

Care South

St Martins Grange

Inspection report

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23 November 2017

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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?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

St Martins Grange is purpose built to accommodate up to 75 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It has four individual units which are spread over two floors. The ground floor accommodation consists of Oak (20 beds) and Fern (12 beds). Upstairs consists of Willow (18 beds) and Birch (25 beds). Some people living in the home had complex physical health needs and some people were living with dementia. At the time of our inspection there were 71 people living at the home.

This inspection took place on 14, 16 and 23 November 2017 and was unannounced.

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

We last inspected St Martin Grange in June 2017. At that Inspection the service was rated overall requires improvement with a rating of good in caring. At our last inspection we found that there were breaches in regulations 9, 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements to meet the requirements of regulations 9 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some improvements had been made but further improvements were required to demonstrate how the provider was meeting the requirements of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to how risks were identified and managed. However further improvements were required to ensure risks to people were consistently monitored and managed.

Staff knew how to identify and respond to abuse. They knew which agencies they should report concerns about people's care. However not all concerns had been shared with the local authority. The provider took action to report these concerns during our inspection.

People received their medicines when required but some improvements were required to the recording of prescribed creams. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines.

Improvements had been made to the cleanliness of the home and training and guidance had been provided to staff on their responsibilities for infection control. However further improvements were required to support staff understanding of their roles and responsibilities in relation to infection control and hygiene.

People had care plans which contained detailed information about their needs and interventions required. Improvements had been made in planning and reviewing of people's needs but further improvements were required to ensure all care plans were detailed and relevant. People's preferences and choices for their end of life care were discussed with them and recorded in their care plans.

Improvements had been made in developing opportunities for people to attend activities in the home. Further improvements were required to support people to follow their own personal interests.

People received support to ensure they had enough food and drink. However improvements were required in the monitoring of food and fluids.

The provider had systems to monitor the quality of the service provided. Audits covered a number of different areas such as care plans, infection control and incidents and accidents. We found the audits were not always effective at identifying shortfalls in the service. Improvements were needed to make sure quality monitoring processes were effective in identifying and addressing shortfalls in the service and improving the service people received.

People told us they felt the service was well managed. Improvements were required in how the home worked with visiting health care professionals and how staff were supported.

At the last and this inspection people told us staff treated them with kindness and respect. People told us they felt safe living at St Martins Grange

Staff communicated with people in accessible ways that took into account any sensory impairment which affected their communication.

People were supported by staff who had been through robust checks on their suitability to work in the home.

The provider had systems in place to learn from safety incidents and concerns.

Improvements had been made to the environment to meet the needs of people with dementia and promote their independence.

Staff told us they had undertaken training that provided them with the necessary knowledge and skills. They understood how the Mental Capacity Act 2005 provided a framework for the care they provided and encouraged people to make decisions about their care.

People had access to health care professionals and were supported to maintain their health by staff.

The provider had arrangements in place to respond to complaints and a complaints procedure. The provider had systems in place to collate and review feedback from people and their relatives to gauge their satisfaction and make improvements to the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read at the back of the full report what action we have told the provider to take.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's identified risks were not consistently managed.

Some improvements were required to how medicines were managed.

There were sufficient numbers of suitable staff on duty to keep people safe. Additional staff were being recruited to improve how the home could meet people's needs.

People were protected because recruitment procedures were thorough.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements had been made to the environment to support people living with dementia.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs, preferences, choices and respect their rights.

Staff were knowledgeable about the support needs of the people they cared for.

People were offered choices about their care and treatment and staff sought consent in line with the principles of the Mental Capacity Act 2005 (MCA).

People were supported to maintain a balanced diet and were offered choices about what they wanted to eat and drink. We received mixed feedback about the menu but people told us improvements were being made.

People had access to health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

People received care that was compassionate and kind.

Staff communicated with people in a friendly and warm manner.

People were treated with dignity and respect by all staff and their privacy was protected.

People were listened to and involved in making decisions about their care.

Is the service responsive?

