London Borough of Camden

St Margaret's

Inspection report

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Date of inspection visit: 27 November 2014
Date of publication: 31/03/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 27 November 2014. It was unannounced, which meant nobody at the service was told in advance of the inspection.

St Margaret's is a residential care home owned and managed by the London Borough of Camden and situated in Barnet. The home provides accommodation for up to 44 older people. There were five units across two floors, however one unit was closed at the time of this inspection. At the time of our visit there were 28 people living at the home.

There was no registered manager in post at the time of our visit, however a new manager had started in the week of our inspection, and was applying to register with the Care Quality Commission (CQC) to manage the service. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected St Margaret's in May 2014. At that inspection we found the service was meeting all the essential standards that we assessed.

At the current inspection people living at the home, their relatives and health and social care professionals gave us

Summary of findings

positive feedback about the home. However we found that people did not have a choice of food at mealtimes and some people did not have the support they needed to eat.

There were appropriate arrangements in place to keep people safe from the risk of abuse. Staff had training on abuse awareness and the provider responded appropriately to allegations of abuse. Systems were in place to ensure the home environment was maintained safely and medicines were administered appropriately.

Sufficient staff were available to meet people's needs. Staff were appropriately qualified and trained to meet people's needs. The service had a care assessment and planning process that recognised people's individual needs and preferences. People's individual risk assessments were up to date, and people were consulted about the care provided to them to ensure that this was sufficient. People's ability to make decisions about their lives was assessed to ensure they had support when needed. Applications had been made for Deprivation of Liberty Safeguards when needed to ensure that they were protected from being deprived of their liberty unlawfully.

We observed many positive staff interactions and clear communication between staff and people living at the home. The service had a complaints procedure that was accessed by people at the service. They were confident that appropriate action would be taken to resolve any issues raised.

We found that people's health care needs were addressed. The provider's had a system in place for assessing and monitoring the quality of services, with actions planned including support for staff and people living at the home over the forthcoming changes.

At this inspection there was one breach of regulations relating to food provision within the home. You can see what action we told the provider to take at the back of the full version of the report.

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. There were arrangements to protect people from the risk of abuse.

People had comprehensive risk assessments in relation to their needs, and these were reviewed and updated regularly to ensure that they received safe care and treatment.

Systems were in place to manage the administration of medicines safely and ensure people's health and welfare.

Staff were available in sufficient numbers meet people's needs. The home was clean and hygienic and although there were some maintenance issues, these had been identified, with plans in place to address them while protecting people's safety.

Is the service effective?

Requires Improvement 

The service was not always effective. There was inconsistent support and encouragement for some people to eat at mealtimes, and a lack of choices available on the menu.

People were supported to attend routine health checks, and there was evidence of attention to people's health care and nutritional needs.

There were systems in place to provide staff with training, support and supervision.

Staff were aware of the importance of gaining people's consent to care provided, and the action to take if people were unable to provide this. Appropriate applications had been made for Deprivation of Liberty Safeguards (DoLS) to ensure that people using the service were not deprived of their liberty unlawfully.

Is the service caring?

Good 

The service was caring. There was positive feedback about the approach of staff, and we saw many examples of staff treating people with sensitivity and kindness well. People's privacy and dignity was respected.

Staff communicated effectively with people to ensure that they were listened to and responded to.

Some people's rooms were personalised and there were plans in place to personalise other rooms with photos that people could take with them when the home closed.

People were supported to maintain their independence within and outside of the home, and some people had formed strong friendships with other people living at the home.

Summary of findings

Is the service responsive?

Good

The service was responsive to people. People were enabled to take part in a range of activities both within and outside of the home.

Care plans were in place outlining people's care and support needs and preferences. .

The complaints procedure was accessible, and people's complaints and concerns were responded to appropriately.

Is the service well-led?

Good

The service was well-led. Quality assurance and audit systems were in place to monitor the risk of unsafe or inappropriate care and treatment of people.

The atmosphere in the home was open and inclusive and people living in the home, staff and other stakeholders were consulted about improvements to the service.

Records were kept relating to the management of the service to protect people against the risk of unsafe or inappropriate care and treatment.

