC, we looked at three documents held in people's care files entitled 'Recommended Summary Plan for Emergency Care and Treatment' (ReSPECT).

ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment. ReSPECT can be complementary to a wider process of advance/anticipatory care planning.

In each of the three ReSPECT forms we reviewed, it was not always clear that due process had been followed with regards to decision making and gaps were present in two of the three forms which may render the form invalid. During this inspection we had an opportunity to raise these issues directly with the relevant GP who assured us they would look again at the documentation to ensure due process was followed correctly. Whilst matters relating to the implementation of ReSPECT documentation is primarily an issue for the relevant GP or healthcare professional, providers and registered managers of social care services must maintain oversight of this process and ensure the involvement of relevant people and that forms are valid.

We also reviewed a document that we were told listed all of the people who had an active 'do not attempt resuscitation' order (DNAR) in place. However, having found discrepancies in the numbers of people listed, we discussed the content with the deputy manager and then established the document actually related to people who had a DOLS in place, not a DNAR.

We recommend the registered provider consults relevant guidance for the Recommended Summary Plan for Emergency Care and Treatment.

The management team at Mariana House were visible around the home and operated an 'open door policy.' Information was readily available and displayed prominently detailing how complaints could be made. People told us they felt confident in raising concerns and that issues would be taken seriously. The service maintained a complaints log which detailed outcomes. We also saw compliments to the service through 'thank you' cards and letters of appreciation.

Requires Improvement

Is the service well-led?

Our findings

Mariana House benefits from a long standing registered provider/manager. A registered manager is a person who has registered with the Care Quality Commission (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.

Since our last inspection of Mariana House, we acknowledged the registered provider/manager had made improvements in the key questions of 'safe' and 'effective.' However, this is the third consecutive rating of 'requires improvement'. The expectation would be that following the previous 'requires improvement' rating, the provider would have ensured the quality had improved and attained a rating of either 'Good' or 'Outstanding' at this inspection. This had not been the case so we plan to meet the registered provider/manager to seek further assurance as to how they are going to address the issues identified in this report and ensure that it improves. Additionally, we will return to the home again in due course to review progress.

The registered provider/manager told us they had planned to recruit a new home manager with the intention they would apply to CQC to become new registered manager, but this appointment had not been successful and the person was no longer employed. As an interim measure, the provider had employed an external consultant to support the ongoing service improvement work and to assist in the operational management of Mariana House.

At the last inspection, we found improvements had been made to the auditing process for medicines management. At this inspection, we found the member of staff with delegated responsibility had continued to maintain oversight and audits in this area remained good. Similarly, through their lead role, the member of staff with responsibility for infection control maintained a good level of oversight, including audit. This demonstrated that where the registered provider/manager had delegated such responsibilities to a trusted member of staff, audit had improved. However, systems and process for audit and quality assurance in respect of all other aspects of the service had not improved. This included audits for accidents and incidents, care plans, and other associated documentation concerned with the governance of Mariana House. We found no regular overarching analysis was completed in order to identify trends or contributory factors.

Throughout the inspection, we asked the registered provider/manager for a variety of documents to be made available. We found documentation was not well organised and could not always be accessed promptly. This made eliciting the relevant information difficult.

The continued issues around governance, quality assurance and audit meant we were not assured. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to good governance.

We looked at the minutes from team meetings which had taken place and saw staff were encouraged to raise issues and contribute ideas to the day to day running of the home. However, from the meeting minutes, it was not always clear whether actions from the previous meeting had been completed or not.

However, despite the ongoing challenges at Mariana House, we found the registered provider and all the staff we spoke with to be engaging, open and transparent and there was a shared acknowledgement and understanding about the improvements that were still required. Comments from staff included: "We try and maintain a homely feel to Mariana House and ensure people are well cared for.": "The owner is a fantastic person and has really helped me by rearranging my work hours when there was a family emergency.": and, "We know there are still areas of improvement but we do try and ensure people are happy and well cared for."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and support was not always delivered in a person-centred way and people who used the service or other 'relevant persons' were not always involved in decisions relating to their care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes for audit, quality assurance and questioning of practice were not consistent. This included no regular overarching analysis in order to identify trends or contributory factors.