Akari Care Limited

St Marks Court

Inspection report

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Date of inspection visit: 6 May 2015
Date of publication: 10/09/2015

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

Overall summary

We inspected St Marks Court on 6 May 2015 and the visit was unannounced. We last inspected the service in November 2014. At that inspection, we found breaches of legal requirements in five areas; consent to care and treatment, record keeping, staffing, supporting staff and assessing and monitoring the quality of service provided. We asked the provider to take action to make improvements and they told us they would be fully compliant with the regulations by 30 April 2015. On this visit we found improvements had been made in all of the regulations that had been previously breached and the registered provider was now meeting current regulations.

St Marks Court is a care home which provides nursing and residential care for up to 60 people. Care and support is provided for older people, some of whom have a dementia related condition. At the time of the inspection there were 33 people living at the service.

Summary of findings

The service had a registered manager who had been in post since December 2014. 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.

People using the service told us they were well cared for and felt safe at the home and with the staff who provided their care and support. The home was clean, tidy, well maintained and no unpleasant odours were evident in any part of the home.

Staffing levels were sufficient to meet people's needs and employment procedures ensured that appropriate recruitment checks were undertaken to determine the suitability of individuals to work with vulnerable adults.

Improvements had been made to the management of medicines. Medicines records were accurate and complete, and medicines were managed safely. People's medicines were stored securely.

Staff recruitment procedures ensured that appropriate recruitment checks were carried out to determine the suitability of individuals to work with vulnerable adults. Security checks had been made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staff members had a good understanding of safeguarding adult's procedures and knew how to report concerns. A whistleblowing policy and information was available for staff to report any risks or concerns about practice in confidence to the provider.

Staff were attentive when assisting people and responded promptly to requests for assistance or help. Appropriate risk assessments were in place to ensure risks were assessed and appropriate care and support was identified.

Accidents and incidents which occurred at the home were reviewed and analysed regularly to identify possible trends and to prevent reoccurrences. Duty managers were available out of hours for advice and in the event of an emergency.

People received care from staff who were provided with effective training to ensure they had the necessary skills and knowledge to effectively meet their needs. Staff received regular supervisions and annual appraisals were carried out. All new staff received appropriate induction training and were supported in their professional development.

Improvements had been made in relation to of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Detailed information was available for staff. The requirements of MCA were followed and DoLS were appropriately applied to make sure people were not restricted unnecessarily, unless it was in their best interest.

People were supported to make sure they had enough to eat and drink and their nutritional needs were met to ensure they stayed healthy. They told us enjoyed the food prepared at the home and had a choice about what they ate.

People were supported to have access to healthcare services and referrals had been made to health professionals for advice and guidance. The home provided a suitable environment and was adapted to meet the needs of people living with a dementia related condition.

People spoke positively about living at the home and told us staff treated them well. We observed warm, kind and caring interactions between staff and people. Staff were patient, unhurried and took time to explain things to people clearly. Staff acted in a professional and friendly manner and treated people with dignity and respect. We observed staff supporting people and promoting their dignity. Staff regularly checked on people to see if they needed support or assistance.

People were encouraged by staff to be independent, and maintain hobbies and interests that were important to them. People were supported and encouraged by staff to access their communities. A comprehensive activities and entertainment programme was available. This helped prevent people becoming socially isolated and provided interest and stimulation. People's relatives were involved in the care and support of their family member. Care records confirmed their involvement in care planning and reviews.

Summary of findings

We saw people were asked for their permission before care and support was delivered and they were offered choices. Meetings were held for people using the home and their relatives. Surveys were undertaken and people's feedback was acted upon.

A complaints policy and procedure was in place. People and their relatives told us they felt able to raise any issues or concerns. Complaints received by the service were dealt with effectively and the service had recently received a number of compliments. Advocacy information was accessible to people and their relatives.

Care plans were regularly reviewed and evaluated. They contained up to date and accurate information on people's needs and risks associated with their care. Health and social care professionals were involved in the review process where applicable.

The service had a registered manager who spoke positively and enthusiastically about their role. Staff told us noticeable improvements had been made which had resulted in a positive impact in the quality of service provided. Staff also told us the registered manager was supportive and approachable.

Management regularly checked and audited the quality of service provided and made sure people were satisfied with the service, care and support they received.

Up to date and accurate records were kept of equipment testing. Other equipment and systems were also subject to checks by independent assessors or companies.

Care staff we spoke with told us the management team was approachable and supportive. We received positive feedback from people, their relatives and staff about the management team and how the service was managed and run.

Staff meetings were held regularly. Staff were asked their opinions in an annual satisfaction survey and were satisfied and very positive about their work.

Summary of findings

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 using the service told us they were well cared for and felt safe at the home and with the staff who provided their care and support. The home was clean, tidy, well maintained and no unpleasant odours were evident in any part of the home.