St Margaret's

Detailed findings

Background to this inspection

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

This inspection took place on 27 November 2014. The visit was unannounced. The inspection team included a specialist professional advisor in dementia 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 the information we had about the service. This included notifications sent to us by the provider.

There were 28 people using the service at the time of our visit. We spoke with 13 people who were using the service, six relatives, and interviewed the manager and nine other staff members. We also spoke with five health and social care professionals after the inspection.

We looked at 11 people's care records, seven staff files, duty rosters, accident and incident records, selected policies and procedures and 12 medicine administration records.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. They said that they would be confident speaking to a member of staff or the manager of the home if they had any concerns. Visitors to the home said that they had no concerns about the safety or welfare of their relatives.

Staff told us that they had completed training to recognise and report abuse, and knew the actions to take if they were concerned that a person was at risk of harm. They said they would be confident reporting any concerns to a senior person in the service to ensure that a protection plan was put in place without delay.

Staff had undertaken training in working with people who had challenging behaviour. The home's policy on challenging behaviour stated "staff and residents should be safe in the home and should not be exposed to undue or unreasonable risk." Strategies identified included being familiar with those exhibiting challenging behaviour, demonstrating a person centred approach, and allowing individuals time and space to calm down. Staff told us that they were confident supporting people with behaviour that challenged, and identified people who needed regular observation to ensure their safety and the safety of others in the home.

Records of actions taken showed that the provider had addressed safeguarding issues and responded to recommendations from safeguarding investigations.

The staff that we spoke with demonstrated that they knew the people who lived in the home and the support individuals needed to manage specific risks they faced such as the risk of falls. We found that people had comprehensive risk assessments in relation to their needs, and these were reviewed and updated regularly to ensure that they received safe care and treatment.

We found that approximately eight bedrooms did not have staff call bells in reach of the bed or in the en suite toilet areas, with some of the cords tied up making them difficult to use. Staff advised that in these cases the person living in the room was unable to use a call bell, or had a movement sensor in place instead to alert staff to their need for support. We brought this issue to the attention of the manager who undertook to check that this was the case for all people without call bells provided.

People said that there were enough staff to provide the support they needed. Visitors and staff working in the home confirmed that there were enough staff to provide people with the support they needed. We looked at the staffing rotas over a four week period, indicating that there were at least eight staff on duty during the day and four staff at night, and that extra staff shifts were booked to cover staff sickness and leave. However some staff said that the amount of paperwork that they had to complete could be difficult to achieve without impacting on the time they had to spend with people living at the home.

Staff were only employed if they were suitable and safe to work with people. The registered manager told us that no new staff had been employed at the home in recent months. At our last inspection of the service in May 2014 we looked at the records around staff recruitment. We saw that all the checks and information required by law had been obtained before new staff were offered employment in the home. We did not look at staff recruitment records on this occasion.

We observed staff administering medicines to people at the home. They wore tabards saying `Do not disturb as administering medication' to ensure that they were not distracted in this task. Medicines on each unit were audited daily by senior staff to ensure there were no errors. Medicines were stored and administered safely. There were also two medication audits undertaken across the home in November 2014. Action had been taken to address gaps in the recording of prescribed creams and lotions administered, with separate administration charts completed. This had resulted in fewer gaps in the records. Where there were gaps, it was clear from the audits that the medicines had been administered as prescribed. We recognised that the manager was taking further action to address this issue.

People were protected against the risk of infection. We found the home to be clean and hygienic. People told us that they were happy with the cleanliness. One person said "The room always smells fresh and clean," this was echoed by other people we spoke with.

Domestic duties checklists were in place covering the laundry, kitchen, toilets, and office. There was also a deep cleaning schedule for bedrooms within the home to maintain high standards of cleanliness.

Requires Improvement

Is the service effective?

Our findings

People told us that they were happy with the food provided in the home. Their comments included "I am quite satisfied with the food," "I like their roast dinners," and "You should have come on Friday – I enjoy most of the food, but Fridays are the best!" Two people told us they did not always enjoy the food, one of them noted "I'm not one hundred per cent keen on the food!" Relatives that we spoke with were satisfied with the food provided, one noted "She eats really well here."

