

St. Mary's (Dover) Limited

St Mary's

Inspection report

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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?

Inadequate 

Summary of findings

Overall summary

We undertook an unannounced inspection of this service on 10 and 11 January 2017

St. Mary's is a large detached property providing residential and dementia care for up to 36 older people. The service is located within the town of Dover. Residential accommodation is situated over four floors. There is a separate unit to support people living with dementia. The service also has its own chapel and a garden to the rear of the property. At the time of inspection there were 22 people living at the service.

This service did not have a registered manager in post. The previous registered manager left the service in April 2016. At the previous inspection the provider told us that they were in the process of appointing a new manager but this had not been done. A registered manager from the provider's other location was supporting the service two days a week and there were two deputy managers in place. One deputy manager supported the inspectors on the first day of the inspection and the registered provider, and registered manager from the other location, together with the deputy manager assisted the inspector on the second day of the inspection. A registered manager is a person who is 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 this service in August 2016. We found significant shortfalls and the service was rated inadequate overall and placed into special measures. The provider had not complied with the warning notices issued at the previous inspection in February 2016 when the service was rated.

The provider had failed to comply with a condition we had applied to their registration requiring them to appoint a registered manager. There was a lack of risk assessments to guide staff how to mitigate risks when supporting people with their behaviour. There was a lack of hoists to ensure people were being moved safely. Suitable arrangements were not in place in the event of an emergency such as fire. People were not receiving their medicines safely and medicines were not being stored at the correct temperatures.

The provider had not acted in a timely manner to ensure the premises were as safe as possible. Applications to apply for authorisations to deprive people of their liberty in line with the Mental Capacity Act had not

been applied for. Detailed assessments were not always thorough to ensure people's care needs were identified and fully met. People were not being supported to follow their interests and take part in social activities of their choice. The registered provider had failed to take appropriate action to mitigate risks and improve the quality and safety of services. Records were not completed or accurate.

We took enforcement action, placed the service into special measures and required the provider to make improvements. Services that are in special measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. The provider sent us information and records about actions taken to make improvements following our previous inspection. At this inspection we found that improvements had been made in many areas, however there remained areas where further improvements were required.

At this inspection the provider had failed to appoint a registered manager. Although the provider wrote to CQC in September 2016 to tell us their intention was for the registered manager of their other location to apply to be the registered manager of St Mary's, no application had been received. The registered provider told us that they were continuing to advertise for the role but to date did not have any suitable candidates.

The systems in place to audit the quality of the service were not effective. The provider had not ensured that the requirement notices issued at the previous inspection were complied with. There remained continuous breaches of three regulations and a further requirement notice was issued at this inspection.

The deputy manager had implemented behavioural risk assessments to give staff guidance on how to positively support people with their behaviour. However the assessments lacked information on what may be the trigger for behaviours and how to reduce the risk of them happening again.

Accidents and incidents were recorded; investigation and action had been taken to reduce the risk of further events. Each event had been analysed but further analysis was required to identify any patterns or trends, to prevent further occurrences.

Although people's mental capacity had been assessed there was still a lack of awareness by staff when applying to the local authority to have people's liberty restricted.

Since the previous inspection a quality assurance survey had been completed and summarised but the results had not been shared with people and staff. There had been meetings with relatives and staff to discuss the improvements required to become compliant with the regulations. People and staff were given the opportunity to share their views about the service; however there was no evidence to show how these were used to continuously improve the service.

The system in place to record, investigate and resolve complaints was not effective. Not all complaints were being recorded and resolved appropriately.

Although some improvement to records had been made, there remained areas where records were inconsistent and not accurately completed such as medicine records, positioning charts. These issues had been raised at the staff meeting to reiterate the importance of recording what care was being provided.

The registered provider had made progress with repairs and maintenance of the premises. Most of the windows had been repaired. Thermostatic valves had been installed, in the bathrooms to ensure the temperature of the water was within a safe range, to reduce the risk of scalding. Some areas of the premises were in need of painting and redecoration and a plan was in place to address these issues.

Checks on the fire system had been made on a regular basis and fire drills had been completed. The personal evacuation plans for each person had been reviewed but there was no information on people's behaviour or mobility to show how they could be supported to evacuate the premises in the event of a fire. The complexity of the premises had been noted by the registered manager supporting the service, who had contacted the fire and rescue to discuss how to evacuate the service safely.

Equipment to support people with their mobility had been serviced to ensure that it was safe and additional hoists had been purchased to ensure that people had the equipment they needed to support them with their mobility.

There were eight people who needed the support of a hoist to move. Each person had a risk assessment in place, and the deputy manager had sought advice from professionals and implemented detailed risk assessments. People using bed rails had been reviewed to ensure people had consented for their use and measures were in place to make sure people were safe.

People at risk of choking had detailed risk assessments in place to ensure that staff had information to support people with their meals and drinks. These had been reviewed regularly to ensure that staff had current information if people's needs had changed.

Staffing levels had been increased to ensure that people were safe and received the care and support they needed. Staff had been recruited safely to ensure they were suitable to work at the service.

The management structure of the service had been reviewed and there were two deputy managers being supported by the registered manager from the other location. The two deputy managers were aware of their roles and responsibilities and were receiving one to one supervision. The provider visited the service weekly and held management meetings to oversee the running of the service. Meetings with relatives and staff to explain the new structure of the service and to discuss the inspection report had been held.

