

QH St Mary's Ltd

St Mary's Residential Care Home

Inspection report

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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

About the service

St Mary's is a residential care home which provides accommodation and personal care for up to 25 people. The service provides support to people aged 65 and over including people with physical disabilities and people living with dementia. At the time of our inspection care was being provided for 20 people in one adapted building. A chapel is situated towards the rear of the building.

People's experience of using this service and what we found

People were protected from avoidable harm as risks to people's health and safety were identified and assessed. People and their relatives said they felt safe and were cared for by staff who knew them well. A person said, "I do feel safe, it's a very nice home." Medicines were managed safely, and people received their medicines as prescribed. People were protected from the risk of abuse and staff were aware of their safeguarding responsibilities and how to report concerns.

There were enough staff with the appropriate skills and training to meet people's needs. Staff were recruited safely and received supervision where opportunities to develop and feedback about their practice were discussed. A staff member said, "[Registered manager] is wonderful, she is amazing. We have regular supervisions which cover talking about the people we support, our role, areas of improvement, wellbeing and training."

People were treated with kindness, dignity and respect. Staff interactions with people were warm and caring. A health professional said, 'They display a good knowledge of their residents and I witness kind and considerate care when I am in the home.' People were observed in a homely environment adapted for their needs and were supported to drink enough and maintain a balanced diet. A relative said, 'St Marys aims to respond to any dietary requests, provides a varied and high-quality diet with personal choice/requests catered for. [Person] enjoys their meals.'

Peoples' care plans contained clear information to enable staff to meet their needs; this included information about people's daily routines, how they liked to spend their time and what staff could do to support them. A staff member said, "Everyone is an individual, with their own preferences, and care should be personalised. Not one person is the same." People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

St Mary's residential care home was well-led by a management and staff team determined and driven to lead by example, and who were committed to quality and placing people at the heart of the service. Staff were motivated by and proud of the service. Governance was well-embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. Learning from concerns and incidents was a key contributor to continuous improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22 November 2019 and this is the first inspection. The last rating for the service under the previous provider was Outstanding, published on 12 July 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

St Mary's Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and an expert by experience undertook this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Mary's Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Mary's Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 15 people living at the service, two relatives and one visitor for their views on the quality of care provided. We spoke with six staff, which included, the deputy manager, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. To help us assess and understand how people's care needs were being met we reviewed four people's care records. This included multiple medication records and multiple health care records. A variety of records relating to the management of the service, staff recruitment and training records, including policies and procedures were reviewed. We observed how people were being cared for and looked around areas of the home, which included some people's bedrooms and shared areas. Following the inspection, we sought feedback from a further five relatives, two visitors of people who used the service and another two professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Feedback received from people and relatives told us they felt safe living in the service. A person said, "I feel safe, because of everyone (staff) here." A relative said, "[Person] is happy and feels safe here."
- Staff had training on how to recognize and report abuse and they knew how to apply it. Staff were able to describe how they responded to concerns and this included reporting this to their management team and keeping appropriate records. The provider operated an effective safeguarding system which ensured people were kept safe from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and managed in consultation with them, and where required, their relatives and professionals.
- These included, cognition, the risk of choking, diabetes, fall management and the risk skin breakdown. A visitor said, 'On the occasions I have visited over the period of COVID-19, I would say I have found people to be safe. Risk assessments are carried out if their health or physical needs change.' Risk assessments gave detailed guidance to staff on how to minimise the risks identified.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Staff completed fire system checks in accordance with the providers policy and procedures. Staff had completed Personal Emergency Evacuation Plans (PEEPs) for people which included consideration of specific risks such as the persons mobility, visual and hearing impairments to consider and for other types of risks or disabilities. This provided assurance risks to people were being assessed and managed effectively.