Staffing levels were sufficient to meet people's needs. Employment procedures ensured that appropriate recruitment checks were undertaken to determine the suitability of individuals to work with vulnerable adults.

Improvements had been made to the management of medicines. Medicines records were accurate, complete and medicines were managed safely. People's medicines were stored securely.

Staff members had a good understanding of safeguarding adult's procedures and knew how to report concerns. A whistleblowing policy and information was available for staff to report any risks or concerns about practice in confidence within the organisation.

Accidents and incidents were reviewed and analysed regularly to identify possible trends and to prevent reoccurrences. Duty managers were available out of hours for advice and in the event of an emergency.

Is the service effective?

Good

The service was effective. People received care from staff who were now provided with effective training to ensure they had the necessary skills and knowledge to effectively meet their needs.

Staff now received regular supervisions and annual appraisals were carried out. All new staff received appropriate induction training and were supported in their professional development.

Improvements had been made in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Detailed information was available for staff. The requirements of MCA were followed and DoLS were appropriately applied to make sure people were not restricted unnecessarily, unless it was in their best interest.

People were supported to make sure they had enough to eat and drink and their nutritional needs were met to ensure they stayed healthy. They told us they enjoyed the food prepared at the home and had a choice about what they ate.

People were supported to have access to healthcare services and referrals had been made to health professionals for advice and guidance where required. The home was suitable and adapted to meet the needs of people living with a dementia related condition.

Is the service caring?

Good

The service was caring. People spoke positively about living at the home and told us staff treated them well. We observed warm, kind and caring interactions between staff and people. Staff were patient, unhurried and took time to explain things to people clearly.

Staff acted in a professional and friendly manner and treated people with dignity and respect. We observed staff supporting people and promoting their dignity. Staff regularly checked on people to see if they needed support or assistance.

Summary of findings

People were encouraged by staff to be independent, and maintain hobbies and interests that were important to them. People's relatives were involved in the care and support of their family member. Care records confirmed the involvement of people in care planning and reviews.

Advocacy information was accessible to people and their relatives. Meetings for people using the home and their relatives were held. Surveys were undertaken and people's feedback was acted upon.

Is the service responsive?

Good

The service was responsive. A complaints policy and procedure was in place. People and their relatives felt able to raise any issues or concerns. Complaints received by the service were dealt with effectively and the service had recently received a number of compliments.

Care plans were regularly reviewed and evaluated. They contained up to date and accurate information on people's needs and risks associated with their care. Health and social care professionals were involved in the review process where applicable.

Care staff were responsive to the needs of the people they cared for and supported. A comprehensive activities and entertainment programme was available. This helped prevent people becoming socially isolated and provided interest and stimulation.

Is the service well-led?

Good

The service was well-led. The service had a registered manager who spoke positively and enthusiastically about their role. Staff told us noticeable improvements had been made which had resulted in a positive impact on the quality of service provided. Staff also told us the registered manager was supportive and approachable.

Management regularly checked and audited the quality of service provided and made sure people were satisfied with the service, care and support they received.

Up to date and accurate records were kept of equipment testing. Other equipment and systems were also subject to checks by independent assessors or companies.

We received positive feedback from people, their relatives and staff about the management team and how the service was managed and run. Staff meetings were held regularly .Staff were asked their opinions in an annual satisfaction survey and were satisfied and very positive about their work.

St Marks Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 May 2015 and was unannounced. The inspection team consisted of three adult social care inspectors, a specialist advisor 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.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Following the inspection, we also spoke with the local authority commissioners for the service and did not receive any information of concern.

We spoke with 20 people who used the service to obtain their views on the care and support they received, along with seven of their relatives. We spoke with an older person's specialist nurse who was visiting the home on the day of our inspection. We also spoke with the registered manager, the provider's regional manager, one nurse, two senior care assistants, six care assistants, the activities coordinator, the administrator, the provider's maintenance / handyman and a domestic assistant.

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.

We also looked at a range of records. These included care records for 10 people living at the home, 10 people's medicines records, five records of staff employed at the home, duty rotas, accident and incident records, policies and procedures and complaints records. We also looked at minutes of staff and relative meetings, premises and equipment servicing records and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

In November 2014 we carried out an inspection and found some breaches of regulation. We checked the progress the provider had made in relation to actions plans they had sent us following our initial inspection. This inspection was to assess how the provider had responded to our concerns. During this inspection we checked the staffing arrangements to establish whether there was enough staff to safely meet people's needs, and medicines administration records.

At the time of our visit there were 33 people living at the home who were accommodated over three floors. 14 people required nursing care and 19 people required personal care, including 10 people who were living with a dementia related condition. During our previous inspection we had concerns regarding staffing levels and how staff were deployed throughout the home. The registered manager acknowledged there were limitations to the dependency tool which had been used to determine numbers of staff. We discussed and were shown evidence of the action taken to review people's dependency, the staffing levels and how staff were deployed across the home. This had included examining care practices and routines; looking more closely at the skills mix of staff; seeking staff's views through meetings and surveys; and trialling two different staffing models with dependency tools.