The service was not always responsive.

Improvements had been made to how people were supported to access activities. However further improvements were required to support people to follow their individual interests.

Care was provided to support people with sensory loss but further improvements were required.

People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home.

There were systems in place to collate and review feedback from people and relatives on the service received.

There was a system in place to manage complaints.

Requires Improvement 

Is the service well-led?

The service was not always well led.

Improvements were required to how the service was monitored and systems reviewed.

People told us they felt the service was well managed.

The provider had been proactive at identifying additional resources to support the improvements required and this was on-going.

Requires Improvement 

St Martins Grange

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 checked 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.

St Martins Grange accommodates 75 people in one purpose built building.

The inspection was prompted by concerns shared with us about staffing and the standards of care at St Martins Grange.

This inspection took place on 14, 16 and 23 November 2017 and was unannounced. The inspection was completed by two adult social care inspectors, one specialist advisor and one expert by experience.

Before the inspection we reviewed previous inspection reports. We also reviewed other information we had received about the home, including notifications. Notifications are information about specific important events the service is legally required to send to us.

We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We gathered this information during the inspection. We obtained the views of the service from the local safeguarding team prior to our inspection.

Following the last inspection, we asked the provider to complete an action plan to address the shortfalls identified. At this inspection we found improvements had been made but not all improvements had been embedded and some further improvements were required.

During the inspection we spoke with 11 people and six relatives about their views on the quality of the care and support being provided. Some people were unable to tell us their experiences of living at the home because they were living with dementia, and were unable to communicate their thoughts. We therefore used the 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 the registered manager, deputy manager, transitional support manager, the nominated individual, the clinical lead, the operations manager and 15 members of staff. We also spoke with seven visiting health professionals.

We looked at care documentation relating to 14 people, four people's records of social activities and support from staff, seven people's medicines administration records, four staff personnel files, eight members of staff training records and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People told us they felt safe living at St. Martins Grange. One person who told us they felt safe said, "At home I couldn't manage. There is someone here all the time". Another person told us, "I like living here. I like the rails; they make me feel safe when I am walking". The majority of relatives told us they felt people were safe. One relative told us, "I don't worry about my [relative] I know they are being looked after, the staff are lovely". One relative told us they did not think their relative was safe living at St. Martins Grange and had raised concerns with the registered manager.

At the last comprehensive inspection in June 2017 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all risks were identified or managed. The provider wrote to us to set out the action they would take to address the shortfalls following the inspection and said they would meet the requirements of the Regulation by September 2017. At this inspection we found that some improvements had been made but further improvements were required to ensure people received safe and appropriate care.

Staff told us they knew how to contact the local authority safeguarding team if they witnessed any abuse and that people were safe. However one person's relatives told us they were concerned about how the home was looking after their relative. We shared these concerns with the safeguarding authority to investigate during the course of our inspection.

Safeguarding procedures were not always followed to report safeguarding allegations promptly as required. The home supports some people living with dementia who require positive behaviour support to meet their needs and manage risks they may present to others. Actions had been taken in response to incidents, including people being supported to move and information shared with families and the safeguarding authority. However not all safeguarding concerns had been raised with the safeguarding authority, CQC or families as required. We made the registered manager aware of four safeguarding concerns relating to people living with dementia. The registered manager told us they had not been made aware of these concerns and notified the safeguarding authority on the same day. The provider provided assurances following our inspection of actions taken to safeguard residents and to manage identified risks. This included the implementation of risk management plans and additional staffing.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Risks to people were not consistently monitored and managed to ensure they received safe care. There had been some improvements in identifying risks in care plan and risk management plans since our last inspection. However not all plans were followed to ensure risks were consistently managed. For example some people in the service were prescribed thickening agents to help prevent choking when drinking. We observed staff using thickeners for people as prescribed. However we also observed staff using a communal container of thickener for some people and not the thickener they had been prescribed. Two containers of thickening agent were left unattended at times, one in one person's room and another on a refreshment

trolley. We raised this concern with the registered manager on the first day of the inspection who took action to address this concern. Thickening agents present a risk to people if ingested.