Staff told us that morale had improved and a staff meeting was held to discuss their concerns. They said the deputy manager, who supported the inspectors on the day of the inspection, was approachable and always available to provide guidance and worked really hard to improve the service. They felt that since the new management structure was in place further improvements had been made and they felt more confident about the service. They recognised that funds had been made available to improve the premises but still felt the arrangements in place to pay their wages were not always acceptable. They said they had enough gloves and aprons and were very happy that the hoists had been provided and people did not have to wait to go to the bathroom as staff levels had been increased.

The system to ensure people received their medicines safely had improved. We observed that people were receiving their medicines safely; however, there were some issues with regarding to recording the stock of bulk medicines, the storage temperatures and ensuring all medicine records were signed.

There was an ongoing training programme in place to ensure that staff had received the required training. Specialist training such as epilepsy awareness had also been arranged. All care staff received individual supervision and an annual appraisal to address training and development needs.

People's health care needs were monitored and they were supported to access health care professionals when required. People's medical conditions had been recorded in their care plans and care plans had been updated to reflect people's current needs.

The activities programme continued to be improved and people were being encouraged to join in the music

activities being provided. A new activities co-ordinator had recently started at the service.

People told us they enjoyed the food and had a choice of meals. Their nutritional needs were assessed to ensure they received a healthy diet.

Staff understood how to protect people from the risk of abuse. Safeguarding training was ongoing and staff were aware how to report any concerns in order to keep people safe. Peoples finances were protected as there were systems in place to record and check all transactions.

People were supported by their relatives to be involved in the planning of their care. Care plans included people's preferred routines, their wishes, preferences and what support they needed to remain as independent as possible. People were treated with dignity and their privacy maintained. Staff listened to what people asked them and responded appropriately. People and relatives told us the staff were kind and caring.

Checks had been carried out on the premises, such as the gas safety certificate; portable electrical appliances, and lifts.

Although we acknowledge that this is an improving service, there are still areas which need to be addressed to ensure people's health, safety and well-being is protected. We identified a number of continued breaches of regulations and in addition a further requirement notice was given at this inspection. The service will therefore remain in special measures. We will continue to monitor St Mary's to check that improvements continue and are sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risks to people's safety and behaviour were not always managed. Staff did not always have the guidance to support people safely.

Accidents and incidents had been recorded; actioned and investigated however, further analysis was required to reduce the risk of further events.

People were receiving their medicines safely but the recording of the medicines was not always consistent.

Staff understood the process of how to report allegations of abuse and how to protect people from harm.

There were enough staff on duty to meet people's needs. Staff were recruited safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not have a full awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards as there was a lack of understanding when applying for authorisations to restrict people's liberty.

People had access to health care professionals when needed, and their medical conditions had been recorded to ensure that people's specialist needs were met.

The service provided a variety of food and drinks to ensure people remained as healthy as possible.

Staff had received training, supervision and appraisals to ensure they had the knowledge to effectively support people.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People received the support they needed and staff ensured they were treated with respect and dignity.

People were encouraged to be independent where possible and were given choices about their care and support.

People and relatives told us that the staff were kind and caring.

Staff treated people with compassion and kindness.

People's personal information was stored securely.

Is the service responsive?

The service was responsive.

People's care was personalised to reflect their wishes and preferences. Care plans were regularly updated to reflect people's current needs.

People and their relatives were involved in planning their care and were able to discuss their views at meetings.

The programme of activities was being expanded so people could be supported to maintain their hobbies and interests.

Formal complaints had not always been investigated and resolved, and then responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not well led.

The provider had not appointed a registered manager to improve the leadership of the service.

The provider had met some of the shortfalls identified at the previous inspection; however there remained areas for improvement and continued breaches of the regulations.

The systems for monitoring and checking the quality of care provided had improved, however they were not effective as the shortfalls found at this inspection had not been identified and actioned.

There was no evidence to show how people/relatives and staff views were taken into account to continuously improve the

Inadequate ●

service.

Records were not always accurate or up to date.

St Mary's

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 was 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.

We undertook an unannounced inspection of this service on 10 and 11 January 2017. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We spent some time talking with people in the service and staff; we looked at records as well as operational processes. We 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.

Before the inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority. On this occasion the provider had not received a Provider Information Return (PIR) to complete. 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 gathered and reviewed information about the service before the inspection, including previous inspection reports and notifications. A notification is information about important events, which the provider is required to tell us about by law.

We reviewed a range of records. This included six care plans and associated risk assessments and environmental risk information. We looked at four staff files, their recruitment, training and supervision records, in addition to the training records for the whole staff team. We viewed records of accidents/incidents, complaints information and records relating to some equipment, servicing information and maintenance records.

We viewed policies and procedures, medicine records and quality monitoring audits. We spoke with ten

people, four relatives, three health care professionals, five staff, and the deputy manager. On the second day of the inspection we spoke with the provider and the registered manager from the provider's other location.

At the previous unannounced, comprehensive inspection of this service on 15 and 16 August 2016, there were continued breaches of regulations and CQC took enforcement action.