Staffing and recruitment

- Staff had been recruited safely. Disclosure and Barring Service (DBS) checks provided information including details about convictions and cautions held on the Police National Computer. Other checks included references, identity and reviewing a staff members full employment history. The information helps employers make safer recruitment decisions.
- We received mixed feedback from people, relatives and visitors about staffing levels. Three relatives told us there were enough staff, two relatives and a visitor that there were not, and two relatives did not know. A person said, "There's not enough. When I first came here the staff were visible and easy to get hold of. There's not the right volume of them. You might catch someone passing, but they move quickly. It was better before it was taken over. The staff are pretty good, but they don't have time to do it, to have a chat." A visitor said, 'The home's got some limitations, the carers are friendly and helpful but there aren't enough

and so they're limited in how much time they can spend with residents.' A relative said, 'I do feel the service provided is safe, because they have enough staff to be able to support [person] as needed.'

- A dependency tool was completed by the registered manager and accurately reflected peoples' level of need. Rotas demonstrated that staffing was planned in line with the dependency tool, and staffing analysis demonstrated staffing was consistently above the required need.
- Observations of staff provided assurance of their knowledge and skills supporting people with dementia. When people became confused, or distressed, staff responded without delay and offered assurances and support. Overall staff were calm and unhurried. There were enough staff to support people to take part in activities and we saw staff spending time chatting to people. Staff told us, there were enough staff to provide person centred care.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. This included training and competency checks on staff responsible for supporting people with their medicines.
- Protocols were in place for each 'as required' (PRN) medicine prescribed, giving clear details as to what the medicine is for and when the staff should offer it, if the person was unable to request it themselves. The registered manager demonstrated a commitment to supporting people to receive the COVID-19 vaccine.
- Regular audits were completed, and action taken where any errors or omissions were identified. We observed part of the lunch time medicines administration which was done safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A visitor said, 'During COVID-19 the procedures were followed to enhance the safety of all at the home.' A relative said, 'I think St Marys have been magnificent in keeping the residents safe from COVID-19 and should be applauded for doing so in extremely difficult circumstances.'
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. A staff member said, "Luckily we have an infection control champion who implemented a cleaning schedule for us to follow, for example touch points are regularly cleaned and areas cleared that could cause contamination. I have learnt things from the information we get from them. They keep us up to date, alongside our training, to make sure we are following the most up to date best practice."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People were invited to clean their hands with a wipe prior to eating.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The providers approach for visitors was in line with the current government guidance at the time of inspection. People were able to see their relatives and friends throughout the pandemic in line with guidance in place at the time.

Learning lessons when things go wrong

- There were systems in place to learn lessons, including when incidents and accidents occurred. This included putting measures in place to reduce the risks of them happening in the future. For example, people