However during our inspection we saw that some people would have benefited from more support and encouragement to eat their lunch. We observed lunch on all four units in the home and found that there was no choice given to people at the time that food was served and there was some variation in the support and encouragement provided to people across the home. No alternatives were provided on the menu. Staff said that people could request a sandwich or omelette as an alternative if they wished, however we did not see this happening. We were told that staff knew people's preferences and some special meals were provided to meet people dietary needs. This did not include cultural alternatives, although some people at the home told us that they preferred particular cultural foods. We discussed this issue with the manager who advised that they were intending to conduct a survey regarding food choices within the home.

Each unit had a tray with jugs of flavoured cold drinks available, however on one unit we saw that there were no cups or glasses with them. We also observed that drinks were not available in people's bedrooms. On one unit we observed one of the three staff give people medicines during lunch, and another staff member commence work on updating care records during this time. One person was given their food and drink but made no attempt to eat it for approximately ten minutes. During this time staff were in the kitchen area. The person then ate a small amount of food by hand. No staff approached or appeared to notice this person after their lunch was served. The person then got up and threw the remaining food into the bin. A staff member was in the kitchen area and asked if they had finished however they did not pursue the matter any further. We did see staff prompting the person to eat their dessert, but we observed a further two cases of people not receiving encouragement to eat when this might have been helpful.

The above information was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

On another unit we observed that one person was not eating their lunch. Staff spoke to them and found out that they had a sore mouth, and provided care for this, and arranged for them to have a softer alternative meal. We observed that people who wanted more were given a further portion. Some people were sitting at a table with tablecloth, cutlery, napkins and drinks. Others had trays by their chairs, and others ate in their rooms. Three staff were available to serve food and assist people with eating on most units. People were provided with snacks during the day. Minutes of recent "residents meetings" included discussion of people's food preferences, and satisfaction with food served in the home.

Staff told us that they had to complete training to make sure they had the skills and knowledge to provide the support individuals needed. We looked at the records of staff training including seven staff files. Records showed that they had completed a range of training relevant to their roles and responsibilities including dementia care. We saw examples of good practice displayed by staff working in the home with people with complex needs including dementia and challenging behaviour. Staff had also completed health and social care qualifications relevant to their role.

Staff had received recent training in provision of oral health care to people at the home, and a new detailed record was in use to record assessment of people's needs in this area and the care that they received. This was an example of good practice.

Care staff were divided into three teams each led by an assistant manager. Regular team meetings were held, and staff advised that they felt listened to, despite this being a difficult time of change for the staff team. Staff told us that they received appropriate support and supervision from senior staff. Records confirmed that staff received individual supervision sessions every one to two months,

Requires Improvement

Is the service effective?

during which a range of topics relevant to their role was discussed. They also received regular appraisals at which their performance and professional development were discussed.

Staff had some understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the manager knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. We looked at care records which showed that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing an individual's ability to make a particular decision. For example where people had someone to support them in relation to important decisions this was recorded in their care plans. We noted that a copy of the GP care plan for each person had been sent to relevant people's relatives with a request that they sign and return the attached consent form. Day to day best interest decisions were being recorded by care staff.

The manager was knowledgeable about the Deprivation of Liberty Safeguards (DoLS) and the action needed to ensure that they did not place unlawful restrictions on people. Four people were subject to DoLS at the time of the inspection and this was kept under review as appropriate. The manager was aware of further action that needed to be taken following the most recent supreme court judgement.

People were satisfied with the health care provision within the home, and we received positive feedback from health care professionals visiting the home. We contacted a local GP practice, district nursing service and three social workers after our inspection. They did not raise any concerns about how people who lived in the home were supported to maintain their health." A multidisciplinary team meeting was held regularly to monitor people's medical needs, and the GP visited on a weekly basis. Clear records were maintained of people's health care appointments including GP, dietician, district nurse, optician, dentist and chiropodist consultations. People's weights were monitored at least monthly, and medical support was sought when appropriate.

Good

Is the service caring?

Our findings

People told us that staff treated them sensitively and with compassion, they told us “The staff help me look my best, they are very kind and good,” and “The staff look after me very well.”

