Calsan Limited

St Margaret's Residential 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

We carried out an unannounced inspection on 11 September 2017. The service provides care and support for up to 21 people with needs relating to old age.

At the time of the inspection, there were 20 people being supported by the service. There was a registered manager in post; the registered manager was on annual leave when we inspected the service. 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 were safe and the provider had effective systems in place to safeguard them. There were risk assessments in place that gave guidance to the staff on how risks to people could be minimised. People's medicines were managed safely and administered in a timely manner by skilled and trained staff.

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had supervision, support and effective training that enabled them to support people well.

People were supported to have sufficient food and drinks and were supported in a caring and respectful manner. They were also supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of people's individual needs, preferences, and choices.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people or their representatives. The provider acted on the comments received to improve the quality of the service.

The registered manager provided stable leadership and managerial oversight to staff who felt supported in their roles.

The provider's quality monitoring processes had been used effectively to drive improvements.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

St Margaret's Residential Home

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 11 September 2017 and it was unannounced. The inspection was carried out by one inspector from the Care Quality Commission 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.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports and notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with seven people who used the service. We also reviewed feedback the provider had received from a recent survey of the relatives of people who used the service and the professionals who visited the home regularly.

During the inspection we spoke with three care staff, and the registered manager for another home owned by the same provider, who was supporting staff whilst the registered manager was on leave. We also spoke with the provider of the service who regularly visited the home.

We reviewed the care records and risk assessments for five people using the service. We checked how medicines and complaints were being managed. We looked at the recruitment and supervision records for three members of staff, and training for all the staff employed by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

At this inspection, we found that people were continuing to be supported by staff who kept them safe from harm. Risk assessments and care plans supported staff to keep people safe and medicine was administered as prescribed. The rating continues to be good.

Of all the people we asked, they all told us that they felt safe living in the home. One person said that this was, "Because they look after us well." People were protected from avoidable harm and abuse by staff. Staff had been trained in areas such as safeguarding and managing behaviour that could harm others. Staff demonstrated this through the way they supported people throughout the day. For example we saw how when people became distressed staff would walk them out into the communal gardens for fresh air and would gently reassure them until they felt better. One member of staff said, "Sometimes it's just about taking [person] for a walk to help them feel better." Staff we spoke with were aware of how to report any concerns about people. Staff were aware of internal and external agencies they could go to and we saw that information was also displayed around the home.
Care plans contained risk assessments which enabled staff to keep people safe within the home and outside in the community. Risk assessments included areas such as, mobility, eating and drinking, pressure areas, and safe movement. These had all been reviewed regularly and we saw that updates were carried out as and when they were required.

Staff employed by the service had been through a robust recruitment process before they started work. This was to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

Through our observations we saw that there were enough staff of varying skills on duty to support people. People we spoke with also confirmed this. One person said, "I don't wait very long [for assistance]." Staff we spoke with also agreed and said that there was enough staff on shift to support people safely.

Medicines records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received training on how to administer medicines safely. There were clear instructions as to how a person should be supported to take their medicines.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

People received care and support from staff who had the required skills and knowledge to support them effectively. One staff member said, "We are supported to have training, I have training tomorrow." The provider also said, "We encourage our staff to have training and to progress. We have just lost two staff because they have gone into nursing with support from us."

Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a full induction when they joined the service and were given the opportunity to shadow more experience staff. Supervision records also showed that staff were assessed for their competency and supported to provide good care.

Throughout the inspection we observed staff gaining consent from people whenever they carried out a task. Where people were unable to provide verbal consent then staff would watch for visual indicators.

Where they were able to, people had signed to give consent for their care and support. Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training, when providing care to people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest.

We observed staff assisting people with their choice of meals. Staff also checked with people if they were happy with their meals. We observed that some people had left quite a lot on their plate. We asked two people if everything was ok with their meals and both answered, "Saved room for dessert!"

We observed the homes resident cook bringing out a trolley of desserts. There were 4 choices presented to each person, ice cream, semolina and jam, cake or yoghurt. The cook showed the choices to each person instead of just asking them. We observed that the cook seemed to have a good relationship with the people in the dining room and we saw one person kiss her on the cheek as a sign of affection. One person we spoke with said, "The meals are quite good, they always look appetising."

We saw that people had attended appointments with health care professionals to maintain their health and

were support by the home to maintain good health.

Good

Is the service caring?

Our findings

People continued to be support by staff who were kind caring and compassionate. The rating continues to be good.

People were treated with kindness and were made to feel at home. One person said that staff made them feel as though they mattered, "By listening to me." A second person said, "Staff are wonderful, I am quite happy in my mind." a third person said, "They are always asking if I want anything and I usually say no, they have all been so good to me, I am very well looked after."