were referred to the falls prevention team and sensor mats were introduced to notify staff when a person may be mobilising unsafely. Concerning changes in a person's demeanour and presentation of distress were referred to the GP to rule out underlying health conditions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and their individual preferences identified before people started to use the service. The assessment process was detailed, person centred and covered all aspects of what was important to and for the person.
- Peoples' needs were assessed, and care was delivered in line with current guidance and the law. For example, people had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The registered manager had completed these assessments using the Malnutrition Universal Screening Tool (MUST), a tool designed specifically for this purpose. Other best practice tools were used, such as the Waterlow assessment. These provide a score which gives staff an estimated risk for the development of a pressure sore. The management team can then assess what action to take to mitigate the risk of a person developing or treating a pressure sore, involving outside professionals.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff.
- Staff had the knowledge and skills they needed to carry out their roles and responsibilities and people and their relatives confirmed this to us. A relative said, 'I believe that the staff are well trained and competent, and that action would be taken if that were not the case.'
- Staff completed a comprehensive induction. Staff new to care were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Staff had a training plan which showed staff had completed training in areas such as communication skills, person centred care, dementia awareness, end of life, diabetes, diet and nutrition, oral health care and dignity, privacy and respect. Staff we spoke with confirmed the training they completed enabled them to care for and support people effectively.
- Staff received regular supervision and were happy with the support they received. Staff could describe how their training and personal development related to the people they supported. A staff who had completed training in dementia awareness said, "We learnt about the stages of dementia, how it progresses and the symptoms. You have to be aware that when you speak with that person, they may not remember. You have to have the patient and have an awareness you may have to repeat yourself." our observations supported this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have sufficient to eat and drink and were encouraged to maintain a balanced diet.
- People and relatives were positive about the food on offer, menu choices and how special dietary needs were being met. A person said, "It's very good." Another person said, "The food's good on the whole. They do very well."
- As part of the inspection we observed the mealtime experience. There was a menu on each table, listing the available meals: vegetarian sausage, shepherd's pie or bangers and mash. People chose what they wanted to drink: squash, bottled water and lemonade. People could choose the meal and chose if they wanted the vegetables and how much they wanted. They could see the food when making a choice. People were offered sauces and gravy. The staff spoke to people in a friendly, relaxed way, people could exercise choice over each part of the meal but still the food was provided efficiently, and people did not have to wait. People were asked if they'd enjoyed the meal and were offered tea or coffee. A person commented how much she'd enjoyed the meal and said, "They're flexible" when we asked her about the choices available.
- The dining room was open plan, to a kitchen area designed to enable people, their relatives and visitors to make hot and cold drinks and snacks between meals. Jugs of cold drinks were available in the lounge for people to help themselves.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to healthcare professionals and support. A health professional said, 'I have regular contact with St Mary's, once weekly minimum via telephone and email contact if required throughout the working week. I have always found the senior carers professional and prepared for my contacts/ visits. They liaise with families and escalate problems to us when appropriate.'
- Care plans recorded when people saw healthcare professionals and any follow-up action that staff needed to take. Peoples' relatives and friends told us staff acted quickly when needs were identified. A visitor said, 'Staff always seek medical advice when someone is unwell. They know the resident well and so can notice changes. [Person] was recently acting out of character. They tested urine and they had signs of an infection.' A relative said, 'Staff have responded promptly and effectively to all health issues, bringing in the nurse practitioner or consulting the GP as needed. They have kept me informed about treatment. [Person] is able to tell staff if [person] is not feeling well, and staff take the necessary action.'

Adapting service, design, decoration to meet people's needs

- The environment was suitable and accessible for people who lived there. A person said, "I like it on the whole, it's a very nice place." A person commented on the new curtains being fitted, "The curtains are very elegant"
- The home was fully accessible using a passenger lift. Stairs and corridors which were wide and well-lit to enable people to move freely around the building. Communal areas included a 'coffee lounge', a sun lounge and a conservatory. Additional seating was provided around the home to offer people options of where they would like to spend their time.
- A noticeboard in the reception area showed pictures of staff who worked at the home, so people could easily identify a member of staff and know their name.
- A chapel was situated towards the rear of the building and was used daily to hold services and activities which people could attend should they wish.
- A large garden offered a 'peaceful' place for people to relax and spend time with their relatives and friends, with a pond which had fish to look at. A person using the garden had a call bell with them in case they needed assistance. The person said, "I like coming out here, the fresh air is nice."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Appropriate DoLS applications had been made, and staff acted in accordance with DoLS authorisations. Where Deprivation of Liberty Safeguards decisions had been approved, the necessary consultation had taken place. This had included the involvement of relatives and multi-disciplinary teams, for example for meeting people's personal care and medical needs.
- Staff had received MCA training and our observations confirmed staff promoted choice and acted in accordance with people's wishes. Not all staff demonstrated a clear knowledge of the MCA and DoLS in our discussions with them. We fed back to the registered manager staff would benefit from further training. The registered manager provided assurances this was already arranged for April 2022.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Interactions observed between staff and people using the service, were mostly compassionate. We observed an isolated incident of a staff member shouting out to a person. The staff shouted the person's name loudly telling them to return to the dining room. The staff thought the person was in the toilet. We shared our observations with the registered manager who dealt with this in a supportive manner with the staff member. Overall staff were patient and spoke with and about people in a caring a respectful way.
- We received mixed feedback from people about how they felt treated, some people indicated this is an area they felt could improve, if staff could spend more time with them.
- A person said, "Most of them are kind and caring. Most of them are friendly, they come in and speak to you and are friendly and ask you how you are, but some of them don't talk. They just bring something in or whatever and don't speak to you or look at you at all." Another person said, "The staff are kind and caring, but like all human beings, they have good and bad days, but they do their level best to do things properly." A person said, "The staff here are lovely, very kind." Another person said, "I like some of the staff, they're very, very efficient and very, very thoughtful. [Staff member] is devoted to looking after us. [Staff member] very, very good, devoted to the job of caring for people." Another person said, "If you were quiet one morning, they'd want to know why. They'd want to know if you had a problem and if they could help."
- Without exception relatives, visitors and professionals complimented how staff kind and caring staff were. A relative said, 'My experience is that staff treat [person] in a friendly and helpful way and are supportive of her needs. They try and stay cheerful and patient. They work extremely hard.' Another relative said, 'I have found all the staff at St Marys to be very caring.' A visitor said, 'Staff are polite. They treat people with respect and try to meet all their needs. The home is a happy place to live thanks to the staff who are so keen to make it happy. Care is of a good standard.' Another visitor said, 'The staff are helpful and respectful and from what I see the residents are well cared for and happy.'
- A person who we observed to be quite confused and upset, was immediately comforted by the registered manager. The registered manager spent time with the person, sitting with them, holding their hand and offering reassurances. Another person mentioned out loud they were feeling cold. A staff member went stopped what they were doing and offered to get the person additional clothing. A person who wanted to go to the dining area, was worried where they should put their bag. A staff member took care of it, and put it somewhere safe, and in a low voice to promote privacy and assurances, told them where it was. There was a warm exchange between them, and an embrace, indicating the person was thankful for the support being provided. The chef chatted to people and enquired after their health as they knew a person had recently been unwell.
- People's spiritual needs and individuality were respected and documented in their care plans. Staff had been trained in equality and diversity and were aware of the importance of respecting people's diverse,