The registered manager told us about the methods they now used to calculate how many nurses and care staff were needed to provide people's care. They told us that the original dependency tool continued to be completed monthly, though the provider was considering other tools. This was supplemented by more detailed information about the extent of care each person needed. For example, a Royal College of Nursing assessment of health status and input required from registered nurses was carried out for each person receiving nursing care, and updated as their needs changed. Personal safety was also taken into account including people who were at risk of accidents, needed close supervision, or required two staff to safely deliver their care.

We saw staffing levels at the home had improved since our last inspection. The current staffing levels, as confirmed in staff rotas, were one nurse and eight care staff, including seniors, during the day and one nurse and five care staff at night. Separate ancillary staff were employed to support the running of the home, including catering and housekeeping staff, an activities co-ordinator, an administrator, and a maintenance person.

We saw that rotas were forward planned to maintain the staffing levels. This included having extra staff on duty when training was taking place and when new staff were starting their induction. In the four weeks of rotas seen there was minimal use of external agency staff. The home had two bank care staff and there were now sufficient nurses employed for all shifts and to provide cover for absence. The registered manager's hours were in addition to the staffing levels and the deputy manager had been given some supernumerary time for management duties. An 'on-call' system was operated outside of office hours to enable staff to get management support or advice in an emergency.

We observed there were sufficient staff on duty to respond promptly to people's needs and requests and to spend time talking with them. They also made sure they told one another when they going off the floor to attend to other people or for their breaks. The majority of people told us they thought they thought staffing levels were adequate and staff were responsive to call bells and their requests for assistance. One person commented, "I feel safe as I know staff are around if I need them." A relative told us, "My relative needs a lot of support and I have never had any real concerns (regarding staffing levels)." However one person told us they waited longer for their call bell activations during the night than during the day.

The staff we talked with felt there was always enough staff to care for people. Their comments included, "It's quieter now, less busy. It's improved all round and the staff are managing to get breaks"; "There's not as many residents and less people are cared for in bed. You get time to spend with people"; "The nurses are lovely and we work well together. Two care staff are allocated to work on each side of the corridor (on the nursing unit) and this works much better"; "I usually work between the floors. I feel the staffing is far better", and, "We're more organised and spend more time with the residents. There's always one nurse and four or five carers (on the nursing unit)".

The nurse on duty had started working at the home the previous month. They told us the nursing care was manageable and they were enjoying their work. The nurse said they were able to regularly attend to the needs of the

Good

Is the service safe?

two people who required nursing care who were not based on the nursing unit. They said, "I've been impressed with the way people are treated. It's good now as there's continuity of permanent nurses. I know when something needs to be followed up that it will be by the next nurse on shift." The older person's specialist nurse who was visiting also gave us positive feedback about the staffing and praised the deputy manager who took a clinical lead role.

At our last inspection we had concerns about the accuracy of medicines administration records (MARs). The registered manager told us the importance of medicines recording had been reinforced with staff. Checks had also been incorporated into handover records to ensure all medicines were signed for.

We observed a medicine round undertaken by a senior care assistant. We saw the lunch time medicines round was conducted in a competent and professional manner. People received their medicines sensitively and clear explanations and instructions were given to them as they received their medicines.

We examined 10 people's MARs which had laminated front sheets with each person's photograph for identification purposes. The sheet specified the individual's preferences in taking medicines and gave details of any allergies. People also had care plans specific to their medicines regimes.

An updated staff signature sheet was kept at the front of the MAR file. Staff had signed the MARs on each occasion to verify they had administered people's medicines. Where medicines were not given, codes were entered to record the reasons. The records were clear, with the exception of one person's medicine that was being recorded in the controlled drugs register but was not effectively duplicated on the MAR. This was brought to the attention of the nurse on duty who immediately addressed this issue.

We observed that prescribed medicines were securely stored and kept within the correct temperature range. Systems were in place for the safe disposal and return of medicines to the supplying pharmacy. Staff who took responsibility for medicines had received relevant training and had their competency in handling medicines assessed. We found people's medicines were being managed safely and recording had improved.

People using the service told us they were well cared for and felt safe with the staff who provided their care and support. People praised the staff and told us they were pleasant and kind. All the relatives we spoke with were happy with the care, treatment and support their relative received at the home. One person told us, "The staff are nice, pleasant and helpful. It feels safe here." Another person told us, "I like the home. It feels nice and safe; I am well cared for."

Recruitment information showed that new staff were suitably checked and vetted before they started working at the home. This included checks with the Disclosure and Barring Service to prevent unsuitable people from working with vulnerable people and checks of qualified nurses' registrations. Two references, with one from the last employer, were obtained though we noted there was only one reference on file for a newly appointed care assistant. The administrator assured us that further references were being followed up.