One person who had lived at the home for four weeks had an identified risk of falling and sustaining a fracture. The provider's guidelines for assessing risks stated within the assessment that a care plan should be completed for this risk. The person had fallen the week before our inspection but the care plan had not been completed. We raised the gaps in the person's care plan with the registered manager who took action during the course of our inspection to complete this plan and a referral was made to the occupational therapy team.

There was not a consistent approach to how risks associated with people's behaviour were managed across the home. Actions had been taken to manage some risks by reviewing care plans, guidance given to staff and seeking advice from mental health professionals. There were positive staff interactions when supporting people became distressed. Staff provided comfort and to meet their identified needs. However this was not consistent across the home. We looked at three people's care plans. Two care plans lacked sufficient detail to advise staff how to support people safely. Three healthcare professionals told us that there was not a consistent approach by staff and advice given was not always followed by all staff. The provider responded promptly to our feedback at the end of our inspection to assurances of actions taken to manage these risks across the home.

People at risk of pressure sores had equipment required to reduce the risk of developing pressures sores, such as pressure relief cushions and mattresses. A visiting healthcare professional raised concerns with us during the course of our inspection that mattresses were not always found to be on the correct inflation pressure. They told us they had adjusted one air mattress to the correct setting that day however they did not have any concerns about how wounds were healing. We checked three other air mattresses in the home and found one air mattress had not been set correctly. This meant the equipment to reduce the risk of the person developing a pressure sore would be less effective. However the person did not have any pressure sores.

At our last inspection in June 2017 we found that the arrangements for medicines management were safe. We found generally they continued to be well managed but some improvements were required around the recording of creams and monitoring of temperatures in which medicines were stored. People told us staff gave them their medicines when required. However records of prescribed creams applied by care staff were not always completed. Other medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine administration records (MAR) were accurately completed and had a current photograph of the person. Staff were trained and assessed to make sure they were competent to administer people's medicines. Staff told us that they had received training in the administration of medicines and their competency had been checked. One staff member told us, "I was watched three times by a nurse and completed a big assessment book". The home was working collaboratively with a visiting healthcare professional and pharmacy to improve the ordering, prescribing and stock control of medicines in the home.

The provider had made arrangements for audits of the cleanliness of the home and infection control, training and guidance for staff on their responsibilities for infection control. However further improvements were required to support staff understanding of their roles and responsibilities in relation to infection control and hygiene. We observed one member of staff transporting dirty laundry in their arms and another member of staff transporting laundry in an open laundry basket. We also observed two staff coming out of people's rooms wearing gloves. Gloves should be removed and hands washed before leaving a room. There were two people who were being barrier nursed, one as a result of a known infection and the other as a

precautionary measure. Personal protective equipment was available outside of these people's rooms but it was not clear who it was for. Not all staff were aware of the arrangements for infection control for these people. One member of staff told us they were not aware of who the PPE was for. Another member of staff told us that if someone was being barrier nursed they would use gloves and an apron and sanitise their hands when leaving. This is not the correct procedure and hands should be washed with water and soap not sanitizer once gloves are removed. The use of hand sanitizer rather than washing hands with soap and water meant there was a risk that infections could have been spread.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people had been assessed as being unable to use their call bell whilst in bed and were checked by staff each hour to ensure their needs were met. Records of these checks were kept in people's rooms and those seen had been fully completed. Where people had been assessed as requiring the use of bedrails and protective bumpers we found these were in use.

Premises and equipment were managed to keep people safe. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance. Fire checks were carried out weekly in accordance with fire regulations.