Our findings

People told us that they felt safe with the care they received from the staff. They told us that staff were always attentive, asking them if they were okay and if they wanted some assistance. People said, "I feel safe with the staff. They use a hoist to move me in and out of this chair, they always check that I am comfortable and secure before they lift me." "Safe enough, they make sure I am using my walking frame." "I feel quite safe. The staff who look after us always keep an eye on us and ask if we need anything done." Relatives said, "My family member is safe living here."

At our last inspection in August 2016 the provider had failed to make sure that risks to people, staff and others had been managed to protect people from harm and ensure their safety, and had failed to make sure that care and treatment was provided in a safe way. We took enforcement action against the provider. The provider sent us an action plan telling us how they were going to improve.

At this inspection some improvements had been made. The deputy manager had written behavioural plans/risk assessments for each person. However, the assessments lacked information on what may be the trigger for behaviours and how to reduce the risk of them happening again.

Staff did not consistently document when people displayed behaviours that may challenge. Incidents when people became verbally or physically aggressive towards staff were sometimes documented in people's daily notes but staff did not always complete an incident form outlining what had happened. We discussed one incident with the deputy manager and they were unaware that it had occurred. Therefore, this person's risk assessments were not updated to reflect their current needs and to keep them as safe as possible.

The deputy manager had reviewed the individual incident forms that were completed but they were not fully analysed or investigated to look at the root cause of why an incident may have occurred or to amend people's behavioural guidelines or risk assessments as a result.

Staff told us that it could sometimes be difficult to manage when people displayed behaviour that challenged and further work was needed to ensure people received the support they needed. One member of staff said, "Behaviour in the unit can be challenging sometimes." Another member of staff said, "In the afternoon the person can become very agitated. We try and be around them." The deputy manager had contacted the local mental health team for support and they visited on the day of the inspection.

The provider had failed to ensure that risk assessments to mitigate risks when supporting people with their

behaviour had full guidelines in place to ensure people were as safe as possible. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvements had been made to the premises and the provider had ensured there were sufficient hoists in place so that people no longer had to wait for one to become available. The hot water temperatures in the bathrooms had been regulated to reduce the risk of scalding; The shower room had been repaired and was waiting for new flooring and decoration to be completed. The furnishings, fittings and decoration in the many communal areas and bedrooms, were still in need of attention. The provider told us that there was an ongoing programme to replace the flooring in many areas of the service, to decorate the service and replace furnishing. The flooring had been replaced on the first, third and fourth corridors, the first floor kitchen and hallway. Plans were also in place to replace the flooring in the first floor lounge, corridors and to replace the carpet in the dementia unit. People told us about the new flooring. They said if they needed a repair it was usually done straight away. One member of staff commented, "The provider has been putting flooring down and the water has a temperature gauge on it now, whereas before it was too hot."

Most of the windows had been repaired with a few outstanding which were mainly in unoccupied rooms or repairs needed to the double glazing. The provider had a plan in place to improve these areas, but no timescales had been agreed as to when the work would be started or completed. The registered manager supporting the service told us that a team of three decorators were due to start the refurbishment within the next few days.

At our last inspection in August 2016, the provider had not ensured the proper and safe management of medicines. At this inspection improvements had been made.

Medicines were being stored correctly; one room had an air conditioning unit to keep the room cool. Although staff told us that they were monitoring the temperatures the records did not indicate they were recording the temperatures consistently.

Records of the total of bulk medicines were not always accurate although the remaining stock was correct. People told us that the staff made sure their creams were administered regularly but staff had not always signed the medicine records to confirm they had done this. People told us the staff always applied their creams or supported them to do this themselves. One person said, "I cream my legs myself and staff watches to see if I've missed any bits."

Body maps were in place for people who required a transdermal patch application which documented when it was changed, and where on the body a new patch had been placed. It showed clearly that it was always applied to a different area of the body to reduce the risk of damage to the person's skin. However, records did not always show that staff had signed to confirm they had administered the patch correctly.

People told us that they always received their medication on time along with a drink. One person said, "I have my medicine three times a day. I have always received my tablets. I have the tablets with fruit juice, cannot stand water." "Staff come around with my tablets every day. I have a snack with them in the evening. The district nurse comes in every day to give me my insulin injection"

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. People who needed specialist medicines like Warfarin (an anticoagulant treatment that needs to be closely monitored) were receiving their medicines safely.

Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. There was a pain chart in people's care plans, and information on how people may act if they were in pain, such as 'staff to monitor body language and facial expressions', so that pain relief could be offered.

At the last inspection in August 2016, the provider had not ensured there was enough staff on duty to keep people safe. At this inspection improvements had been made. Staffing levels had been increased and annual leave and sickness was consistently covered with permanent staff or in some cases agency staff.

People and relatives told us that there was enough staff on duty, They said, "There is enough staff to help me. Staff are jolly good, they always want to help." "Always enough staff one or two new staff about recently. At night time I always get help, 90% of the time they are there straight away when I have used the buzzer. This buzzer is beside me all the time either on the table here or on my bed." "Yes, I find there is enough staff here, staff are always about if you ask for something. No question of the staff having not got the time. I have never been rushed." One person commented that sometimes they needed the bathroom quickly and said, "Staff always come quickly when I press the buzzer."

One member of staff told us, "They have really made sure we have enough staff on. There is always three in here (the dementia unit), which is so much better and there is always a senior on."

Throughout the inspection staff acted quickly to give people the support they needed. There was always at least one member of staff in the dementia lounge and a designated senior to ensure staff had the support and guidance they needed throughout their shift.