cultural and spiritual needs. A person said, "They put my computer on so I can watch the church service. They set it all up before it starts to make sure it's all okay."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were fully involved in making decisions about their care.
- Staff spent time getting to know people and peoples' care plans contained sufficient information about how they wished their needs to be met. A relative said, '[Person] requested personal care to be provided by a female member of staff and this has happened. [Person] is getting to know the staff and we both have confidence in the quality of care received. I do feel the staff listen to me and are striving to provide [person] with the best possible quality of life.'
- Each person had an allocated 'keyworker' who was responsible for consulting with people and their relatives about their care, and whether they were being supported in the way they wished. A key worker was allocated one hour per week to spend with their person, to offer additional wellbeing support.
- 'Feedback Friday' meetings had stopped due to the pandemic and were slowly being reintroduced. Two of these meetings had occurred prior to the inspection. They gave people the opportunity to contribute towards how the home was run. People were updated with COVID-19 guidance and their visiting rights; their dining experience was discussed to check what could be improved on. People were offered the opportunity to share their views on how they wanted their home to look and feedback their experience of care. The objective of the meetings was to seek peoples' views and provide people the opportunity to give feedback about the quality of their care.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. Staff provided support to people directly when needed and discreetly observing people to ensure they remained available to people if they were needed. A staff member said, "It's encouraging they can approach me; they don't see me as just a person who takes care of them, I am more than that. There are some people who don't have family, we are their family and friends to communicate with, have a heart to heart and a chat when they have no one else. We are the faces they see a lot more."
- People were well presented and were having their personal care needs met, including, where required, regular support with oral hygiene. Staff received training in the importance of oral healthcare and the impact this can have on a person's dignity. A staff member said, "Dignity is about asking people what they want and ask them how they want to be cared for. If you are doing personal care, make sure they door is closed. They may have preferences of who they like, that needs to be respected. They may like their own time, always knock on the door, they may not want to be disturbed."
- People were encouraged to do as much for themselves as possible. Care plans included guidance for staff on what people could do and be encouraged to do themselves. A relative said, 'They respect [person's] privacy and enable [person] independence wherever possible.' In the reception area was a post section, where people were able to get their own post and not rely on staff to bring it to them. A staff member said, "Independence is about seeing if the person is able to do something themselves. If I am getting someone ready in the morning, encourage them to do something themselves, like washing certain areas."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by a long-standing staff team who knew them well and understood how they preferred their care to be provided. The members of staff we spoke with demonstrated a good knowledge about the people they supported, and could tell us about people's likes, dislikes, habits, routines and life history. This knowledge helped staff to provide person centred care to people. A relative said, 'In the time [person] has lived at St Marys, staff have got to know them and to understand [person's] likes and dislikes.'
- People's care plans were developed with the person and/or their relatives. They gave a detailed record of what the person's interests were, what made a difference to their lives and what individualised care meant to them. This helped staff to deliver care and support in line with the person's wishes. People's care plans were regularly reviewed and updated to reflect people's changing needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, and their preferred methods recorded in their care plans. This enabled staff to communicate with them effectively. Where spectacles or hearing aids were required, the care plan identified the appropriate support the person needed.
- Where required, information and documents could be provided to people to assist their understanding, such as in larger print, easy read and in their preferred language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A programme of activities was organised on a weekly basis with plans to reintroduce external entertainers to visit the home. A person said, "I like the armchair exercises, any quizzes and hangman. It's bingo today. [Staff member] came in and played scrabble with me. I used to play in the lounge with [person], but that was before lockdown." Another person said, "The activities are good. I often have my photo taken and I can send it off to friends and say, 'This is me.'" A third person said, "The activities are very good if you want them. The activities staff work hard. [Activity coordinator] doesn't do a full week, but they do it very well."
- The activities coordinator said in addition to the group activities, they also spent one to one time with people. A relative said, '[Person] has enjoyed participating in a wide programme of activities and has also received 1:1 support and time with a carer which I think is also important and appreciated by [Person].'