There were enough staff to meet people's needs safely but people felt that at times their care was rushed. People told us that staff were attentive but at times they had to wait for assistance or their care was interrupted to allow staff to answer call bells. One person told us, "I think they need a few more because a lot of staff have left. It means I have to wait longer for attention." Another person told us, "Enough staff, oh yes, I am well treated. Yes, indeed it does get answered quickly [call bell]". We observed that people looked well cared for, had access to food and drink and staff responded to meet their needs. However we also observed that staff were very busy at times and had limited time to spend with people before responding to another person's needs. People had raised concerns with the registered manager at a residents' meeting. The registered manager had reviewed staffing in the home and they had identified the need for additional care staff to assist with busy periods in the home. These posts were not in place at the time of the inspection but were planned to be added to the rotas from the middle of December. The majority of call bell response times that we checked were within the provider's target response time of within three minutes. Where call bell times were outside of normal range the registered manager had identified actions to address these response times.

Recruitment systems were robust and staff were thoroughly checked before they started working at the home. For example, checks for new staff included feedback from previous employers, criminal records checks and identification documents had been obtained before people were permitted to begin their employment. Where agency staff were used, the same staff were requested to support continuity of care. We received positive feedback from people about the agency staff that worked in the home. Recruitment was being undertaken to recruit permanent care staff and permanent posts had been offered.

Prior to our inspection we received information of concern about how the service had deployed nursing staff to meet the needs of people with assessed nursing needs. We did not receive concerns about nursing care needs not being met but the arrangements for the on-going assessment of people's healthcare needs. The majority of people that live at St Martins Grange do not have funded nursing care needs that are met by the provider. Their needs are met by community nurses. However some people have been assessed as requiring nursing care provided by clinical staff at St. Martins Grange. The provider deploys one registered nurse that is based within one part of the home and the registered manager and deputy manager are also registered

nurses. Staff told us if they had any concerns about people appearing unwell they contacted the nurse on duty in the home who always responded. We asked the registered manager about these arrangements and the concerns that had been raised with us. They provided assurances during the inspection that nursing staff would be deployed to carry out a daily visual assessment of people with funded nursing needs with immediate effect. The registered manager told us that agency nursing staff would be supported by the registered manager or deputy manager to carry out these assessments.

Improvements had been made since our last inspection to ensure the home is kept. People told us they thought the home was clean. Comments from people included, "They clean every day", "They keep everything very clean" and "Clean, oh yes excellent". The home was clean, well maintained and odour free. There were staff employed in the home to maintain the cleanliness of the home.

The provider had systems in place to learn from safety incidents and concerns. For example the clinical lead for the organisation had identified concerns about how staff had used a type of sling following an incident in another home. The information had been shared with the home to identify if the same type of sling was in use whilst this investigation was being carried out. The provider identified that the incident had occurred in the other service as staff used the wrong loop settings and the care plan was not clear. The provider was reviewing all care plans and guidelines for staff to ensure hoisting procedures were safe. We saw staff on two occasions using hoisting equipment to transfer people from their wheelchairs to a reclining chair. On both occasions their practice was seen to be safe and equipment used correctly. The provider had a pressure prevention strategy to improve how people at risk of pressure areas are supported. This strategy will be implemented across all of their services.

Is the service effective?

Our findings

Improvements had been made to the environment to meet people's needs and promote their independence. At the last comprehensive inspection in June 2017 we identified that the service was not meeting Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people living with dementia did not live in an environment adapted to meet their needs, and could not easily access the gardens. The provider wrote to us to set out the action they would take to address the shortfalls following the inspection and said they would meet the requirements of the Regulation by September 2017. At this inspection we found that improvements had been made to the environment. For example, improvements to the signage in the home to support people living with dementia, to identify bathrooms, toilets and their personal rooms. Bedroom doors had been fitted with memory prompts for people to recognise their rooms. The home had been reconfigured since our last inspection and some people with dementia had been moved to support their access to outdoor space.