Visitors to the home, both relatives and social or health care professionals were also very positive about the staff support and particularly about how welcoming staff were. They told us “We chose it out of three homes, it was easily the most welcoming,” “Care staff are very good, very pleasant and caring,” “Staff are always happy and interacting as much as they possibly can,” “I get a nice welcome,” and “I have nothing but praise for them.”

We observed some very supportive interactions between people and staff supporting them across the home. Staff were seen talking to people in a friendly manner and responded to people’s requests. One person did not speak English, but received support from two care workers who could speak their language. One person appeared to be distracted but was cheered up by a staff member joking with them. We observed a staff member being very patient and gentle with a person who was walking around a lot.

Throughout our inspection we observed that the staff on duty treated people with respect. We saw that people who could not speak with us were comfortable and relaxed with the staff who were supporting them. Their relatives told us that they were happy with the way they were supported, and that staff had found ways of communicating with them effectively. They told us “They are always holding his hand and making him feel cared for,” and “None are less than friendly, professional, and warm.” One person told us that staff had made a particular effort for their relative, moving the bed around so that they could have a view of the garden.

People’s privacy and dignity were respected, with staff knocking and waiting for an answer before entering people’s rooms. However we observed areas for improvement in the way some people were treated. Most people were supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity. However one person was walking around a unit having to hold up their trousers as they were falling down. Staff told us that they did have a belt on but they had lost weight. We brought this to the attention of the manager.

We found many of the bedrooms had few personal effects on display although they appeared warm and comfortably furnished. The manager had pointed this issue out to us at the start of the visit, she had plans to produce collages of photographs that people could display, and take with them on moving to alternative accommodation.

People were supported to be as independent as possible. We saw them being encouraged to do as much for themselves as they were able to. Some people used items of equipment to maintain their independence. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it. People were seen going to the office to collect their daily paper and one person went out independently. One person told us that they went to a place of worship every week. Staff advised that Church of England and Roman Catholic services were held in the home on a regular basis.

Good

Is the service responsive?

Our findings

People told us that they made choices about their lives and about the support they received. They said the staff listened to them and respected the choices and decisions they made such as when to get up, and how they spent their days. Staff gave people the time they needed to communicate their wishes. People told us that the staff knew the support they needed and provided this as they required. One person told us "I am never bored."

Visitors to the home were also very positive about the care provided. They told us "It seems a happy place," "The key worker is brilliant and keeps me up to date," "They know her there and know what she needs,"

We observed that some people had formed strong friendships with other people living at the home, going for walks together and having chats in each other's rooms. We also observed some group activities taking place in the home including making some festive decorations, a music therapy session, and a discussion about photographs circulated in one lounge.

There was an activities notice board in each unit displaying a weekly timetable including music therapy, shopping, bus trips twice weekly, and family gathering events. We met with the activities organiser and the music therapist who explained their roles with enthusiasm. The activities organiser worked part time in the home and told us that he met with relatives to find out about people's interests when they were not able to communicate this themselves.

One person told us that their relative liked the music therapy at the home, and another person said their relative enjoyed the weekly bus rides provided by the home. Another visitor noted that although they were fairly happy with the support provided, they would like more stimulation for their relative. Recent seasonal activities provided included a drive to see the Xmas lights, a pub lunch, Xmas party, music concert and an entertainer.

The staff showed that they were knowledgeable about the people in the home and the things that were important to them. We looked at eleven people's care records. They included essential information sheets with clear and detailed information about each person such as daily living activities, physical and mental health needs.

Records confirmed that people's needs were assessed before they were offered accommodation at the home. Updated assessments were used to develop detailed care plans which had information for staff about how to support the individual to meet their needs. People and their families had been included in developing the care plans. Care plans included information about the person's life, likes and dislikes. We found that three of the care plans and daily notes, were completed in a task orientated manner, whilst others were more person centred, taking account of the individual needs and preferences of the person. Care records included risk assessments such as for falls, and people unable to use their call bell. There was also evidence of input from other professionals including attendance at hospital appointments. Care plans and assessments were reviewed on a monthly basis.