[Person] is able to go out into the garden whenever they want, which is extremely important to [person].'

- In the morning three people chose to participate in painting on a large sheet of paper between them, printed with comic depictions of sea creatures. People were engaged with the activity and said how much they enjoyed it. The activities coordinator was friendly, encouraging and chatted to them. A person who used to be an art teacher made suggestions about what colours they could use and shared how they liked to do their own paintings for the home. In the afternoon there was a second group activity; bingo held in the coffee lounge. Seven people took part and there were three staff present to assist people to locate the numbers on their boards, in addition to the activities coordinator who called the numbers. People won small prizes and were engaged in the activity and participated for the length of the session. The carers supported people in a friendly way and the activities coordinator was good humoured and responded to people in a warm and patient way.

- People were encouraged and supported to maintain contact with their friends and relatives. The home ensured people could receive visits from their loved ones and offered alternative means of contact such as phone, video calls and through the window if visiting could not take place due to the COVID-19 pandemic.

Improving care quality in response to complaints or concerns

- Systems were in place to review any complaints or concerns to reflect on how care quality could be improved as a result.

- People and their relatives told us they felt comfortable raising any concerns and had confidence that the management team would act on them. A relative said, 'If I have a concern, I know who to raise this with, and do feel it will be taken seriously and acted on promptly. When I did have to raise a concern, I was satisfied with the way it was handled and with the outcome. The most important thing is that the matter did not reoccur, and [person] knows they can let staff know if [person's] not happy about something and that this will be respected and acted on immediately.'

End of life care and support

- End of life care plans for people included people's wishes for support through the final stages of their lives. If people's needs could be met and it was their preference, their end of life care could be provided at the home.

- Records were kept, complimenting the staff and thanking them for their help caring for loved ones at the end of their lives. Staff had completed training in end of life care. A compliment said, 'I cannot thank you and your staff enough, the care [person] had was outstanding. We will always be truly grateful.' A health professional said, 'They (senior carers) participate as part of the MDT (multi-disciplinary team) reviews and show a sound knowledge of residents' future wishes and advanced care planning.'

