Broadoak Group of Care Homes

St Marys

Inspection report

The Old Vicarage
Main Street, Blidworth
Mansfield
Nottinghamshire
NG21 0QH

Tel: 01623795231

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this service on 15 January 2018. The inspection was unannounced.

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

St Marys accommodates up to 23 older people including people living with dementia. On the day of our inspection 14 people were living permanently at the service and three people were receiving respite care.

The service had a registered manager at the time of our inspection. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the home's previous inspection in January 2017 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was in relation to Regulation 17 Good Governance. Systems in place to check on quality and safety were not as effective as they should have been. Following this inspection the registered provider was required to send us an action plan to inform us of the action they would take to make the required improvements.

During this inspection we checked to see whether improvements had been made, we found the breach in regulation had been met and all areas of the service had improved resulting in positive outcomes for people.

People were protected from potential abuse and avoidable harm because staff were aware of their role and responsibilities and had received safeguarding training that informed their practice. Risks in relation to people's needs including the environment were assessed, planned for and monitored.
Action had been taken to improve the internal environment, this included some refurbishment work, repairs and replacement of furnishings.

There were sufficient staff employed and deployed to support people. Safe staff recruitment practice was in place and followed. People received their prescribed medicines safely and these were managed appropriately. Protocols in place to advise staff of medicines prescribed to be taken as and when required were not consistently detailed.

People lived in a clean, hygienic service and there was a prevention and control of infections policy and procedure guidance to support staff. Staff supported people effectively during periods of anxiety that affected their mood and behaviour. Accidents and incidents were reported, monitored and reviewed to consider the action required to reduce further reoccurrence.

People were supported effectively by staff that knew and understood their individual needs. Staff received an appropriate induction, ongoing training and opportunities to discuss their work, training and development needs. New staff had not always received training in a timely manner but action was taken to immediately address this.

People's dietary needs had been assessed and planned for and they received a choice of meals and drinks. Systems were in place to share relevant information with other organisations to ensure people's needs were known and understood. People were supported to access healthcare services and their health needs had been assessed and were monitored. Staff worked well with external health care professionals in managing people's health needs and outcomes.

People had choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The principles of the Mental Capacity Act (2005) were followed when decisions were made about people's care. Deprivation of Liberty Safeguards were in place for some people where required.

People were supported by staff who demonstrated a good understanding of their needs and were found to be caring and kind, showing empathy and compassionate in their approach. People's diverse needs were known and understood by staff and they were encouraged as fully as possible to be involved in discussions and decisions about their care and support. People were provided with information about how they could access independent advocates. There were no restrictions of when people's relatives could visit them.

People received a responsive service that met their individual needs, routines and preferences. Improvements had been made to the information to support staff to understand and meet people's needs effectively. People were treated equally, without discrimination and systems were in place to support people who had communication needs. People received opportunities to participate in activities. People had access to the provider's complaint procedure that was provided in an appropriate format to support people's communication needs. People's end of life wishes had been discussed and plans were in place.

Improvements had been made to the systems and processes in place to check on quality and safety. Staff were positive about the improvements made and were clear about their role and responsibilities. People who used the service, relatives and others were invited to give feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm and improvements had been made to the environment resulting in risks being reduced.

Staff were informed about how to provide safe care and support.

People were supported by a sufficient number of staff who had been recruited safely.

People received their prescribed medicines safely and these were managed appropriately. Documentation for medicines prescribed as and when required were not all consistently completed.

The service was clean and hygienic and staff were aware of infection control measures.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs. New staff had not always received training in a timely manner but this was immediately addressed.

People's mental capacity to make decisions was assessed. DoLS had been applied for when required.

People's nutritional needs had been assessed and planned for. People received a choice of meals and were supported to eat and drink sufficiently.

Staff understood people's healthcare needs and their role in supporting them with these. Staff worked well with external healthcare professionals.

Is the service caring?

Good

The service was caring.

People were cared for and supported by staff, who respected them as individuals who knew them well.

People and their relatives were involved as fully as possible in discussions and decisions about their care and support.

Staff had developed positive relationships with people and respected their privacy and dignity.

People had independent advocacy information made available to them.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service. People's communication and sensory needs had been assessed and planned for.

People were offered opportunities to take part in social activities.

People were given opportunities to make a complaint or raise concerns about the service they received.

Is the service well-led?

Good

The service was well-led.

Improvements had been made to all areas of the service. The staff team were clear about their role and responsibilities and confirmed improvements had been made.