The staff we talked with had a good understanding of their responsibilities to recognise and prevent abuse. They had been trained in safeguarding adults, had access to the home's safeguarding policy and knew the procedure to be followed to report any abuse. Staff also confirmed they understood how to use the whistleblowing procedure if they ever suspected or witnessed poor practice. One care assistant told us, "I would feel confident in reporting anything to the manager or the nurses."

We saw that records were kept of safeguarding incidents which had been referred to the local safeguarding authority and notified to the Care Quality Commission. However, we noted the details of one safeguarding concern that had not been progressed as an alert was omitted from the records.

The registered manager told us lessons were learnt from safeguarding incidents including taking disciplinary action and providing staff with further training. They were also currently sourcing appropriate end of life care training to enhance staff skills.

We reviewed the safekeeping of people's money. Cash for personal spending was held safely and all transactions were documented, witnessed and countersigned. Receipts were obtained for any purchases and for hairdressing and chiropody services. Monthly audits were carried out to ensure people's finances were being handled safely.

Care records showed that risks to people's safety had been assessed and measures were taken to reduce identified risks. These included areas of personal safety such as

Good

Is the service safe?

moving and handling, risk of falls, skin integrity, nutrition, and risk of choking. A range of equipment, including specialist beds, mattresses and chairs was provided to keep people safe and comfortable.

Staff told us they were able to seek assistance from other professionals to ensure people were cared for safely. A nurse said, “The GP and nurse specialist visit weekly and are always able to be contacted for advice.” Some staff said they had been trained in safe ways to care for people with behaviour that could be harmful to themselves or others.

We saw that health and safety within the home was kept under regular review. Audits and checks were carried out and health and safety meetings were held to discuss safe systems of work. For example, topics at the last meeting had included safe working practices training for staff, bed rail assessments, medical device alerts, fire drills, laundry, and clinical waste. Accidents and safety related incidents were appropriately recorded and monitored. Each month the registered manager conducted an analysis to review the action taken, the outcomes and to identify any trends.

The registered manager confirmed that personal emergency evacuation plans (PEEPs) were now in place for each person and had been signed off by the regional manager. The plans were checked on a monthly basis to ensure they accurately described how each person would be evacuated from the home in the event of an emergency. Records confirmed regular fire drills and procedures were undertaken.

We found the home was clean, tidy, well maintained and no unpleasant odours were evident in any part of the home.

Good

Is the service effective?

Our findings

In November 2014 we carried out an inspection and found some breaches of regulation. We checked the progress the provider had made in relation to actions plans they had sent us following our initial inspection. This inspection was to assess how the provider had responded to our concerns. During this inspection we checked how staff were supported to deliver care and treatment safely and to an appropriate standard. We also checked the provider's arrangements for obtaining and acting in accordance with people's consent in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals.

Since our last inspection, the registered provider had made substantial progress with the MCA and DoLS. We saw the provider had an MCA and DoLS policy and MCA / DoLS information was available at the home. Where there were doubts about a person's capacity to make decisions, an assessment had been undertaken to determine whether a DoLS application to the local authority was required. The registered manager told us, and records confirmed, that 11 DoLS applications had been made to and authorised by the local authority since our last inspection. We noted these applications had been appropriately applied for and were detailed with information available as to why they were required, or if the application was urgent. Care records viewed showed mental capacity assessments were reviewed monthly. Staff had completed training on MCA and DoLS and had an improved understanding of these important areas and how they applied to the people they cared for.

We saw six of the care records we examined contained DNACPR (do not resuscitate) forms and noted they were accurate, had been discussed with relevant people and contained appropriately completed MCA documentation. We also noted they were regularly reviewed.

Another person's care records contained a lasting power of attorney which had been awarded to a family member by The Office of The Public Guardian (OPG). The OPG protects people in England and Wales who may not have the mental capacity to make certain decisions for themselves, such as about their health and finances. A lasting power of attorney (LPA) is a legal document that allows people to appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. This gives people more control over what happens to them if, for example, they have an accident or an illness and can't make decisions at the time they need to be made (they 'lack mental capacity').

Staff told us and records confirmed that staff had undertaken mandatory safe working practices training. For example, basic life support, fire drills (practical) and fire evacuation simulation, food safety awareness, safeguarding adults, moving and assisting, health and safety, infection control, bed rails, safe administration of medicines and infection control. Staff also told us, and training records and certificates confirmed that care staff received other training specific to the needs of the people they cared for. One care assistant told us, "We've done boat loads of training… We do training with trainers face to face." Another care assistant said, "I've done mandatory training recently; I've done moving and handling… I've already done dementia care." A senior care assistant commented, "I'm becoming more confident as I receive training… We get paid for training if we have to come in on our days off."

During the inspection staff told us they received regular one to one meetings, known as supervisions, as well as annual appraisals. Supervision sessions are used, amongst other methods, to check staff progress and provide guidance. Appraisals provide a formal way for staff and their line manager to talk about performance issues, raise concerns, or ask for additional training. We saw the registered manager now had a system in place, which mapped out staff supervisions and appraisals throughout the year.