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Governance was well-embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. Learning from concerns and incidents was a key contributor to continuous improvement.
- The staff team felt well supported and valued by the registered manager and management team. A staff member said, "We are a tight team, we bounce off each other, I can always approach a staff member, it's about who we are assisting, it's about the resident."
- People and relatives complimented the registered manager and staff for how loved ones were supported. A relative said, 'They provide a high level of personalised support, with some staff going above and beyond in the kindness they show [person].' Another relative said, 'I think that St Marys has a strong management team who work extremely hard to maintain the best possible standards of service and care for all residents. I have personally communicated with the registered manager on many occasions and believe she leads by example and sets high standards for her staff team. I would strongly recommend St Marys to anyone looking for a small and homely residential setting, where the staff strive every day to make the residents comfortable and happy.'
- Quality monitoring systems were comprehensive, focusing on people's experience and participation. For example, monthly nutrition, food service and my day meal observation and audits. The results of these, informed the registered manager, what the eating experience was like for a person., Another example of experience monitoring were audits of activities and how people enjoyed them. This ensured peoples experiences were positive and person centred.
- Another quality audits covered the environment, healthcare and staff knowledge and competency to meet people's assessed needs. For example, Monthly dignity care audit checked staff knowledge on the homes policy around dignity and how this impacted their role. A competency check was completed in this area to validate their training in this area and observed their practice to see if there were any development opportunities or lessons learnt.
- Monthly newsletters were shared with people and relatives to keep everyone up to date with changes. They included photos of activities carried out with people so relatives could stay up to date with how their loved ones were spending their time. It was a way of sharing people's birthdays and celebrating achievements. It is used as a way of keeping everyone up to date with new staff and staff who are leaving. Carers corner was introduced, which gave an opportunity for relatives to see a photo of a staff member, and

an short description of the carers background, their experiences and what being a carer means to them. They ended with quizzes for people and their loved ones to complete. A relative said, 'Staff welcome suggestions and try and accommodate them if possible. The monthly newsletter is excellent and very welcome, as it keeps relatives up-to-date with what's going on in the home and provides photos and information about staff and residents.'

- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. Appropriate notifications had been received from them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour. They inform relevant persons when things go wrong and work with them to ensure a satisfactory outcome is found. The registered manager said, "Duty of candour is apologising for when things go wrong, even if we feel it's not our fault. It's about making things better for people and moving forward on things. Keeping people at the centre of what we do, but when things go wrong, looking at lessons learnt and how we can make it better and improve."

- Annual quality assurance questionnaires were sent to people in 2021. 23 people completed the survey, mostly with the support from staff. The results of the 2021 survey were positive in responses and comments. People said they were happy with the service they received, and improvements suggested were around there being too much food on offer and the survey being completed, being too long.

- People and their relatives felt fully involved and the service was committed to engaging with everybody connected to them in ways that best suited everyone. Compliments included, a relative commenting, '[Registered manager] and her staff are amazing and so dignified in adversity.' A social care professional commented, 'Thank you for the support [registered manager] are providing to [person]. It was great to see how settled [person] is and how much their wellbeing has improved since moving to St Marys.'

Working in partnership with others

- The home worked in partnership with others. When people required specialist support or advice, health and social care professionals had been consulted. For example, advice had been sought from GP and speech and language therapist (SALT) regarding people's diet.

- The registered manager contributed towards the publication of West Sussex's local authority's care home community toolkit designed to increase community links within care home settings. A WSCC local authority professional told us, 'The involvement of St Mary's in our Care Home Community Engagement Project was noted in the previous inspection report (under previous provider). Since then the toolkit, was published. We are very grateful to [registered manager] for her contribution to this piece of work, the benefits of which regrettably have not been fully realised as yet due to COVID-19, but we hope will be seen in the coming years.' Another health and social professional said, 'Plans to have a Community garden have ground to a halt but hopefully we can pick that up again soon. [Registered manager] always reaches out to me to see where I can support in some community activities & ideas. I find [registered manager] very approachable & is always looking for ways to engage the residents into the wider community & bring the community into the home. [Registered manager] is actively looking for some LGBTQ training for her champion and is hoping to have a pride in the summer in the garden. Hopefully we can support her further with this.' We won't be able to comment on this until we next inspect.