People and their relatives and others, received opportunities to share their views about the service.

Improvements in the systems in place to check on quality and safety were more effective and embedded.

St Marys

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.

This was a comprehensive inspection that took place on 15 January 2018 and was unannounced. The inspection team consisted of one inspector 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.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

The inspection was also informed by other information we had received from and about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also sought feedback from the local authority, who commission services from the provider and Healthwatch.

On the day of the inspection we spoke with eight people who used the service and two visiting relatives. We observed care and support in communal areas of the service and 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.

During the inspection we spoke with the registered manager, home manager, a senior care worker and two care staff and the housekeeper. We also spoke with two visiting community nurses. We looked at all or parts of the care records of four people, along with other records relevant to the running of the service. This included how people were supported with their medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes, policies and procedures and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. People told us they felt safe living at St Marys. One person said, "No one should feel unsafe here, staff are brilliant, they take care to look after our needs." Another person told us they felt safe because, "I have everything I need, they're (staff) all very friendly and helpful and I know who they are." Relatives raised no concerns about any safety issues.

Staff were aware of their role and responsibility to protect people from avoidable harm including discrimination. Staff told us they had received training to support them in keeping people safe and training records confirmed this. One staff member said, "Generally there are no safeguarding issues or concerns, however if there were, staff have had training and know what to do. The manager would act on anything and inform outside agencies." Staff told us they would use the provider's whistleblowing policy if concerns were not acted upon. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. The registered provider had safeguarding policies and procedures in place to guide practice.

External professionals' told us they had no concerns about people's safety. They said people who used the service had raised no concerns with them about living at St Marys. Neither had they picked up on any concerns about staff practice during their visits.

Risks associated with people's needs had been assessed, planned for and were regularly monitored. People gave examples of how risks were managed. One person told us, "They (staff) take care I don't fall."

Staff were knowledgeable about any potential risks to people and gave examples of how they managed known risks to mitigate these. One example was how a person was on time critical medicines for their health condition. Staff were aware of this and the action required to reduce any risks to the person's health. Staff told us they had detailed information about people's needs to support them. One staff member said, "People's care plans provide guidance and support, anything I'm not sure about I would ask the manager." Another staff member said, "We've got good communication systems in place to share information about any risks."

Individual risk assessments were completed using recognised risk tools in areas such as nutrition, moving and handling and skin care. Where people required specific equipment such as pressure a relieving mattress, seat cushions or care provided in a specific way, this was seen to be available, provided and used appropriately. Risk plans were regularly reviewed to ensure staff were kept up to date with people's needs. We found information provided for staff was supportive and informative, providing clear guidance and direction.

At our last inspection we identified some safety concerns in relation to the environment. At this inspection we found improvements had been made. Damaged floor tiles had been replaced, dining chairs had been replaced or repaired, a bathroom had been converted to a wet room and radiator covers had been replaced where required.

Staff had information available of the action to take should there be an event that affected the safe running of the service. This included a business continuity plan and personal evacuation plans for people.

Some people living with dementia experienced periods of increased anxiety that affected their mood and behaviour, however; this was low level and did not pose a risk to the person or others. Staff were seen to manage any increase in anxiety by giving the person frequent reassurance and redirection. We observed this approach had a positive impact on the person.

People were supported by sufficient staffing levels that were deployed appropriately. People were positive about the staffing levels provided. A relative said, "Staff are brilliant, always plenty about and if they aren't then they respond quickly to the bell."

Staff told us what the staffing levels were and this matched the staff rota for the day. They said they felt staffing levels were currently sufficient and they explained how they worked together to ensure staff were around at all times. Any shortfalls in staffing were covered by the staff team, agency staff, the home manager or registered manager if required. The management team told us that whilst they did not use any tool to assess people's dependency needs that informed them of staffing levels, they said they increased the staffing levels if required such as an increase in people's needs.

On the day of our inspection we observed staff worked well together in meeting people's needs and safety. They responded quickly to requests for assistance, communicated well together and ensured staff had responsibility for different parts of the environment, checking on people's safety and well-being.

Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitably to work with people. This included criminal record checks and employment history. Consideration of the staff skill mix ensured there was an appropriate level of experience and skills within the staff team.

People who used the service or visiting relatives raised no concerns about how medicines were managed or administered. Staff responsible for the administration of medicines told us what training and competency assessments they had completed and the frequency of these. Records confirmed staff had received appropriate training. We observed people received their prescribed medicines safely and followed best practice guidance. The staff member stayed with the person to ensure they had taken their medicines safely.