All staff we spoke with confirmed they received bi-monthly supervision sessions and that annual appraisals were taking place. Staff told us supervisions were recorded and signed off at each supervision, by themselves and their supervisor. We saw members of the management team and team leaders carried out the supervisions. We noted senior staff and team leaders had all received training with regard to carrying out effective supervisions and appraisals. One

care assistant told us, "I can say at supervision if there's any particular training I want to do." Another care assistant said, "We discuss how we feel, how we cope." A senior care assistant commented, "I've just had my training about doing supervisions, all seniors and the manager had the training."

The registered manager told us all new staff were required to complete a six month probationary period and their suitability was reviewed after three months and on completion. The registered manager also told us that all new staff were required to complete the provider's 'Induction Workbook for Care Workers' to demonstrate their ability to meet the requirements of the Common Induction Standards for people working in adult care. Staff we spoke with confirmed their induction, initial training and support enabled them to care and support people effectively when they started work. Following a successful completion of their probationary period, staff were enrolled on National Vocational Qualifications to gain adult health and social care qualifications.

People were supported to keep up to date with regular healthcare appointments, such as physiotherapists, occupational therapists, the speech and language therapist team and GPs. We also found evidence of involvement with other professionals such as dieticians, district nurses and psychiatrists. We saw regular reviews were undertaken which involved outside professionals and family members. Care records contained separate sections to record professional visits. For example, we noted the involvement of an occupational therapist for one person who required specialist cutlery to maintain their independence and help them eat independently.

Throughout our inspection we saw people were asked for their permission and offered choices. For example, when being offered a mid-morning and mid-afternoon choice of soft or hot drinks. At lunch time when one person decided they did not want the meal they had chosen, or the advertised desert, they were offered and accepted some ice cream. We saw staff were pleasant and gave people sufficient time to consider and discuss their choice. One person told us, "I am a quiet person, but I am encouraged to do as I wish." Another person commented, "I get up about 8.30am and go to bed at 10.00pm; as I choose when I want to as I like a lie in."

We spent time observing the lunch time experiences and joined people in all the dining areas on each of the three floors at the home. We saw that all meals were hot, well presented and there was a relaxed and tranquil atmosphere in all of the dining rooms. People were assisted to eat by staff, or prompted as required. We saw one person was unable to eat and drink independently and they were helped by a care assistant, who sat with them and calmly talked to them whilst assisting them with their meal. Other care staff took appropriately-covered meals to people in their bedrooms and stayed with them where they needed assistance with eating. A selection of refreshments and snacks were available throughout the day outside of recognised meal times.

People we spoke with were very complimentary about the quality, choice and variety of the meals at the home. One person told us, "The food is good." Other people's comments included, "There's plenty to eat," "I enjoyed my lunch," "If I don't like something I can have something else," and, "I order my meal in advance every day, but I can change my mind if I wish."

Menus in pictorial format were available on tables in the dining room known as the railway café. People ordered their meals in the morning after breakfast but enough was prepared in case people changed their mind by meal time. Tables were set appropriately to enhance the dining experience for people. Specialist cutlery was available for a person who required it to assist them to eat independently. We noted people's Malnutrition Universal Screening Tool (MUST) assessments were reviewed monthly and assessment outcomes for nutrition were transferred to care plans if required, to encourage better nutrition.

Staff were observed carefully checking meals for people with specific dietary requirements and checking the temperatures of food before serving to people (the safety of food is preserved by good temperature control). For hot food the important temperatures are those achieved when processing, cooking and keeping food hot before and during service. We noted that the home had also been recently awarded a food hygiene rating score of '5 – Very Good', following a local authority environmental health inspection.

Relatives we spoke with told us communication with the service was very good. People and their relative's told us family members were always contacted should anyone become unwell, or where a GP has been called to attend the home. One relative told us, "I am always told how things are; the staff are so caring and kind."

Good

Is the service effective?

The home was a purpose built relatively new building which was well appointed, furnished and decorated throughout. We noted there was a passenger lift between floors and there was good wheelchair access around the building. The environment was well designed and encouraged the independence of people with a dementia related condition. The dementia unit was bright and airy. People had personalised bedrooms. Doors were identifiable by different colours and they had door knockers. Corridors were wide and seating areas were available. Appropriate signage indicated division of different areas. The corridor walls were decorated with memorabilia displayed in cabinets to help with reminiscence. For example a butchers, a tobacconist, a Gateshead Co-op store, Jackson Street, bakery and a greengrocers.

On the middle floor a sitting room had been created to help with reminiscence and was well-furnished. We were told this was also used as a tea room. A member of staff told us people from upstairs also came to use the room for reminiscence.

During our visit we saw the provider's maintenance person had undertaken an extensive redecoration programme of people's bedrooms. Staff we spoke with told us the redecoration of the rooms had made attractive improvements to the home.