People's care needs had been assessed and care was delivered to meet their needs. However not all care plans had sufficient detail to ensure care provided was consistent in approach and there were gaps in some people's care plans. People told us they had been involved with planning their care. One person told us, "I have got everything I want". Another person told us, "Staff know me well and what I need. Definitely treat me as an individual". Improvements had been made to updating care plans and risk assessments to ensure the plan of care was based on people's current needs. This included specific information about people's diabetes, pressure care, dementia and nutritional needs. 'My dementia care plan' were also completed with people and their representatives where people were living with dementia. This is in line with good practice for dementia care. Staff told us they understood people's needs and seek advice from colleagues and clinical staff when needed. However two staff also told us that handover was not consistently good to ensure they were aware of changes to people's needs.

Staff told us they received regular training to give them the skills to meet people's needs, including induction before they started work. New staff were supported to understand their role and people's needs by working with an experienced care assistant until they were assessed as being competent. A member of staff confirmed they had not been asked to do anything they did not feel competent to do. Another member of staff said, "It was really interesting [induction training]. More detailed than the training I had in my old care job".

Staff told us the training they attended was useful and was relevant to their role in the home. The registered manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. Care staff were supported to complete formal national qualifications in health and social care. Qualified nurses said they were able to keep their skills up to date and maintain a record of their continuous professional development.

Staff told us there was a formal supervision system in place. One member of staff told us, "It's meant to be every six months but we're a bit behind". Another told us they had not received supervision this year". Staff told us they felt supported by care team leaders and senior care staff but they did not always feel supported

by the manager of the home. We fed this back to the provider and registered manager at the end of the inspection. The provider told us a new approach for developing and supporting staff was being introduced across all of their homes, including St. Martins Grange.

People said they were able to see health professionals when necessary, such as their GP, nurse or attend hospital clinics. One person told us, "Yes, if I asked to see the doctor, it would be quickly arranged". Another person told us, "Access to a doctor is very prompt. The practice nurse comes in and the home lets me know". People's care plans described the support they needed to manage their health needs. There was information in care plans about monitoring for signs of deterioration in people's conditions, details of support needed and health staff to be contacted. Health care professionals raised concerns with us that staff do not consistently follow their advice and advice requests were repeated. We fed this back to the provider and registered manager. The home was working with a GP service to improve how information was shared with GPs. We received feedback from a GP that improvements had been made but were not fully embedded. The provider responded following our inspection that meetings were being arranged with all visiting healthcare professionals to improve communication.

Some people that lived at St. Martins Grange required support from staff to eat and drink. However we received mixed feedback about the menu but people told us improvements were being made. People received this assistance in line with their assessed needs. We observed staff supporting people to drink and had access to drinks throughout our inspection. Staff provided support by sitting alongside people and allowing them time to eat and swallow. Lunchtime was calm and some people chatted to one another. People were offered choices of what they wanted to eat from a menu. People's likes and dislikes in terms of food and drink were known by the kitchen staff, along with any known allergies. One person told us, "Food is very good. I do have food intolerance. They have a note of what I can't eat in the kitchen."

People told us they were involved in decisions about their care. We observed staff working in this way, checking with people before providing any care or support. One person told us, "I am involved with decisions". Another person told us, "[My] family would be involved in decision making". The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

People's care files recorded best interest decisions made on behalf of people who lacked capacity. Improvements were required to record where relatives or those with power of attorney had been involved in the decision making. Those seen related to the use of moving and handling equipment, the use of bed rails and being assisted with medicines. Documents were completed by staff that worked in the home and recorded whether people had advocates and representatives who could be consulted, such as relatives or those with power of attorney, however the documents did not always clearly evidence that these people had been involved in the decision making. The majority of relatives we spoke with confirmed they had been involved in decision making. However two other relatives with power of attorney told us they had not been involved with decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for some people had been made by the service. Authorised DoLS conditions were adhered to. For example, one person's condition was

that they should be encouraged to partake in social activities. Staff confirmed the person joined in frequent group and one to one activities. Records in their care plan supported this.