We found the ordering, storing and management of medicines followed best practice guidance. Medicine administration records, gave staff all the required information to administer people's prescribed medicines safely. This included respecting people's personal preferences of how they took their medicines. Some people lacked mental capacity to consent to the administration of their medicines and these were given covertly (without the person's knowledge in food). The principles of the Mental Capacity Act had been correctly followed, including seeking agreement from the GP and advice from the community pharmacist. Protocols were in place for medicines to be given as and when required for pain relief or anxiety. On the whole these had been completed appropriately but the maximum dosage was not recorded in some. The registered managed updated this information immediately.

There were systems in place to audit and check medicines management and this was found to be up to date. We did a sample stock check of medicines and found these to be correct. People were supported to have their medicines reviewed by external healthcare professionals.

The home was found to have good standards of cleanliness and hygiene. A relative said, "Cleanliness is not

an issue, the place always looks spotless and the ensuite is cleaned daily, and there are never any odours."

The registered provider had a prevention and control of infections policy and procedure based on best practice guidance. Staff had received appropriate infection control training and were aware of action required to manage any risks. Cleaning schedules were in place and found to be up to date and provided housekeeping staff with guidance of what was required to maintain good standards of cleanliness. Staff had also received training in food hygiene and understood the principle of safe food handling.

The registered provider had systems and processes in place to effectively manage accidents and incidents. Staff were aware of their responsibility to respond to any incident or accident. Records confirmed appropriate action was taken such as investigating incidents to help prevent them happening again.

Good

Is the service effective?

Our findings

Before people started using the service, an holistic assessment of their needs were carried out. This information was then used to develop care plans that informed staff of people's support needs. People who used the service and visiting relatives were positive that staff understood their needs and what was important to them. A relative said of staff, "They know the needs of residents."

Individual care plans provided guidance to staff as to how people's care needs should be met. This information was personalised and included information about what support people required. The registered provider had policies and procedures in place that were in line with legislation and standards in health and social care to ensure best practice was understood and delivered by staff. This included equality, diversity and dignity. Additionally, examples of NHS information fact sheets supported staff awareness and understanding of particular health conditions such as how to prevent pressure ulcers.

Assisted technology was used effectively to promote people's independence. For example, some people required close observations to monitor their health and well-being. The use of sensor mats were used to alert staff when people were up and walking around independently.

Staff were positive about the induction, ongoing training and support they received. We identified two new staff had received an induction but had not received any training. We saw both these staff had previous experience and qualifications in care but we were concerned about the delay in them receiving training from the provider. The registered manager told us and records confirmed, some staff training had been booked for January 2018. Before we left the inspection the registered manager confirmed training for these two new staff had been arranged to be provided within four days of our inspection. They also assured us that there would be no delay with future new staff receiving training in a timely manner.

Staff were positive they received the support they required to provide effective care. Staff said this included opportunities on a one to one basis and in group meetings such as staff meetings, to discuss and review their learning. Records confirmed what we were told, the management team used supervision meetings to discuss topic areas to discuss and check staff's understanding. Examples included discussions with staff of their understanding on policies and procedures, medicines and confidentiality. We also saw records that confirmed staff received an annual appraisal of their work. This identified what staff did well and areas for development.

People received sufficient to eat and drink and meals provided people with choice and met their individual needs and preferences. People who used the service and relatives were very complimentary of the meals provided. One person said, "The food is brilliant, the cook is very good, they go to a lot of trouble to find out what people want and this is appreciated." Another person described the food as, "Lovely, good, I enjoy it, I love whatever I have and would ask for jacket potato if I don't want what's offered. If I'm hungry at night I can have a slice of toast."

A menu was on display and this matched the food options for the day. People were also informed of the

drink options available and this included a good choice of hot and cold drinks, including a 'happy hour' that included an alcoholic drink. On display for people was a reminder to alert staff if they wanted to make any meal suggestions or share any concerns and stated that all comments were 'welcomed'. Whilst we saw the cook talked to people about their meal choices for lunchtime, we saw there was a file with pictures of food choices to support people to make an informed choice if they struggled to make their preferences known. A five week rolling menu was seen that provided a choice of meals. Some people preferred a vegetarian diet and this was known and respected by staff.