Good

Is the service caring?

Our findings

Due to their health conditions, some people were unable to tell us about their experiences of living at St Marks Court. However, people we did speak with and their relatives were very complimentary about the care and support people received at the home. Without exception, people told us they liked living at the home, and enjoyed the staff's company. One person told us, "I am well cared for and have a choice to do what I want." Another person said, "The staff are very kind." One relative told us, "I chose this home because it felt right and I can tell you the care is excellent. I can visit any time I wish." Another relative commented, "The care here is very good."

During our visit we observed care staff acting in a friendly and professional manner, treating people with dignity and respect. Care staff were observed respecting people's privacy and knocked on people's doors and waited for a response before entering the room to carry out their care tasks. Staff were able to give us practical examples of the importance of treating people with dignity and respect. For example, maintaining people's dignity when delivering personal care, assisting people dressing and respecting their rights and choices. One person told us, "Staff look after me very well. I have a choice of what I want to do; they bath me when I ask and they are respectful and nice." Another person said, "I like the home; staff are very polite and helpful. They respect my privacy and dignity."

There was a relaxed atmosphere and staff were attentive and well organised, particularly at busier times of the day, such as mealtimes. Staff checked on people in their bedrooms and spent time sitting and engaging with people in the lounge areas.

People and relatives we spoke with praised the staff and our observations confirmed staff members interacted well with people. Both people and staff referred to each other using their first names and we saw warm interactions, with staff asking people if they required any assistance and making sure they were comfortable. We saw staff took the time to stop and chat with people, showing a genuine interest in what they had to say, listening carefully and generating further conversation. We saw one care assistant taking the time to sit with one person who had recently come to the home, reassuring them and chatting about this person's family, food likes and dislikes and a shared interest they both had in music. In another example, one person who had become anxious and distressed during lunch in a communal dining area, was discretely asked by a care assistant if they would like to return to their room. The care assistant then linked arms with the person and calmly walked the person from the dining area, providing immediate comfort and reassurance saying to the person, "Come on, let's see what we can see; we'll have a walk and a chat." Staff were seen regularly checking on people to see if they needed support or assistance. One person told us, "I know staff would help me if I needed it, but so far I haven't needed any help."

People were encouraged by staff to be independent, and maintain hobbies and interests that were important to them. We observed one person who was unsteady on their feet, but determined to walk unassisted and wanted to walk by themselves as much as possible. We saw this person was encouraged to walk independently, with a care assistant following closely behind to provide assistance if required. One person told us, "I love my westerns and staff will put my DVD's on the TV for me." Another person said, "I go out for a walk every day and buy my newspaper while I'm out."

We saw staff were patient with people and took time to explain things to people in an unhurried way. Staff were observed providing clear explanations to people, seeking their permission and explaining care tasks before carrying out their responsibilities. For example, we observed two staff assisting one person to transfer from an armchair to a wheelchair. This was by using a mobile hoist and both staff explained at each stage what they were about to do and reassured the person throughout. Another person with hearing difficulties was given a subtle but clear explanation of why they were required to take their medicines at a particular time of the day without drawing any unnecessary attention to the person.

Relatives we spoke with told us, and records confirmed that they were involved in the care and support their family member received including care planning and reviews. This helped to ensure that important information was being communicated effectively and care was planned to meet people's individual needs and preferences.

The registered manager told us people and their relatives were consulted about the service received and the environment in which they lived. This was conducted by means of a satisfaction survey which was distributed every six months. The registered manager told us the results of

Good

Is the service caring?

the recent April 2015 survey were still being collated and were due for publication in the near future. There was to be a further satisfaction survey sent out in September 2015. The provider's area manager showed us the results of a satisfaction survey called 'Your Care Rating' conducted in December 2014 by an independent market research company. The independent company had received 21 responses from people living at the home. This had resulted in an overall satisfaction with the services received at the home and an overall performance rating of over 95%. The majority of relatives told us they received surveys, but others told us they could not recall receiving a satisfaction survey. We discussed this with the registered manager who told us they would investigate and resolve this issue.

In the reception area and on notice boards around the home, we saw information and contact details for advocacy services for people were clearly displayed. Advocacy ensures that people, especially vulnerable people, have their views and wishes considered. Specifically when decisions are being made about their lives and people are enabled to have their voice heard on issues that are important to them. The registered manager told us, and records confirmed, one person was using an advocacy service at the time of our visit.

Good

Is the service responsive?

Our findings

Some people living at the home were able to tell us about their experiences. One person told us, "Nothing is too much trouble to the staff." Other people's comments included, "The staff are really good and I am happy in the home," and, "I'm happy with my life (here at the home)."

