**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## St Marks Nursing Home

145 Hylton Road, Millfield, Sunderland, SR4 7YQ  
Tel: 01915674321  
Date of Inspection: 10 July 2013  
Date of Publication: August 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Dr Lim Wyn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Ms. Pauline Laverick</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>St Mark's nursing home is a purpose built home for up to 35 people with nursing needs. It is registered for the regulated activities: accommodation for person who require nursing care; treatment of disease, disorder or injury; and diagnostic and screening procedures.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service with nursing</td>
</tr>
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| Regulated activities | Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury |
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

We spoke with seven people who used the service and six visitors to get their views of the service at St Mark's. All the people we spoke with were very positive about the care and support they had experienced.

We saw how people were supported with their care in a supportive and respectful way. One relative told us, "The quality of the care here is very good." We found care records had enough information so staff would be able to know how to support individual people in the right way.

People described the home as "friendly" and "busy." They told us, "There's always something going on if you want to join in."

People were supported with their nutritional health. All the people and visitors we spoke with were complimentary about the meals. One person commented, "The food is smashing. They know what you like and it's all good quality."

People and their relatives told us they felt there were sufficient staff to support them. One person said, "There always seems to be enough staff on. They answer the "buzzers" quickly, and you can always find them if you need them."

The provider had a system for checking the quality and safety of the service. People told us they knew how to make a complaint if necessary and were confident these would be dealt with.

You can see our judgements on the front page of this report.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
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<tr>
<td>Care and welfare of people who use services</td>
<td>✔️</td>
</tr>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
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</tr>
</tbody>
</table>

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At the time of this visit there were 32 people living at the home (and two more people had been assessed to move there). Some people needed support with their health, some people needed to be nursed in bed and some people needed support with dementia-type needs. We looked in detail at four people's care files. We saw that each person had had an assessment of their individual needs before they moved to the home, and had another assessment after they moved in. This made sure that their care needs could be met at St Mark's care home.

The assessment information was used to form plans of care for each person's specific individual needs including mobility, personal care and skin care. The care plans guided staff how people needed and wanted to be supported. The care plans were clear and were reviewed monthly or as people's needs changed. This meant the home planned the care that people needed.

We spent time in the lounges and dining area. This helped us to observe the daily routines and to see how people's care and support was being managed. We spoke with seven people who used the service. People made positive comments about the care and attention they received from staff. One person said, "The staff are lovely – they're very patient with people."

People described the home as "friendly" and "busy". The home employed an activity co-ordinator and we saw people were offered daily choices of activities. These included arts and crafts, shopping in the local community and pet therapy, such as visiting miniature horses. On the day of this visit several people were enjoying a regular 'sit and fit' exercise class with a visiting fitness instructor. People also had access to a private, sheltered patio area to sit outside in better weather.

People told us about the home's forthcoming summer fete which they were involved in. One person said, "There's plenty going on here if you want to join in. We've also had a few
pie and pea suppers and bingo nights."

We spoke with five relatives and a visiting priest who regularly visited the service. All of the people we spoke with made positive comments about the care service provided. One relative told us, "The quality of the care here is very good. They keep him clean and turned frequently. He can't speak but he laughs with the staff. He's content and well looked after." Another visitor said, "I've worked in many homes and this is the best one I've seen by far. They're so good with my relative. In spite of her illness they support her to be involved in different activities."

Another visitor told us, "They get to know each person and their individual ways because they spend time with people. It's like a big family home. It's not standardised like other homes I've seen." One relative told us, "We feel involved and included in her care. They let us know about reviews or any changes."

We spoke with five staff members who were knowledgeable about people’s individual needs and spoke about people's diverse needs in a respectful way.

During most of this the visit we saw staff attend to people's mobility needs using the correct techniques and equipment where this was necessary. This support was carried out in a sensitive and attentive way. However in the evening we saw one instance where two staff supported one person to move from a wheelchair to an armchair in an inappropriate way. This was contrary to good practice and contrary to the person's care plan about mobility. We discussed this with the manager who confirmed that this was an isolated event that was against the home's practices and action was being taken to ensure it did not occur again.
Meeting nutritional needs

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

During this visit we looked at what the provider did to make sure people’s nutritional needs were being met. We saw that people’s dietary and nutritional health was assessed before and after the person came to stay at St Mark. Each person had a MUST (malnutrition universal screening tool) assessment which showed whether they were at risk or poor nutritional health. This assessment was reviewed every month. We saw people had individual care plans about their nutritional needs and wellbeing. We saw care plans guided staff to support people with snacks and supplements if they required them.

The home had two lounges, both of which had dining areas. People could choose which area of the home they dined in. Some people were supported to eat their meals in their armchairs as they were more comfortable doing this than sitting at a table. Some people were poorly and needed support in their bedrooms. Some people required individual support with their meals. We saw staff assisted those people in a sensitive, engaging way and at the person’s own pace. The manager had designed a rota which made sure staff were directed to support people with their meals in either the bedrooms or the lounge. This meant each person got the support they needed at the right time.

We joined people in one of the dining rooms for a lunchtime meal. There were printed menus on each table of the meal choices for that day so that people could make informed choices. People were asked each morning which choices they wanted for lunch and teatime meal. The lunchtime meal on this day was traditional lamb dinner. If people did not want this they were able to ask for alternatives such as sandwiches or salads.

People were very complimentary about the quality of food. One person told us, "The food is smashing. They know what you like and it’s all good quality" Another person described how meals were individually plated to suit each person's tastes. They told us, "I don't eat vegetables so they make sure it's not put on my plate because it would put me off my meal."