We observed people received the support they required at meal times, for some people this was full assistance for others it was prompts and encouragement. Staff were organised and unrushed; they chatted appropriately and took interest in people, asking if they liked the meal, this helped create a relaxed atmosphere. Choices were promoted and respected, portion size and presentation was good and meals looked hot.

People's nutritional needs had been assessed and consideration to religious and cultural needs in menu planning had been completed. Some people required food supplements due to concerns about their food intake and weight, and some people were at risk of choking and required their food presented in a particular way and fluids to be thickened. All staff had the required information to support people with these needs and supplements and thickener were recorded as given as prescribed. Food stocks and storage were found to follow best practice guidance. People's food and fluid intake was recorded to enable staff to monitor for any concerns that they then discussed with external health professionals.

Emergency information packs were in place and used in the event a person was admitted to hospital. This provided important information to external healthcare professionals, to assist them in the care and treatment of the person.

People who used the service and visiting relatives were positive staff took action in a timely manner to respond to any healthcare needs. Some people told us they had recently been visited by the GP due to not feeling well. Records also confirmed people were supported to receive primary healthcare services such as the optician and chiropodist. Specialist health care professionals such as a speech and language therapist and community nurses had been involved when required. External professionals were positive that staff understood people's healthcare needs. They said timely and appropriate referrals were made and any recommendations they made were followed. One professional said, "This is one of the best homes I visit, staff are really good, they take on board the advice given and use equipment appropriately, I find them open and transparent."

The layout and design of the home provided people with a choice of areas to relax and spend time with others. This included communal areas and spaces for privacy and to meet with their relatives. Since our last inspection some improvements had been made to communal areas being painted and some people's bedrooms had been redecorated and new carpet fitted.

We observed staff supported people to make day to day decisions and choices were encouraged and respected, this included where people spent their time, what they ate and drank and activities they did.

We saw some care records for people who had a decision not to attempt resuscitation order (DNACPR) in place and found these to have been completed appropriately. Where people had lasting power of attorney that gave another person legal authority to make decisions on their behalf or if an advanced decision had been made, this information was recorded and staff informed. This meant that people's wishes were known and decisions planned for and staff had access to this information.

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

Staff showed an understanding of the principles of the MCA and told us how they would act in the best interests of people who lacked capacity to consent. For example, one staff member said they would check what was recorded in the person's care records about their understanding and communication. They would also support the person to make an informed choice but if a best interest decision was required, would discuss this with the management team.

Care plan records showed capacity assessments and best interest decisions had been made for specific decisions where a person lacked mental capacity to make these themselves. We noted however, MCA and best interest decisions were not being routinely reviewed and discussed this with the management team. They agreed they would include these checks in the monthly care plan reviews.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection one person had received a reassessment of their authorisation that had expired and was waiting for the outcome. The registered manager said they were in the process of submitting further applications where they had identified the need.

Good

Is the service caring?

Our findings

People told us they were happy living at St Marys and were complimentary of the staff. One person said, "This place is wonderful and staff are very good indeed." Another person said, "Staff are all brilliant." A third person said, "I like it because the staff listen to me." Relatives were positive about the approach of staff. One relative said, "[Family member] is well cared for, we have a bit of banter (with staff) when we visit, it feels it is a good home."

External professionals spoke positively about the care and support of staff. One professional said, "I would describe the staff as very caring, they know people well."

Staff spoke positively and respectfully about the people they supported, clearly demonstrating a good understanding of people's preferences, personal histories, routines and what was important to them. One staff member said, "It's a lovely home, I really enjoy my job." A staff member was able to tell us of the actions which had been taken when people had shown signs of ill health, the plans for their care, and the other professionals who had been consulted and involved.

Our observations of staff engagement with people, found staff showed a warm affection and respect in the way they spoke with people. Some people were living with dementia and repeatedly asked the same questions. Staff were very calm and patient and provided reassurance and gave people the time they needed.

We saw good examples of staff responding to people's comfort needs. People were given a choice of where to spend their time and were made comfortable. Staff frequently asked people if they were comfortable and if they needed anything. We observed a person become distressed and a staff member picked up on this and gave them their full attention and reassurance. When people required assistance with personal care this was responded to by staff quickly and in a sensitive and discrete manner. Both the home manager and registered manager were observed to spend time with people providing care and support. They too clearly knew and understood people's needs and their approach and manner showed they had formed positive relationships with people.