One relative said that the provider had employed a new laundry person, they said, "The laundry has improved since they employed this person as staff no longer had to search for their relatives clothes." People told us their laundry was returned promptly and their rooms were cleaned daily. They said, "My room and bathroom are cleaned every day, our clothes are washed every day and brought back and put in my wardrobe and drawers."

Since the previous inspection new staff had been recruited, including additional care staff, an activities person and the provider was in the process of recruiting a new full time maintenance person to carry out the day to day repairs to the premises.

Risks relating to people's mobility were now adequately assessed. People's care plans contained detailed risk assessments and guidelines relating to people's mobility, their risk of falling and their ability to use a call bell. The deputy manager had written personalised guidelines for each person so staff were aware how to support people if they needed to use a hoist or bath chair.. One person said, "The staff know what they are doing, I can get about myself, but some people need help getting in and out of chairs. Two staff use one of those hoist things to lift them"

Staff acted promptly if people had any accidents such as falls or trips. Emergency services were contacted when necessary and these events were recorded by staff. The deputy manager reviewed the accidents and took measures to reduce the risks, such as implementing additional checks or using special mats to alert staff when people were getting out of bed.

The use of bed rails to prevent people from falling out of bed had been reviewed and the deputy manager had ensured consent had been recorded in each person's care plan. They were also currently seeking professional advice to ensure that their use was as safe as possible and people had the right equipment.

Staff regularly checked the safety of the premises and equipment, such as gas and electrical appliances to make sure it was safe to use. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. Staff and people were regularly involved in fire drills. A fire risk assessment was in place and people had emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. The staff recognised that further detail was required to ensure the PEEP's would be effective and meetings had been arranged with the local fire and rescue service to discuss the issues and how best to evacuate the premises.

There were policies and procedures in place for safeguarding adults from harm and abuse. These gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff were able to describe the different types of abuse and who they would report to both inside and outside of the service. Incidents which may require a safeguarding alert if people were at risk of harm had been reported to the local authority. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

People were protected from financial abuse as there were systems were in place to ensure that finances were protected. Records showed that people's monies were clearly accounted for together with receipts of all transactions. These records were audited on a regular basis to ensure they were accurate.

New staff had been recruited safely and all relevant checks had been completed to make sure staff were of good character and suitable to work at the service. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. As part of their induction training they shadowed established staff before working alone. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.



Our findings

People told us that staff assisted them with their independence and allowed them to make choices on what they want to do. They said they could go to their room whenever they wanted and could stay up as long as they wanted. People said that staff treated them well, they were never rushed and they were supported to decide when they wanted help.

At the previous inspection in August 2016 people were at risk of being restricted unlawfully as no applications had been made to deprive people of their liberty in line with the Mental Capacity Act. The provider sent us an action plan telling us how they were going to improve.

At this inspection some improvements had been made. However, staff did not have a full understanding of the process to ensure that people were only deprived of their liberty in the least restrictive ways

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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The deputy manager and staff had knowledge of the MCA and were aware of their responsibilities in relation to this. Staff had been trained about the principles of the MCA. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed and assessments had been completed with people's involvement.

However, staff and the deputy manager still did not have a clear understanding regarding DoLS. Following our last inspection the deputy manager had applied for DoLS for everyone, regardless of their level of capacity, which is not the right thing to do. Although these applications had not been authorised a member of staff told us, "Everyone has a DoLS in place. They can't go out on their own, it is to protect them. They need to have someone with them to safeguard them." All people who lack the capacity to make decisions

about their care and residence, or who need continuous supervision and lack the option to leave their care setting are deprived of their liberty. Some people living at St Mary's had capacity and could choose to leave the service if they wished so would not need a DoLS authorisation. One person's DoLS had expired on 7 December 2016 and this had not been reapplied for. The deputy manager told us they had 'missed it.'

People were at risk of being restricted unlawfully as staff did not have a full understanding of how to apply the principles of the Mental Capacity Act. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Training records showed that staff received the basic training they needed to support people, such as moving and handling, health and safety, first aid, food hygiene, fire and infection control. Staff had their skills and knowledge observed by senior staff to ensure they were competent. Staff told us that the training was ongoing and refresher training was also provided regularly to ensure they were up to date with current legislation and practice. In addition to basic training staff had received dementia awareness training, and epilepsy training had been arranged.

One relative said they felt staff were well trained on basic care, but felt that training could be improved on when using equipment commented, "More staff supervision by the manager would help." They also said that there was not enough stools for people to put their feet up on. Their relative liked to put their feet up but staff kept taking their stool was a health and safety hazard. This was resolved by moving the chair. We discussed this with the deputy manager who immediately went to check that this person had their stool.

All staff had received induction training. The induction training programme was in line with the new Care Certificate and included competency tests and shadowing established staff. The Care Certificate had been introduced nationally to help new carer workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and quality care.

The deputy manager met with staff on a one to one basis for supervision to discuss their role and performance. The deputy manager had carried out themed meetings on topics such as safeguarding and medication to improve staff understanding of these subjects. Annual appraisals were in the process of being completed, where staff discussed their personal development needs, and any areas where they could benefit from further training. The deputy manager confirmed that they had now received supervision from the supporting registered manager.