We asked people if they felt the meals were nutritious. Their comments included, "The meat is always tender so I can eat it", "the food is always tasty so it makes you want to eat" and "I lost a lot of weight in hospital but I'm putting it back on now I'm here because the food is so good".

Relatives also had many positive comments about the quality of meals. One visitor told us,
"We often visit at mealtimes and the food is always good. They make sure everyone has support if they need it, but if people want to be independent they let them do it themselves, however long it takes."

The home used food and fluid charts to record the intake of people who were at risk of poor nutrition or hydration. The home kept a record of each person's weight, and their nutritional health was regularly checked at least monthly or more frequently if necessary. Six people had the involvement of a dietitian. The home had monthly reviews by telephone with each person's dietitian to keep a check on their nutritional health. This showed us that the home made sure people were supported with their nutritional wellbeing.
Staffing

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of this visit there were 32 people living at the care home. The home provided two nurses and a minimum of five care staff throughout the day. This allowed a nurse and two or three carers on each floor. We saw the manager had designed the staff rota so that staff were given designated roles to make sure people's needs were met. For example the rota showed which staff would provide support to people in their bedrooms at mealtimes, and which staff would support people in the lounges. This meant each person received the support they needed at these times.

The manager described the home's good staff retention. Many staff had worked here for several years and few staff left. There were no staff vacancies at this time. The provider had additional 'flexi' night staff who could cover night time shifts. Staff told us they rarely used agency staff as they were usually able to cover any gaps in the rota, such as sick leave.

One staff told us, "The manager is very good at making sure there are enough staff on." Another staff commented, "The home has a very good reputation with other health professional including palliative nurses and GPs. That makes it a really valuing place for us to work."

In discussions, people who lived at the home told us they felt there was sufficient staff to support them. One person said, "There always seems to be enough staff on. They answer the "buzzers" quickly, and you can always find them if you need them."

We asked relatives about staffing. They also felt there were sufficient care and auxiliary staff to provide the service. One relative commented, "Whenever we visit there seem to be enough staff, including supervisors and cleaners." Another staff told us, "I visit at different times and staff always act quickly if my relative needs anything."

Throughout the visit we saw there was good staff presence in lounges and corridors. Staff response to call alarms was prompt and people felt they were supported in a timely way. We saw that the atmosphere was calm and relaxed and that people were given sufficient time to make decisions and eat and drink. We saw that staff spent time with people in communal areas and in their rooms.
The provider may wish to note that the response to requests for support was less timely after the teatime meal. This was partly due to several people wanting support to move from the main lounge to other areas of the home, such as their own bedrooms or outside to the garden area. We saw the deployment and supervision of staff at this time was less efficient, for example, one staff was carrying out domestic duties instead of responding to people’s requests to move out of the lounge. As a consequence some people became quite agitated and the atmosphere in the lounge was less relaxed. We discussed this with the manager who agreed to look at the arrangements for staff support after the teatime meal.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During this inspection we looked at what the provider did to monitor the quality and safety of the service at St Marks care home. We saw the provider had a quality assurance system in place which included his monthly visits to the home. We saw written report of the monitoring visits which included discussions with people, visitors and staff for their views about the running of the home.

We saw records of the regular audits carried out by management staff including infection control, health and safety checks, falls audits and maintenance checks. We saw records of incidents which were analysed for outcomes and lessons learned. This showed that action was taken to continuously improve the service.

The home had a Residents' Committee which held meetings about four times a year. The committee members included people who used the service, relatives, the activities coordinator and management staff. The committee made decisions about how residents' funds would be spent. We saw from meeting minutes that decisions were made about activities and events, equipment to be purchased, fundraising and future plans.

In discussions people who used the service told us they felt "included" and "very informed" about the running of the service and any future plans. Relatives told us the home was "very professionally run" and felt they were asked for their views and suggestions.

The provider used an 'admissions survey' which was sent to relatives two weeks after a person's admission to check the experience of people who had moved in and whether the service had met people's expectations. The provider also used an annual relatives' survey to gain their views about specific areas of the service, including the standards of catering, cleanliness, laundry as well as the care of people.

We saw minutes of the regular staff meetings and group supervisions of care, domestic and catering staff. This meant staff had opportunities to comment on the running of the home and were kept up to date about any changes or developments in the service.

The home was subject to quality monitoring by external agencies. We saw the home had
recently achieved 'gold' standard by the commissioning department of the local authority. This reflected the amount of fees the home would receive for the quality of its service.
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People and their visitors told us they had information about how to make a complaint if necessary. The complaints procedures was set out in the home's information pack (called a service users' guide).

We saw the provider used a standardised form to record the details of complaints, how these were investigated and the action taken to resolve them. There had been 10 complaints looked into in the past year. These included issues about cold dinner plates, laundry service, and general wear and tear of a persons' own furniture. We saw these issues had been investigated by the manager and people had signed the complaints record to show the complaint had been resolved to their satisfaction.

People told us they felt confident about raising any issues or comments with the manager. One relative said, "We haven't had any issues, probably because the communication is so good so we know what's happening all the time. But if I had to mention anything I know it would be put right straight away."

We saw the provider checked the complaints records during the regular monitoring visits.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed

This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non-compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
**Glossary of terms we use in this report**

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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<th>Regulation</th>
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<td>Regulation 17</td>
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<tr>
<td>Records - Outcome 21</td>
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</table>

**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.