Monitoring records maintained included turning charts (for people at risk of pressure sores), fluid charts (for those at risk of dehydration) and behaviour charts (considering what had triggered and what helped during episodes of challenging behaviour).

There were some gaps in observation records for people who were unable to request assistance themselves. We were told that these people were checked on at least every 15 minutes during the day and hourly at night. However these checks were not being recorded until the end of the shift, and no records at all were available for some days. We were told that senior staff reminded staff that they should be completing these records, however several staff told us that whilst they ensured that checks took place they did not always have the time to complete records after each check. We brought this to the attention of the manager.

Relatives told us they were included in developing the care plans for their relations and were kept informed of significant changes at care review meetings or more regularly when needed. One relative told us "I'm happy with the care she is getting." Health and social care professionals told us that they were satisfied with the assessments undertaken in the home, and that review meetings were very thorough and informative.

People living in the home and their relatives told us they would be confident speaking to the manager or a member of staff if they had any complaints or concerns about the care provided. The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was given to people and their

Good

Is the service responsive?

relatives when they moved into the home. Complaints could be made to the manager of the service or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation.

We found some gaps in the complaints record maintained at the home relating to the outcomes of investigations.

However following the inspection the manager provided the missing details which were held at provider level, including correspondence to family members and plans to ensure that issues did not reoccur. This showed that people's complaints were taken seriously by the service.

Good

Is the service well-led?

Our findings

The home was due to close in the summer of 2015, with people being offered the opportunity to move to a new purpose built home run by another provider. Plans were in place for preparing people for the forthcoming closure of the service and moving to alternative accommodation.

The atmosphere in the home was open and inclusive. People who lived in the home told us that they were asked for their views about the service. We saw records of two-monthly "residents meetings" which showed that people had been asked for their opinions and the action that had been taken in response to people's comments. Recent topics discussed included the closure of the home and forthcoming move, the menu, entertainment and activities. There were also regular staff meetings.

The new manager had commenced work in the home in the week of the inspection following a period of sickness by the previous Registered Manager. She advised that she was in the process of applying to be the Registered Manager with the Care Quality Commission (CQC). In the interim period the home had been managed by the deputy and assistant managers with support from the head of service. The manager advised that recent priorities had included improving supervision, medicines practices and communication within the home. The most significant challenge at the time of the inspection visit was managing the closure and move, and the impact on people living and working at the home.

People living at the home and their relatives said that they were satisfied with the way the home was run, although there were concerns over the implications of the planned closure of the home.

People felt confident about raising issues that needed improvement in the home, and felt that they would be listened to. One relative told us "Initially the cleanliness wasn't good, I complained and things have improved remarkably."

Health and social care professionals were also positive about the way the home was run, however one person noted that there could sometimes be a lot of bureaucracy before changes took place.

During the visit one person approached us and handed us a daily record sheet with information belonging to another person. They had picked it up from the table in the dining room where staff were writing their reports indicating that the files were left unattended by staff. This issue was brought to the attention of the manager as it had the potential to impact on people's confidentiality.

The organisation's newsletter was available throughout the home (from August 2014) with information on care plans, the activity coordinator and a relative's surgery. There was also a daily news pamphlet for residents "The Daily Sparkle" available throughout the home.

Clear records were maintained of all accidents and incidents affecting people living in the home, with comments recorded by the manager where relevant. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The management of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

There was a bathroom on each of the four units, however one bath was out of order, and had been out of use for several weeks. The manager advised that a new bath was needed, and this was being addressed. The sluice on the first floor was also out of order. We viewed the maintenance repair log for the home, indicating that repairs were undertaken swiftly where possible. Weekly health and safety checks were also recorded for the home.

We saw some quality assurance audits in place to measure the home's performance in specific areas including audits of a sample of records for people living in each unit in the home. The manager was working to an action plan based on traffic light ratings as to the urgency, including management and support for staff, team culture, policies and procedures, dignity in care, activities provision, care planning and review, business continuity, medicines, quality monitoring, and transfer to the new provider. These measures were in place to ensure that people living at the home were supported effectively through this time of change.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs People were not protected against the risks of inadequate nutrition and dehydration, by provision of sufficient choice and support. Regulation 14(1)(a)(b)(c)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.