People looked relaxed within the company of staff and positive, social interactions were observed where staff were seen to be kind, patient and had a non-patronising manner. Staff took time to stop and chat with people and offered encouragement and reassurance where necessary. We saw that even if staff were undertaking tasks they would stop to respond to, and engage with people. We saw how staff provided comfort with the use of appropriate touching and hand holding.

People's care plans contained information about their diverse needs including life history and information about how to support the person to maintain a sense of identity. Staff were knowledgeable about people's family relationships, backgrounds and what was important to them. For example, one staff member spoke about a person who had a particular health condition and how this impacted on them and the frustration they experienced because of this. This staff member showed kindness and empathy towards the person and

their relatives, in coming to terms with these physical changes. Another staff member told us how one person enjoyed singing and whilst their health had deteriorated they still sang at times which they said was lovely to see and hear. Staff were also observed to talk to people about their pastimes, such as their past employment they did.

People had access to information about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. There are different types of advocates. The registered manager was aware of the importance an advocate and gave an example of how they thought a person would benefit from this support and that they had plans to discuss it with them.

Staff supported and encouraged people to maintain their independence. One staff member said, "It's important to encourage people to do as much as they can for themselves such as walking, it's good for their self-esteem and makes them feel better."

The service had a clear set of values and expectation of staff to provide a person centred approach, where people's privacy and dignity was respected at all times. On display for both people who used the service and staff was a reminder about the importance of supporting people appropriately during mealtimes. Information included, 'concentrate on the person you are helping, let them set the pace.' Also, in people's care records for each area of support, staff were reminded to 'Think' 'Ask' and 'Do'. This information was based on the principles of good care where privacy, dignity and respect was promoted.

People's personal information was stored securely and staff were aware of the importance of confidentiality. The registered provider did not have a policy and procedure that complied with the Data Protection Act but the registered manager said they would ensure one was implemented as a priority.

People's relatives were able to visit them whenever they wanted to. Relatives and staff confirmed this and told us people's relatives were able to visit them without any unnecessary restriction.

Good

Is the service responsive?

Our findings

At our last inspection we identified that people receiving a short stay at St Marys, had not had their needs appropriately assessed, which may have impacted on staff providing a responsive service. At this inspection we found improvement had been made. We found people's care records confirmed their needs had been appropriately assessed, planned for and were monitored. Staff confirmed new documentation for people receiving a short stay had been introduced, they were confident they had the required information to support people appropriately.

People's support plans demonstrated how their diverse needs, including their religious and cultural needs and preferences, had been considered and planned for. People told us they had choice and control of their routines such as to what time they got up, went to bed and what their bathing preferences were. One person said, "I choose when to have a shower, this is most mornings and when to go to bed, usually around 10pm."

Staff demonstrated a good understanding of what was important to people and how they supported them. One staff member told us how a person liked to wear their jewellery and makeup which staff supported them with. One person's care records stated their preference was to get up early, as this was a part of their routine due to the work they previously did. Staff were aware of this and respected the person's wishes. Some people liked to practice their religious faith and received opportunities to worship with external visitors. The registered manager said the service had a commitment in treating all people equally and without prejudice and discrimination.

People were involved in the development and review of their care and support. We saw examples whereby the person or their relative, had signed a document to confirm they agreed with the content of their care plans and that it was a true and accurate description of their needs and wishes. Staff completed a weekly evaluation report that gave a summary of how the person had been in all aspects of their support needs, this ensured any changes were quickly identified and responded to. People's care plans were also reviewed monthly by the home manager to make sure staff had up to date information.

We observed the management team talk with a relative about some changes in their family member's needs and the action they had taken to meet this need. The relative told us they were satisfied with the action taken. However, the person who used the service told us they had some concerns about the changes. We discussed this with the management team who agreed to follow this up with the person.

The registered manager told us they were aware of their responsibilities in relation to, The Accessible Information Standard. This standard expects provider's to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. People communication and sensory needs had been assessed and planned for.

We observed staff used effective communication and listening skills such as, gaining the person's eye contact when communicating, speaking clearly and were unrushed and patient, allowing people time to respond. The provider had ensured some information was made available for people in an accessible

format such as 'easy read' to support people's communication and sensory needs. The registered manager said they were aware of reviewing all information available to people, to ensure it met people's individual communication and sensory needs.