Where possible people had been involved in the development of their care and support plans. We saw evidence of this in records we reviewed. People were encouraged to express their views and be actively involved in making decisions about their care and daily routines. Staff were seen offering people choices throughout the day, and trying to involve them in making decisions about their care as far as possible, such as when they got up or what time they wanted to eat. Records provided further evidence of the staff team actively supporting people and their relatives, where appropriate, to provide feedback about their care and support.

We observed positive interactions between staff and people who used the service. People were at ease and comfortable in the presence of staff. It was clear that staff knew the people living at the service well and understood how best to support them. We observed one person who got up and told staff they were going for a walk, we noted that a member of staff respectfully stood at a distance to allow the person independence while walking, but remained close by as the person was not steady on their feet. We saw that the person walked approximately six feet and then returned to their seat. Staff told us that this was the person's routine throughout the day and would be repeated at regular intervals.

During our visit we were told about a person who lived at the home who was fluent in French. We observed staff walking with this person into the communal dining room and sit for some breakfast. The time was after 10am and although other people had already had their breakfast staff offered the person a variety of choices and presented breakfast to them. We observed that while the person ate their meal the provider sat with them and both had a pleasant conversation in French. The person seemed very comfortable while buttering their toast and chatting with the provider. One person said, "He [the owner] is a nice man, so down to earth." While a member of staff told us, "[Provider] sits with [person] often, he can speak French. [Person] likes to come down for breakfast at this time."

People were observed to be treated with privacy and dignity. Staff knocked on doors and made sure people had privacy, when being supporting with any personal care needs. Staff spoke with people in a calm manner and encouraged independence where it was possible.

We saw that people had received visits from family and were encouraged to maintain contact with family members who were abroad. A member of staff told us how one person had been supported to maintain contact with relatives abroad through advance technology. We also saw that some people were encouraged

to go out of the home with relatives.

Good

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

Staff told us that daily activities were offered to people which included, bingo, word searches, walks around the community and gardening. One member of staff said, "We go around every day and offer activities sometimes they will participate but some days they don't, we can't force them." We saw that the activities were a running topic within the resident's monthly meetings and from the minutes we reviewed we saw that people were happy with the variety of activities that were made available to them.

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. The registered manager told us they had meetings with each individual or their families and representative to update their care plans. This was evidenced within the care plans we reviewed. Records we viewed showed that reviews had taken place and the provider had worked with people and their families, to ensure that the support provided was responsive to their needs.

There was a complaints policy and procedure in place and people were aware of who they needed to speak with if they needed to make a complaint. One person said, "I would tell [Registered Manager]." While a second person said, "I would ask them [staff] to come to my room for a quiet word." We saw that the provider had nine complaints in 2016 and seven complaints in 2017. All of which had been responded to and resolved, in line with the providers complaints policy. The home had received many compliments from relatives and professionals involved with the service. The provider told us, "I always speak to people who visit, I make sure they are happy before they leave and if there is an issue I will speak to them straight away."

Good

Is the service well-led?

Our findings

At this inspection we found that the home was still well-led. The rating remains good.

The service had a registered manager in place. People knew who the registered manager was or who they needed to go to if there were any issues or concerns.

One person said, "She pops in to see me, she is so busy though, she is lovely." While a member of staff said, "[Registered manager] is lovely, we can go to her with any issues." Feedback from an external professional which had been provided to the home also said, 'The home deals with concerns quickly and effectively.' While another said, '[Registered manager] and staff monitor people well.'

Although the registered manager was on leave when we inspected the home, we saw that a full handover had been provided to the provider and also the manager who was covering from the sister home. The covering manager said, "We work very closely, we have worked for the provider for many years and we have regular handovers so the homes can continue to work smoothly." The provider went on to explain, "The management team works across the two homes, that way we always know what's happening on a management level and can support each other." It was obvious from our observations that people using the service knew the covering manager and provider well. They were comfortable in their presence and we saw that the covering manager knew the people in the home even though they did not usually manage the home.

We observed that people were comfortable approaching the manager and staff and the home had a very relaxed atmosphere. It was clear that there were positive working relationships with staff and management and staff felt valued by the service. One member of staff said, "I have been here for many years, it's a good place to work and I feel valued and supported."

Monthly staff meetings were in place and professionals were invited to discuss any matters concerning peoples support needs. Regular residents meetings took place and relatives were also invited to attend these.

There was an effective quality assurance system in place. The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date.

The manager had understood their responsibility to report to us any issues they were required to as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.