People told us that doctors regularly visited the home and if they wanted to see a doctor they just had to ask. One person said they had not been feeling too good two or three days ago and the staff called the doctor. They said, "The doctor has changed some of my medicine I feel a lot brighter. My shoulder is aching and I asked the staff to ask the doctor to come and see me again. When I have a hospital appointment one of the staff comes with me, that is reassuring for me." Another person said that they had recently lost their hearing aid. They said, "The staff tried to make an appointment for me but I have had to get a referral from the doctor. Now I am waiting for an appointment to come through. The staff help to put the batteries in my hearing aid, a bit fiddly for me now and check if it placed in my ears properly." People confirmed that the chiropodist and optician regularly visited the service. One person said, "The optician has been to see me, I have new glasses coming."

Peoples' health care needs were recorded in their care plans which included their medical history and involvement with health care professions. When people needed support to keep their skin healthy, equipment such as special cushions or mattresses were in place to reduce the risk of people developing pressure areas. Some people had specific medical conditions such as diabetes. There was detailed

information in people's care plans about what a healthy range of blood sugars was for that person and what staff should do if they were too high or too low. Staff confirmed that they knew what to do if this occurred.

People told us that they could choose what they wanted to eat. Breakfast and dinner was served in the lounge or in people's bedrooms depending on their personal preference. People said the new chef was good and often asked what they thought of the food. Staff offered people refreshment throughout the inspection, asking them what they would like to drink. People asked for their own preference of hot or cold drinks and this was served with biscuits if requested.

The daily menu board in the dining room displayed the day's menu and showed two options for each meal. We observed the lunch time meal which was well presented and looked nutritious and appetising. The atmosphere at lunch was relaxed and people chatted to each other. People were not rushed but were able to eat at their own pace and staff asked them if they enjoyed their food. Everyone was able to choose their drink.

One person was not eating their meal and did not seem keen to eat. Staff spoke with them and asked if they wanted something else to eat. The person asked for more mashed potato to go with the meat and this was brought straight away.

Most people cleared their plates and said they enjoyed the meal. They said, "The food is good. I get enough. The new chef is very good. They always ask what I think of the food." "If you want a drink the staff will always make it for you." "If I don't like what is on the menu I ask for a burger. Food is always good, we get well cooked vegetables." "The food is alright. The chef knows I don't like spicy food because of my medical condition, so I always get offered something else. Today I didn't want the crumble and had ice cream for pudding." "There is nothing left on this plate. It was very nice, tasty." "Food perfectly adequate for me. I always have my meals in my room."

One person told staff they had a sore throat and did not want the food on the menu. The staff immediately gave them some other choices and the person decided to have some scrambled egg instead.

Another person said that they had a birthday cake on their birthday and their family brought in buffet food and bucks fizz and everyone joined in with the celebrations.

Relatives said, "I had a little taste of the shepherd's pie. It was good, you can tell it is homemade and it was really nice." "They have a cooked breakfast on a Sunday and I thought that was really lovely."

Each person had a nutritional care plan and a food and fluid record, to monitor that they were receiving a healthy diet. There were also nutritional risk assessments which recorded if people were at risk of choking. These had been reviewed and updated. Some people had eating and drinking guidelines in place from a speech and language therapist. Staff followed these guidelines and food and drinks were served at the correct consistency. People received the support and supervision they needed to eat safely. When people were losing weight action had been taken to find out why and people were supported to maintain a healthy weight.



Our findings

People told us that staff were kind and caring. They said staff took time to chat to them as they went about their daily routines and were always cheerful. They said, "Staff always appear happy in their work." "The staff are lovely, they always make a fuss of me." "Most of them are friendly and I am able to sit and have a chat with them." "Staff are kind and gentle, it is lovely to chat with them." "The staff are kind, I have never heard a grumble from them, Most of the staff have been here a long time they are always happy with me." "Oh yes, we are well looked after. They (the staff) are all very nice I can tease them and they tease me. It is a bit of fun."

Staff told us that they enjoyed working with the people at St Mary's, they said, "I love it here, I love the people who live here."

Relatives spoke positively about the care being provided, They said, "It is absolutely brilliant, The care is exemplary." "The care is good, the staff are great." "The care is brilliant, superb!"

People were being supported in the way they had chosen. Their preferred name was recorded in their care plans and staff made sure they used these names. There was information to confirm if people preferred a male or female member of staff and this was supported. The provider had repaired the shower rooms and people now had a choice if they wanted to shower or bath. People told us they had the choice to lock their rooms if they wanted to but did not find that it was necessary.

Some people preferred to stay in their rooms and staff checked them regularly to ask if they needed anything. People told us they liked their rooms which were clean, warm and comfortable. People said, "My room is well furnished. I was able to bring along a couple of my favourite pictures for the walls. The cleaner comes in every day to dust and Hoover." "My room is comfortable with a nice comfortable bed." One person told us that they preferred to stay in their room, they said, "I like my rooms, my bed is in a separate room and I use this area as my sitting area. I was able to bring in my books and book cabinet with me."

People chose where they wanted to be. They were able to walk around and do what they wanted to do with staff discreetly monitoring them to make sure they remained safe. One person, who appeared anxious about when their family were coming, was able to move about freely and often stood looking out of the window. Staff took time to reassure them and sometimes stood chatting with them when they were looking out of the window.