We received a mixed response from people who used the service about the social activities and opportunities they had to pursue their interest and hobbies. Three people raised no concerns and comments included, "I don't have hobbies but like doing crosswords, not big ones I have a little book. I like listening to music and I enjoyed the Christmas entertainment." Another person said, "There's always lots to do." A third person said, "I like sitting and chatting to pals." One person and a visiting relative told us they felt there was a lack of activities and stimulation. One person said, 'It's alright, a bit boring, there's nothing to do." A relative said, "There's not enough stimulation and not enough to do."

Staff told us since the last inspection additional arts and crafts supplies had been purchased and they offered people an activity in the afternoon and arranged for outside entertainers to visit. We saw there was a variety of arts and crafts and board games available. We also saw photographs of activities offered to people that showed people enjoying these activities. Staff confirmed external entertainers visited included 'move to music and singing'. Staff told us whilst they tried to encourage people to join in with activities they often chose not to. The registered manager acknowledged this information was not recorded in people's daily records but said they would ask staff to do this to further monitor activities and participation.

On the day of our inspection a darts game was offered to people in the afternoon and we saw the television was on with subtitles. We viewed the monthly activity plan that demonstrated people were given a variety of activities to participate in. Since our last inspection a monthly newsletter was sent to people and relatives as a method to engage with people and to keep them informed of anything affecting the service. The registered manager said they would use this as a way of giving people an opportunity to give direct feedback about the activities available.

People had access to the complaints procedure that was presented in an easy read format to support with communication needs. Relatives told us they had not had cause to make a complaint but felt confident to do so and was positive that the management would act upon anything raised.

Staff were aware of their role and responsibility in responding to concerns and complaints. We reviewed the complaints log and found no complaints had been received since our last inspection.

We saw some examples that demonstrated end of life wishes had been discussed with people and or their relative where appropriate such as funeral plans. The management team said when a person was at the very end stage of their life, they would ensure end of life plans were in place that instructed and guided staff of important information of how to care for the person.

Good

Is the service well-led?

Our findings

During our inspection on 12 January 2017 we identified a breach of Regulation 17 of the Health Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had implemented some systems to assess and monitor and improve checks on quality and safety but these were not as effective as they should have been. At this inspection we found systems in place to monitor quality and safety was fully implemented and working well.

People who used the service and relatives were positive about the service provided by St Marys. Comments included, "Brilliant carers." "Communication is good." "The manager is always around and helpful."

Staff were positive about the improvements made at the service since our last inspection. One staff member said, "I have a lot of respect for the management team and think very highly of them. They made sure the improvements to the environment have happened."

The registered manager told us they regularly completed the audits and checks that monitored quality and safety. We saw these were up to date and included areas such as health and safety checks on the environment and equipment. There was not an ongoing action plan to show how the service was progressing and developing, or how any shortfalls identified through internal monitoring were being managed. However, the registered manager said they were in the process of developing an action plan as they were aware of the importance of sustaining the improvements made and wanted to develop the service further.

As part of the provider's quality assurance checks people who used the service and relatives were invited to share their views about the service by completing an annual questionnaire. We looked at the feedback received in 2017. On the whole positive comments were received; areas of improvement were identified in relation to activities and the garden. The management team told us their response was to purchase additional arts and craft materials and new garden furniture was purchased. The management team told us their attempts to arrange resident and relative meetings were not successful. As a measure to share information and gain additional feedback, a monthly newsletter was introduced in October 2017. Records confirmed what we were told.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities. 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.

A home manager had day to day responsibility of the service and was supported by the registered manager who visited the service several times during the week. The home manager and staff said the registered manager was always contactable and was approachable and supportive. We identified a concern about the

time the home manager was able to spend in the office due to also providing care and felt this was insufficient. This was discussed with the registered manager and following our inspection, they confirmed the provider had agreed to increase the home manager's office hours to 21 per week with immediate effect. Action to recruit additional care staff had commenced and care staff were covering any shortfalls in staffing in the interim.

The service had submitted the notifications to the Care Quality Commission that they were required to do. Policies and procedures were in place that were based on best practice and reflected relevant legislation where required. The ratings for the last inspection were on display in the service.

The service promoted an open culture for staff. The staff we spoke with told us they enjoyed their work and felt supported. One staff member said, "I love my job, it's a lovely small, homely place and staff work hard well to provide a good service."

The registered manager made efforts to keep up to date with current research and best practice, examples were given about receiving newsletters and updates and alerts from NHS, the local authority and CQC. They told us they used this information to review the service provided to make sure it met standards and legislative changes. The feedback we received from visiting healthcare professionals about the management of the service was positive and described a collaborative approach to working with external professionals.