Arrangements were in place to improve communication in the home and identify any required actions. Meetings included morning meetings with heads of departments and staff group meetings. Staff confirmed meetings were held and they were able to contribute to these meetings. One staff member said, "We have staff meetings; I have been to two. We also have unit meetings. You are able to contribute and give your opinion". They told us of a change in how they informed people of what choice of food was available at mealtimes by showing them the meals, as an example of changes suggested by staff. Meeting minutes recorded improvements suggested by staff, including how staff were deployed across the home and action to be taken by the registered manager or other staff. The registered manager told us they were now going to take the lead to allocate how staff were deployed across the home to improve the skill mix and how people's needs were met.

Is the service caring?

Our findings

At the last comprehensive inspection in June 2017 we identified that the service was Good. We found the service continued to be Good in this area. People told us staff treated with kindness and respect. One person told us, "The staff are very kind and caring, all of them are. They are very nice to us all. They look after us well". Other comments included, "I could not wish for better staff", "I can't praise the staff highly enough. They are friendly, always a smile. It makes you feel better, they will do anything for you". One person's relative described the staff as, "Brilliant, very kind". Family and friends were welcomed into the home and appeared to be well known to the staff.

People were supported to contribute to decisions about their care and were involved wherever possible. Staff had recorded important information about people; for example, personal history, important people and interests. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. People told us staff consulted them about their care plans and their preferences. This information was used to ensure people received support in their preferred way. One person living with dementia had a care plan which stated, "[Name] is a proud [person] who always like to look smart and presentable". The person was smartly dressed and had on clean clothes. We observed two staff talking to someone about football which was an interest to them and joining in with the person when they began singing. Two relatives fed back concerns to us that they do not always feel they are kept informed of how their relative is cared for. We fed this back to the provider who told us they would take action to address this.

There were also regular residents' meetings, which were used to receive feedback about the service and make decisions about the organisation of the home. One person told us they had expressed their views on the care provided at night and the registered manager had taken action. Another person told us they had fed back their views on the number of staff in the home. They told us they felt confident changes would be made.

Staff communicated with people in accessible ways that took into account any sensory impairment which affected their communication. One person had a communication card to help communication, large key pad telephone within easy reach, people wearing their glasses and hearing aids. The registered manager told us staff were given information about how to support people with verbal communication difficulties as part of the care review process and staff handover. For example, for one person was supported by staff asking short questions and giving the person time to answer. Care plans contained information about how people with sensory impairments expressed their needs. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The registered manager told us they had plans to introduce other resources, such as communication cards for other residents and larger print to improve how the home supports people to understand information.

Staff respected people's choices and privacy and responded to requests for assistance. People who required support with washing and dressing were dressed in clean, warm clothing and their personal hygiene needs

appeared to be met. Staff took time to talk to people who were becoming distressed. One member of staff put their arm around a person to comfort them and then made them a cup of tea. We observed other staff responding to requests for assistance. Some of the care plans we looked at contained information on how to support people to maintain their independence. One person told us staff respected their independence and provided the amount of care they wanted. However they did tell us that the recent changes of moving people around the home meant they could not get out into the garden independently. We gave this feedback to the provider. The provider said they would evaluate the impact on all people affected by being moved in the building.

Is the service responsive?

Our findings

People told us that concerns and complaints were responded to by the registered manager and provider. Three people told us they had raised complaints that the registered manager had responded to and the concerns were now resolved.

Improvements had been made to how people were supported to meet their wellbeing needs and pursue their interests. At the last comprehensive inspection in June 2017 we identified that the service was not meeting Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found people's needs were not always responded to in regards stimulation. The provider had employed additional activity staff since our last inspection, regular group activities were taking place but further work was required to meet individual people's needs. There was a list of planned activities displayed in the home which included arts and crafts activities, games, movie afternoon, pet therapy and religious services. We observed staff discussing the activities that were planned with people, giving people the opportunity to decide what they wanted to take part in. For example, during this inspection people had the opportunity to attend a local historian's talk, attend a lunch club, take part in arts and crafts all held at the home and attend a trip to a garden centre. One person showed us they had the guide to events planned and were looking forward to attending the local historian's talk and going to the garden centre. Another person told us, "I am not just in a room all day. There is always someone here to chat with".