During our previous visit to the home, we recommended the service explored the relevant guidance in supporting people living with dementia in meaningful activities. During this inspection we saw a good activities and entertainment programme, which was well displayed throughout the home and advertised upcoming day to day events. We saw these included pamper sessions, visits to the home by a hairdresser and local entertainers, home baking, arts and crafts and a variety of exercises and board games. People and their relatives told us there were a variety of regular activities organised throughout the home. One person told us, "I get involved in the activities I like, such as karaoke sessions. I enjoyed the singer this morning and there's another one who comes who is very good." Other people's comments included, "I get involved in some of the activities which is my choice," and, "I do join in some events which I enjoy."

The provider employed a full-time activities coordinator. The activities co-ordinator was enthusiastic about their role and told us they had previously been a care assistant at the home. When asked how improvements had been made in providing meaningful activities for people living with dementia, the activities co-ordinator told us, "I now organise all group events: for example singing, parachute games, crafts and exercises in the top floor lounge (dedicated dementia unit) so people can get involved. In addition, we have one to one sessions talking to people and walking with them," and, "I organise outings as well as short walks to the local café which staff sometimes help with." This helped ensure people were not socially isolated. During our visit we saw the activities co-ordinator interacted well with people and showed a sincere interest in what people had to say. We saw the activities co-ordinator compliment one person, who showed obvious delight and beamed at being told how lovely their hair looked following their earlier visit to the hairdresser.

People and their relatives we spoke with told us they were aware of the complaints procedure and how to make a complaint. People told us they felt confident that any issues could be raised with staff. One person told us, "If I needed to complain I know who to speak to; but I haven't needed to." Another person commented, "Any little issues raised are sorted immediately."

We saw the service had a complaints policy and procedure. This detailed the process that should be followed in the event of a complaint and indicated that complaints received should be documented, investigated and responded to within a set timescale.

We examined the complaints records for the service and saw three complaints had been received since our last inspection in November 2014. Records confirmed the provider's complaints procedure was consistently followed. We noted the three complaints had been documented, investigated and resolved, where possible to the satisfaction of the complainant. There was also evidence to confirm a response had been provided to the complainant.

We saw eight compliments had been recently received by the home. We saw comments included, 'A big thank you to all the staff for looking after (relative's name) while in your care,' 'Thank you for looking after (relative's name)… we can't thank you enough for your care and devotion,' and, 'Many appreciative thanks to all of you who in so many ways helped and supported (person and relative). We are very grateful to you all.'

We examined nine people's care records and found they were detailed from pre-admission to present day; with the exception of one person's care records who had been a recent emergency admission to the home. We found the records were stored securely in nursing station offices and conformed to Nursing and Midwifery Council (NMC) guidelines. Nurses and senior care staff developed the care plans based on a comprehensive assessment of the person's needs. Care plans were evaluated on a monthly basis or more frequently if people's care needs changed. A daily report for each person was kept in a separate file for contemporaneous records of care. Our specialist advisor was particularly complimentary regarding people's brief life histories and stories, which were maintained in care records in the form of a laminated sheet, along with representative clip art illustrations.

We found comprehensive pre-admission assessments with care plans that matched assessed needs, with evidence of planned reviews. Key risk assessments regarding safety including falls, pressure areas, mobility, nutritional risks

Good

Is the service responsive?

and bed rail assessments were all in place and up to date. Personal emergency evacuation plans were in place, with evidence of reviews in response to individuals' changing needs.

Care records described people's needs, how these needs would be met and any potential risks connected with providing their care. We found care plans were regularly evaluated and nurses, tissue viability and dietetic services, along with other health and social care professionals were involved in the review process where appropriate.

We found evidence that care staff were responsive to the needs of the people they cared for and supported. We witnessed an emergency situation where one person had collapsed on the floor in the doorway to a bedroom. When the alarm was raised, care staff were observed to respond immediately in the correct manner. They dealt with the situation in a calm, competent, professional and caring way, with the appropriate emergency first aid assessments and treatment being administered. We confirmed follow-up observations, examinations, assessments and treatment care plans were put in place for this person, who recovered and no injuries were sustained.

The registered manager told us, and records confirmed, meetings were held monthly for people and their relatives. We saw the times and dates of these monthly meetings were advertised on notice boards throughout the home. The registered manager told us two recent meetings were cancelled due to poor attendance. They told us they intended to address this by moving the meeting dates to the end of each month and immediately following an activity, or form of entertainment. This would ensure residents and relatives meetings were better attended as these events were always well attended and would therefore capture a larger audience. We noted topics discussed at the March 2015 meeting included future trips, outings and activities, the conversion of the nursing floor lounge into a cinema room for films and movie afternoons, forthcoming Mother's day lunch at the home, celebrating St. Patrick's Day with steak and Guinness pie and the changing of pork to beef sausages on the menu.

Good

Is the service well-led?

Our findings

In November 2014 we carried out an inspection and found some breaches of regulation. This inspection was to assess how the provider had responded to our concerns. During this inspection we checked the quality monitoring arrangements the service had in place to ensure the home was operating safely and effectively.