People told us that they were able to get up and go to bed when they wished. They said, "Staff have to help me to get out of bed and help him to wash and dress. I am never rushed and get up about 8am. They always ask what help I want and always let me choose what I wear; "It's my choice. They (the staff) leave it up to me when I go to bed. Last night it was about 10pm. If it is a good film I stay longer. Staff never fuss about us staying up." "I get up at 7.30 am every morning and staff help me to wash and dress. I am always spotless. I couldn't wish for anything better. We chat as if they are a relative. They treat me as a 'mum' and I treat them as my 'daughter.'" "The staff always gentle."

Staff were attentive to people and spent time talking with them. When staff spoke to people they knelt down to their level and leant in, to ensure people were able to see and hear them. We witnessed numerous natural, empathetic interactions where staff placed a reassuring hand on the person's arm or hand. People smiled when staff spoke to them, visibly looking calm and relaxed in their presence.

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. Relatives were present throughout the inspection, and staff greeted them warmly on arrival. Relatives told us that they were able to visit whenever they wished and that staff kept them informed of any changes to their loved one's care. One relative told us, "They make the families feel very welcome. We can come in and have a cup of tea."

People received the support they needed in a discreet manner and staff treated them with respect and dignity. When people received assistance to move staff patiently explained to them what was about to happen and offered gentle reassurance. One person was being moved from the wheelchair to an armchair in the lounge, the staff explained how they were going to be moved and checked that they were comfortable.

People told us they were keen to remain as independent as possible and staff always asked them how they wanted to be looked after. They said staff encouraged them to do things for themselves. People said, "I am no longer able to walk. I like to be as independent as I can. I usually stay up all day. I have got this chair now which I can manoeuvre myself and use the controls to make myself comfortable. I can move the feet up and down as I want." "They (staff) are well trained, when I have a wash they let me wash the bits I can reach and when I ask them they do the rest for me." "I am pretty fit and healthy and don't really need help from the staff. This doesn't stop the staff popping in to see if I need any assistance. I know I can have shower or bath whenever I want." "I always do my own wash. I know if I want help I just have to ask. If I want a bath I just ask, they stay with me to make sure I don't slip."

Staff supported people to keep active and help with things they wanted to do, such as helping in the kitchenette drying up the cups before they sat down with their drink. A member of staff told me that this person "liked to help every day and enjoyed being helpful." The person said, "I still like to help in the kitchen. I still get in there and scrub the cups."

Staff treated people with compassion and kindness. When people became confused or distressed staff reacted immediately. One person was offered a cup of tea and became confused about what to do next. Staff knelt down and looked them in the eye. They patiently explained how to hold the cup and showed the person how to bring it up to their mouth. The person was then able to drink their tea independently.

People's religious beliefs were supported. Church services were held in the chapel which was always open if people needed some quiet time to gather their thoughts. People used the chapel when they wanted.

People who needed support to make decisions about their care could be supported by the local advocacy service. Advocates are people who are independent of the service and who support people to make and

communicate their wishes.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.



Our findings

People told us that staff responded to their calls promptly when they needed help. They said they received the care they needed. People said, "Staff are very friendly, always handy if you need some help." "Ask the staff anything and they will help you. Very good staff." "The staff will help if you want them." "Of course the staff know what they are doing, they are very helpful, they often stop and have a chat."

People told us that they knew how to complain. There were mixed comments with regard to raising complaints. Some people were satisfied with the service and told us they did not have any complaints. They said, "I have no complaints, just grumbles, I would tell the senior and they would deal with it." "I would speak with the deputy manager in the office." However, one person said that when they complained there felt they were not listened to and they were not happy with the outcome. A fire door was being propped open and this had caused a person to complain. At the time of the inspection the deputy manager went and checked and although staff had been told this was not acceptable the door was still propped open.

A relative also said their complaint had not been responded to appropriately. They said, "I rarely get satisfaction I don't feel we were listened to and I don't have faith that 'petty things' would be corrected." Another relative said, "I think any concerns would be dealt with promptly."

The deputy manager told us that they had not received any formal complaints and there were none recorded in the complaints folder. They did say there as an issue when they ran out of full fat milk, but there was other milk available. They told us that concerns like this were not routinely recorded.

We noted from the staff meeting minutes of 30 November 2016 that the registered manager supporting the service had told staff there had been a lot of complaints by people and their family members. Staff were told that they were dealing with this individually. There was no record of these complaints therefore no record of any investigation or resolution. .

The provider did not have an effective and accessible system for identifying, receiving, handling and responding to complaints. This was a breach of Regulation 16, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives had some opportunity to provide feedback about the service provided as on occasions there were resident and relatives meetings.

At the previous inspection in August 2016 the provider had failed to carry out a thorough and detailed assessment to ensure people's range of care needs were identified and fully met. People were not being supported to follow their interests and take part in social activities of their choice. The provider sent us an action plan telling us how they were going to improve.

At this inspection we found that no one new had been admitted to the service since the last inspection but there were pre-admission assessment procedures in place. The issues in the assessments at the previous inspection about one person's medical condition had been rectified and there was now information available for staff on this person's medical condition. Staff were about to receive training to ensure they would have the knowledge to meet this person's medical needs.

One person told us their relative had helped them to decide to move into the service. They told us they were falling over at home and struggling with daily tasks. They said, "My care plan sets out what help I need. When I found it more difficult to walk about the plan was changed so I now get more help." Another person said, "I have a care plan, they know I like my independence."