Further work was required to review and embed the improvements made and review how people's social and wellbeing needs were being met across the home. The provider told us this was part of their action plan for the home. Two healthcare professional told us they felt improvements were required in meeting the needs of people living with dementia. One person's care plan said they wanted to out into the community once a week supported by staff. Records showed they had been out of the home twice in two months on group activities but not individually. Three staff raised concerns with us about activities in the home. One staff member said, "[Staff name] never does activities on our unit and the others not very often. They added, "Activities would benefit people so much". Other comments from staff included, "There's not enough [activities] being done" and "So much more could be done". We observed that some people were supported by staff to look at books of interest and engage in conversation but other people spent time on their own without activity.

People had care plans which contained detailed information about their needs and interventions required. The plans included information on maintaining health, treatment plans for wounds and pressure ulcers and specific conditions. For example, one person with a stoma had a care plan which described their needs and staff were able to tell us what these were and records confirmed that they were met. For another person living with dementia, their care plan described how they could react in certain situations. Their care plan described the positive behaviour support staff should provide, including the use of distraction techniques. We observed staff using these techniques on several occasions during our inspection. We spoke with a member of staff who was able to tell us about the person's behaviour and how the person should be managed.

The majority of care plans had been updated. However one person's monthly review of their falls had not been completed and another person's care plan had gaps. The provider took action during the course of the inspection to complete the care plan that had gaps. The provider employed a peripatetic Care Planning Support manager who was currently based at St. Martins Grange. Their role was to provide support to the home with regard to the care planning process. One member of staff said, "[the person's] brilliant with care plans but [the person] has only been here about three weeks".

The provider had arrangements in place to respond to complaints and a complaints procedure. The majority of people told us they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. For example, four out of nine people raised concerns about the food. People told us the food was not consistently good. One person's relative told us they raised concerns about the food options with the registered manager and provider. They told us their complaint was responded to and new menus were being developed. They said, "I feel confident it will improve". Another person told us they had to raise concerns about how one member of staff. They told us the registered manager had dealt with it and the situation was resolved.

Complaints received had been investigated and a response provided to the complainant. However not all complainants were satisfied with the provider's response. One person's relatives shared their concerns with us about the care provided in the home to their relative and the registered manager's initial response to their concerns. This complaint was being investigated in line with the provider's complaints procedure and had not been fully investigated during our inspection. We shared some information of concern about this person's care with the local safeguarding authority. Complaints were regularly monitored by the provider, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them.

People's preferences and choices for their end of life care were discussed with them and recorded in their care plans. Where people lacked capacity to communicate all of their end of life wishes, families and people with power of attorney had been involved in developing this plan. This included people's spiritual and cultural needs and where the person wanted to be cared for at the end of their life. However we saw that one person who we were told was on the end of life pathway, their care plan did not reflect this. This person's care plan had not been fully completed. We raised this with the registered manager who told us they would take action to address this.

Is the service well-led?

Our findings

At the last comprehensive inspection in June 2017 we identified that the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as improvements identified had not been fully implemented or embedded. We found at this inspection that improvements had continued but that further work was required to improve the governance systems in the home. There was a system of audits and reviews of the service, which was used to create an improvement plan for the service. The provider had allocated additional resources to the home to drive improvements and to support the registered manager. These included a transitional support manager to focus on identified improvements with the registered manager and a member of staff to focus on care planning and review. Improvements had been made in updating care plans, including end of life care planning, the cleanliness and decoration of the home, focus on infection control and activities in the home. Some improvements made were not fully embedded and further improvements to governance systems were required.

There were systems in place to track incidents and accidents in the service but this was not always effective to identify action required and any safeguarding concerns. A new electronic system to review accidents and incidents had been used from August 2017. The registered manager told us they had made changes to the arrangements of oversight of incidents and accidents so they were fully aware of all concerns. The registered manager agreed that further improvements to how this system was being used in the home were required. We looked at some incidents and accidents in August, September and October 2017. Not all incidents had full records of action required to ensure people received safe care. We identified some safeguarding concerns from reviewing these records and asked the registered manager to share this information with the safeguarding authority. The registered manager did this the same day. The provider put in additional staffing the following day to manage the risks identified to ensure the safety of residents and updated risk management plans.