We discussed checks and audits both the registered manager and senior management conducted and completed in order to ensure people received appropriate care and support. The registered manager told us, and records confirmed, they conducted monthly checks and audits in order to ensure health and safety in the home was maintained. These included accidents and incidents, people's weights, nutrition and fluid charts, medicine management, PEEPs, infection control, care plans, hand hygiene and the use of bed rails. Other checks conducted included environmental areas within the home and the exterior of the building. Records confirmed the registered manager had conducted an unannounced spot check and visit to the service at 4.10am one day in March 2015. This visit was undertaken in order to check the night time security of the building, staffing levels, staff activity, cleaning duties and documentation were completed and the overall cleanliness of the home.

The registered manager was also required to report monthly to the provider's regional manager on pressure ulcers, infections, hospital admissions, people's weight loss or gain over 2Kg, complaints received and safeguarding adult's referrals and reports. We noted other regular or monthly audits were undertaken. These included water quality and temperature, emergency evacuation drills, moving and handling slings and belts, shower heads, hoses and sprays cleaning and disinfecting, wheelchairs, window restrictors and the nurse call system.

We saw records were kept of equipment testing and these included emergency lighting, electrical appliances, fire alarms and firefighting equipment. Other equipment and systems were also subject to checks by independent assessors or companies. For example, records showed slings and medi-baths, slings and hoists, gas and electrical tests, passenger lift servicing were carried out at appropriate servicing intervals. We noted that these were up to date and completed regularly. We also noted prompt attention and remedial action had been taken to respond to recommendations which had been identified during a recent fire safety inspection.

We were assisted during the course of our inspection by the provider's regional manager. They told us, and records confirmed, senior management visits and audits were undertaken at the home. The regional manager told us they conducted monthly quality monitoring reports. These checks and audits included staff training, appraisals and supervisions, medicines management and MARs, confirmation of areas identified for improvement following regulatory visits that had been undertaken, nutrition and catering and staff vacancies, recruitment and use of agency staff.

The service had a registered manager who had been registered since December 2014. They had been managing the service since August 2014. The registered manager was enthusiastic and spoke positively about the home, their role as manager and in ensuring the care and welfare of people who used the service. They also told us they were keen to develop their role to help ensure people continually received good quality care and support.

We received positive feedback from people, their relatives and staff about the management at the home. Staff told us there had been noticeable improvements since our last inspection, and the appointment of the registered manager had made a positive impact in the quality of service provided. Staff told us they felt equipped and supported to carry out their roles. People, relatives and staff all told us the registered manager was very approachable and they were able to discuss anything with them. One care assistant told us, "The manager's door is always open." Other staff comments included, "The registered manager's very approachable," and, "The home was now a happy and enjoyable place to work."

We discussed the overall improvements within the home since our last inspection with the registered manager. They told us there had been a lot of effort and hard work over the last eight months to improve standards and improve the care and support experienced by people living at the home. They told us this had been a 'team effort' by all members of staff and they had received support from the provider in order to achieve these improvements. The registered manager told us, "Things are a lot more settled; there's a trust there and we work together as a team."

Good

Is the service well-led?

People and their relatives told us, and our observations confirmed there was a calm, warm and friendly atmosphere at the home. One relative told us, "The home is cosy and the atmosphere is friendly; rather than a large impersonal building."

The provider had submitted statutory notifications to the Care Quality Commission. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

It is a recent additional legal requirement for provider's to display their CQC ratings. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. We saw the ratings from our previous inspection in November 2014 were clearly displayed in the main reception area of the home. In addition, they were displayed on the provider's website, along with a link to the inspection report.

Staff told us, and records confirmed, staff meetings were held monthly. We noted topics discussed at recent meetings included new staff and new admissions to the home, the importance of accurate and comprehensive records being kept, the correct disposal of clinical waste and future refurbishment of the home. Staff told us communication with management was good and they were able to discuss important issues. Staff comments included, "We have staff meetings monthly," and, "Things are good; staff meetings take place."

Staff were asked their opinions by means of an annual employee satisfaction survey. We found staff were satisfied and very positive about their work. For example, the staff survey from January 2015 showed 100% of staff felt they were treated with respect by the registered manager and they felt confident in doing their job.

The registered manager told us they were keen to work and develop links with other organisations. This was to improve their knowledge, share good practice, and ensure the service was up to date with current national best practice standards and improve people's care. The registered manager told us a senior care assistant was the current 'Dementia Champion' for the home and this staff member was to arrange their own refresher training and arrange for other members of staff to receive 'Dementia Champion' training. Dementia Champions are individuals who are committed to improving understanding and awareness of people living with dementia. The registered manager also told us the service had developed a new policy for clinical observations and new early warning score (NEWS), which was to be introduced and implemented at the home the week following our inspection. This ensured the system of clinical observations of someone at the home whose condition is of concern, or may require admission to hospital, would now have documented observations of their condition which were consistent with those used in the NHS.