People told us they received personalised care. They said, "When the staff help me get up I like to have my hair washed when I have my daily wash." "I can have a bath or shower when I feel like it. The staff always ask me when I get up. They have a moveable chair which helps me into the bath."

People were aware of their care plans and relatives had been involved in planning their care. Relatives confirmed they had been involved in reviews and queried information in the care plan to make sure it was correct and that their relative was receiving the care they needed.

Staff told us that they were able to chat to people and provide personalised care now that staffing levels had been increased. They told us that they now had enough hoists to support people with their mobility so they did not have to wait.

People's care plans had detailed information about people's individual daily routines such as their preferred wishes to bath or shower, what they could do for themselves and how to support them with their personal care. They were regularly reviewed and updated so that staff knew what people's current needs were.

Staff were responsive to people's needs, they had noticed that one person had been losing weight. They had referred the person to a dietician and had been advised to fortify all of their meals and encourage them to eat as much as they could at meal times. There was additional information around the food that the person liked best, including steak and kidney pie and green cabbage to assist staff with planning their meals.

The programme of activities had improved and an activities co-ordinator had been employed. People were supported to take part in activities of their choice. They told us there were quite a few things going on at the home such as music therapy, hairdressing, bingo, nail painting and hand massage along with board games. Staff supported people to go out in the local community for walks or to the local day centre.

In the afternoon two staff facilitated one to one activity sessions with people. There was lots of smiling, laughing and chatting going on showing that people were enjoying the sessions. Both people were absorbed in what they were doing. One person was making wool pompoms and the staff member encouraged them to choose what colour they wanted to use next. The other person was doing a word search alternating the search with the staff member.

People said, "I like watching what is going on." "I like watching TV and I can go to music therapy if I want, I sometimes ask the staff to take me to my room so I can sit and listen to my radio." "I like having my nails

painted and hand massaged. I go to the music therapy for a bit of exercise and love the bingo." "I like going out for walks, I like watching ballroom dancing on the television it reminds me of when I was out dancing." "I generally read or play draughts. I am going to music therapy that's a nice relief." "I've been to the hairdresser, I prefer my own company and I like my reading."

One relative commented, "They have music, they did that this morning and one of the members of staff paints everyone's nails".

During the morning of the inspection there was a music session in the dementia unit and people from the residential unit were invited to join in. People listened to music and sang songs. There was a variety of handheld instruments such as tambourines and bells available for people to play if they wished. Some people held glittery pompoms that they were able to wave. There was lots of laughter and people shouted out when they recognised their favourite songs.

People were supported to have pets. One person said, "I feed the cat every day. I just let the staff know when I am running out of cat food. I have a budgie in my room which I have to look after and clean their cage." The deputy manager told us how people enjoyed looking after the animals and they were on a waiting list for an organisation to visit the home and provide pet therapy.



Our findings

People told us they felt that the service was run in a satisfactory way. They said they were happy with the service and could not offer any suggestions for improvement. They said, "I have never had an issue, everything seems to work ok." "This home has always been good. I think I needed to come here to be looked after and I feel safer in here." "I am satisfied with my home."

A number of people told us they did not know who the manager was but were aware that the deputy manager was available to answer any queries. One person said, "So far as it goes the deputy manager does a good job."

At the previous inspection in August 2016 the provider had failed to appoint a registered manager and the service had now been without a registered manager since April 2016. Since this inspection the management structure had changed and the registered manager from the provider's other location was supporting the service two days a week. There were two deputy managers who were in day to day control of the service. The provider told us that they were recruiting for a registered manager position but applicants so far did not have the experience and skills they required for the service. They wrote to Care Quality Commission on 6 November 2016 advising that the registered manager of their other location would be applying to CQC for dual registration of both services. There had been no application submitted to CQC at the time of this inspection.

The provider had failed to comply with a condition applied to their registration requiring them to ensure that the service is managed by an individual who is registered as a manager. This is a breach of Section 33 of the Health and Social Care Act 2008.

There were mixed comments with regard to resident meetings and how people were supported to share their views. People said they could attend residents meeting if they wanted to. They told us the meetings only happened on an irregular basis. They said, "Now and again there were residents meetings." "Sometimes people get a bit hot under the collar about things. I am happy here." "I go to the resident meetings it depends how I am feeling. They ask if there is anything we want to do and tell us about the decorating." "I don't go the resident meetings; I prefer to talk to the staff about things."

A relative told us that relatives meetings were very rare and they had asked for a meeting early in 2016 after the first CQC report but the meeting had not been held until six months later. They said "It was much better when we used to have in house coffee mornings." I know the manager comes twice a week, we don't see

them, and they are always in the office with the door shut. I don't think this is enough time here for this home." "The provider needs to give more attention to the needs of the people in the home."

Staff said, "The service has started to improve, I just wish the wages could be paid on time." The deputy manager told us that there had been some issues over the last pay day and they were working with the provider to address this. They said that staff were aware of the errors and had been told they would be resolved as soon as possible. Staff told us that the provider seemed to have listened to the shortfalls raised in the last inspection report and progress was being made to improve the service.

At our last inspection in August, 2016 we took enforcement action and required the provider to make improvements. This service had been placed in special measures. Services that are in special measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. The provider sent us an action plan, however the action plan did not include what improvements had been made to mitigate risks and no information was received about the improvements to records. At the time of this inspection not all risks had been mitigated and there were still shortfalls in behavioural risk assessments, audits and record keeping.