Two healthcare professionals raised that there were not effective monitoring arrangements for people reliant on staff for support to eat and drink who could not communicate their needs. As people could not always communicate their needs and are supported by a number of staff there is a risk that low fluid intake or poor nutrition would not be highlighted. There was no evidence of dehydration or any concerns about poor fluid intake. There were arrangements for people at risk of poor nutrition to be monitored, with people being weighed at regular intervals, fortified meals and prescribed supplements. People at risk of poor nutrition were assessed using the MUST tool (Malnutrition and Universal Screening tool). However the system to review people at risk of poor nutrition required improvement. There was a lack of detail within these monthly reviews of actions taken to continue to monitor people's weight and if other actions were required. One healthcare professional also raised concerns with us about how people's weight loss was being monitored. We raised this with the registered manager who told us they had identified the need to start monitoring people's fluid intake who could not communicate their needs. We also identified that fluid monitoring for risk of dehydration was not in place for people with diarrhoea and vomiting.

Records relating to the monitoring of other aspects of care provided were not all fully completed. We saw some records to monitor hourly checks on people were completed but there were gaps in some records of

charts to record when people had been repositioned to prevent skin damage.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been some changes to the operational management team in the home in the months preceding this inspection. The nurse manager and deputy manager had both left during this period. A new deputy manager had been appointed and had been in post for three weeks. Meetings had been held by the registered manager with residents, relatives and staff to review how the service was working and improvements required. Actions from these meetings were being actioned, for example in how staffing was deployed in the home and the introduction of pagers planned to assist staff to answer call bells. A daily heads of department meeting had recently been introduced at the service, to improve communication and to ensure everyone knew what was happening that day and make sure there was a plan to deal with any issues that had arisen. All of these changes were not fully embedded but were being introduced.

The majority of people told us the home was well managed. Comments included, "The home is well managed. Considering the resources they have got, they do very well" and "Things have changed with the new manager. I usually go to the resident's meetings". The majority of people told us they felt confident that changes would be made where concerns were raised. However not all relatives felt confident in the management of the home due to concerns raised with the registered manager about how their relative was being cared for.

Five members of staff raised concerns with us they did not feel supported by the registered manager and they did not always feel they could approach the manager. Two staff told us they felt they could approach the registered manager to discuss any concerns. The registered manager and provider told us they were making changes in the home to improve some people's practice, the culture of the home and also introducing a new supervision system to improve support to staff. Two health care professionals that we spoke with told us they felt the registered manager had made some improvements but these were not consistent and were still being embedded. Other health care professionals that we spoke with raised concerns with us about communication with the home and the lack of consistency of approach by staff and the repeat requests for advice already given.

Personal confidential information was securely stored in locked offices and cabinets. The provider made changes to the security of records during the course of our inspection by removing displayed codes on the doors of offices where records were stored. Staff were aware of the need to ensure information remained secure. We observed staff closing doors where records were stored to ensure confidential information was not left unsecured.

The provider responded promptly to the concerns and shortfalls identified during the inspection to ensure the safety of people living at St Martins Grange. The provider was co-operative, open and transparent and provided a comprehensive action plan following feedback at the end of the inspection to address the improvements required. The provider has also provided regular updates following our inspection of actions completed to address the shortfalls identified.

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 Risks relating to the health and safety of service users of receiving care and treatment were not fully assessed and mitigated. Infection prevention and control was not always managed safely. Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected by systems and processes to identify and investigate allegations of abuse. Regulation 13 (1) (3) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes in place to assess, monitor and improve the service were not effective. The systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users were not effective. Accurate, complete and contemporaneous records were not being kept in respect of each service user. Regulation 17(1) of the Health and Social care Act 2008