The provider had failed to ensure that they were compliant with continued breaches in two regulations, regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition a further requirement notice for regulation 16 was issued at this inspection regarding complaints.

Although audits on the premises has been implemented, when shortfalls were identified there was no evidence to show how and when these shortfalls would be addressed. There were no details to confirm who would be responsible to ensure appropriate action had been taken.

People's rooms were checked daily and records showed that any defects were recorded, such as 'cracked sink' or 'needs flooring replaced' etc., but there were no other records to link these repairs with the maintenance plan or when this work would be carried out. On the check dated 4 January 2017, 24 rooms had defects recorded but there was no information as to when the repairs/maintenance would be carried out.

We asked the provider for a complete maintenance plan. The provider reassured the inspectors they would send a complete updated maintenance plan to CQC the following day. A brief plan was received and did not include the shortfalls highlighted in the daily checks of the premises or timescales to plan when the repairs would be completed.

The provider had made improvements including replacing carpets, the cooker, and some repairs on the windows had been completed. However debris from the improvements together with the old flooring was piled in the garden in view of people as they sat outside. The provider told us that they would be arranging for this to be taken away in the near future.

The minutes of the residents meeting dated 12 December 2016 discussed the ongoing maintenance work and although the provider said that all the work had nearly been completed but there were still substantial areas of the premises to be repaired and redecorated.

Accidents and incidents had been recorded and the deputy manager had investigated and analysed each event. However there was no overall summary to show if they had looked at patterns and trends to reduce the risk of further incidents. .

Records were not being completed consistently or accurately. Health care professionals said, "One thing we have picked up is that there are some charts that are not so good, not filled out fully. I have raised this with the deputy manager and I understand they are raising it in supervision" and, "Documentation is variable."

Staff did not consistently document all of the required information with regards to people's medicines. Temperatures in the dementia unit where medicines were stored were not taken regularly. Although temperatures appeared to be at a safe level none had been recorded between 4 and 9 January and there were multiple gaps in the records for December. Staff had also failed to consistently document when they had applied people's creams. The deputy manager told us that staff did apply these creams, however they often 'forgot' to fill out the cream charts as they were stored in a different place to people's medication administration records.

Medicine audits were not comprehensive and had not identified these issues. They had also not identified that one member of staff was not accurately recording when they were applying medicine patches on people's bodies. We spoke to the deputy manager about this and they said they would address this in the staff member's supervision.

The deputy manager had sent out surveys to people and staff in August 2016 so they could give their views about the service. These had been summarised but there was still no further information to confirm how these comments had been used to improve the service, for example, an improvement plan. The outcome of the survey had not been shared with people and staff. Comments from residents were mixed about the activities being provided. Some people said they would like more activities whilst others said they preferred not to join in. There was no further evidence to show how these comments were used to make sure people could be confident their views were taken into account to improve the activities. The deputy manager told us that action had been taken and they had employed an activities person but this had not been followed through on the summary of the quality assurance record.

Staff felt morale had improved. Some members of staff said that the provider was more approachable and supportive whilst one member of staff still felt they were not appreciated.

The provider had failed to take appropriate action to mitigate risks and improve the quality and safety of the service and records were not completed fully or accurately. This was a continued breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection in August 2016 staff raised concerns about the provider and leadership of the organisation. Staff told us the provider did not listen to staff which did not make them feel valued. They had concerns about the state of the premises, the lack of equipment and being paid on time.

At this inspection staff told us that some improvements had been made. The provider had arranged for a staff meeting to discuss these issues. Staff told us, "I don't really see the provider even though they come in every other Wednesday." "At our last staff meeting the provider asked us if we had any concerns. They went round and asked us all by name. That was an improvement." Staff felt more confident that parts of the premises had improved and additional hoists were now in place to support people with their mobility.

Health care professionals said, "Things seem to be improving. I think the deputy manager knows lots about the residents and the home.

Staff told us that the deputy manager who supported the inspectors on the day of the inspection was very

supportive. They said, "The deputy manager would be the first person I would go to. If I had any concerns." The staff understood their roles and responsibilities. They told us about the values of the service. They said that they worked hard as a team and treated people with dignity and respect to ensure they received personalised care in line with their wishes and preferences. Relatives had noted at the in the minutes of the last meeting in December 2016. "Family members all said how amazing and caring the staff are."

Checks had been carried out on the premises, such as the gas appliances; portable electrical appliances, and lifts.

The deputy manager sent the required notifications to the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The provider had displayed the CQC rating from the last inspection in August 2016 in the entrance hall to the service together with a copy of the inspection report.

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	<p>Section 33 HSCA Failure to comply with a condition</p> <p>The provider had failed to comply with a condition we had applied to their registration requiring them to ensure that the service is managed by an individual who is registered as a manager.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People were at risk of being restricted unlawfully as staff did not have a full understanding of how to apply the principles of the Mental Capacity Act.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a lack of risk assessments to guide staff how to mitigate risks when supporting people with their behaviour.</p> <p>This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider did not have an effective and accessible system for identifying, receiving, handling and responding to complaints.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to take appropriate action to mitigate risks and improve the quality and safety of services and records were not completed fully or accurately</p> <p>This was a continued breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>