St Margarets Residential Care Home

St Margarets Residential Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 18 & 21 August 2015 and was unannounced. St Margarets Residential Home provides accommodation and care for up to 15 older people with mental health needs or people living with dementia. At the time of our inspection there were 13 people living at the home.

The home had a registered manager who has been registered since October 2010. 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.

Risk assessments had been completed for the environment and safety checks were conducted regularly of gas and electrical equipment. However, two fire exits

Summary of findings

were not alarmed. They could be accessed easily and presented a potential risk to people, as people living with dementia, would be able to access these doors, without staff knowledge.

Relevant recruitment checks were conducted before staff started working at St Margarets Residential Home to make sure staff were of good character and had the necessary skills. However, an application form was missing in one staff member's file, so we were unable to check their employment history. There were enough staff to meet people's needs.

Staff sought verbal consent from people before providing care, but did not follow legislation designed to protect people's rights and ensure decisions taken on behalf of people were made in their best interests in line with the Mental Capacity Act, 2005 (MCA).

Staff did not receive formal supervisions or yearly appraisals to discuss areas of development. When staff meetings were held no minutes were taken of the meeting, so staff not attending might not be aware of any issues raised at the meeting.

People felt safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. People were supported to receive their medicines safely from suitably trained staff.

People received varied and nutritious meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu choice of the day.

People were cared for with kindness, compassion and sensitivity. Staff members knew about people's lives and backgrounds and used this information to support them effectively. Support was provided in accordance with people's wishes.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a wide range of activities tailored to their specific interests. Activities were reviewed to identify if it met people's needs.

People liked living at the home and felt it was well-led. There was an open and transparent culture with people able to access the community. There were appropriate management arrangements in place and staff told us they were encouraged to talk to the manager about any concerns. Regular audits of the service were carried out to assess and monitor the quality of the service.

We identified one breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have 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?
The service was not always safe.

Two of the fire escapes did not have alarms fitted on the doors, making it unsafe for people living in the home.

Recruiting practices were safe; however an application form was missing in one staff member's file, so we were unable to check their employment history.

Staff knew how to identify, prevent and report abuse, and medicines were managed safely.

There were enough staff to meet people's needs at all times.

Requires improvement

Is the service effective?
The service was not always effective.

Where people lacked the capacity to make decisions, best interest meetings were not always recorded.

The provider supported staff by working alongside them, but not all staff received one to one sessions of supervision or appraisal to support their professional development.

People received sufficient food and drink and could choose what to eat.

People were supported to access health professionals and treatments

Requires improvement

Is the service caring?
The service was caring.

People were treated with kindness and compassion by staff who knew them well.

People's privacy and dignity were respected and staff knocked before entering people's rooms. Confidential information was kept securely.

Good

Is the service responsive?
The service was responsive.

People received personalised care from staff who were able to meet their needs.

Care plans provided comprehensive information and were reviewed monthly.

An effective complaints procedure was in place and concerns were listened to.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

Staff did not receive any formal staff meetings to discuss issues concerning the home.

Polices were not very user friendly and were in need of updating.

There was an open and transparent culture in the home. There was a whistle blowing policy in place and staff knew how to report concerns.

People and staff spoke highly, of the registered manager, who was approachable and supportive.

St Margarets Residential Care 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.

The inspection took place on 18 & 21 August 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience in dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the last inspection in September 2014, we identified a breach of Regulations relating to assessing and monitoring the quality of service provision of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We made one compliance action. The provider sent us an action plan stating they were now meeting the requirements of the regulations.

At this inspection we found the registered manager had taken effective action to address all concerns identified at the previous inspection. Improvements had been made and a series of internal auditing systems were now being used by the home.

Before the inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at the home, and seven family members. We also spoke to the registered manager, and five care staff. We looked at care plans and associated records for five people, staff duty records, five staff recruitment files, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We also received feedback from three health care professionals.

Requires improvement

Is the service safe?

Our findings

People we spoke to told us they felt very safe, and that they liked living at the home. One person said, "It's peaceful here, home from home." A family member told us, "I feel people are very safe living in the home, I have met all the staff, and feel very sure they are treating them very well."

Recruitment processes were followed that meant staff were checked for suitability before being employed in the home. This included completing an application form and interview, references and a check with the Disclosure and barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home. However, an application form was missing in one member of staff's file, so records of their employment history were not available. We spoke to the registered manager about this, who could not explain how this had happened as the staff member, had been employed by the home for the last two years.

A fire risk assessment was completed for the building and safety checks were conducted regularly of gas and electrical equipment. However, two of the fire escapes did not have alarms fitted to signify they had been opened. People living with dementia, would be able to access these doors, without staff knowledge. We spoke to the registered manager about this, who informed us that she would call out the provider of the nurse call bell system, to arrange for it to be wired into their call bell system.

There were arrangements in place to deal with foreseeable emergencies. Staff received fire safety training every six months and fire drills were carried out. People had personal evacuation plans in place for emergency situations, which took into account their individual needs. There was a local arrangement for the evacuation of the home to a neighbouring care home. This meant plans had been developed to help ensure people's safety in an emergency.

Care plans included risk assessments which were relevant to the person and specified actions required to reduce the risks. These included the risk to people due to their skin integrity, being harmed by falls and risks posed by taking part in activities. Records showed the necessary actions to minimise the risk were followed by staff. An example of this was where a person had been advised by their Doctor to lose some weight. Staff assisted the person to follow a low calorie diet and supported them to be weighed each week.

There were enough staff to meet people's needs at all times and we observed people were attended to quickly when they pressed their call bells for assistance. Staffing levels were determined by the registered manager who assessed people's needs and took account of feedback from people, relatives and staff. They were clear about the need to have staff with a mixed skill set on each shift and reviewed staffing levels continually. Staff felt staffing levels were sufficient. One staff member said, "If we need extra help we can always ask the duty manager to assist from their apartment upstairs."

All staff had been trained in safeguarding adults from abuse. They said if they had any concerns they would report them straight away to the registered manager, who would take appropriate action. The provider has suitable polices in place to protect people which followed local safeguarding processes. The registered manager demonstrated they responded appropriately to any allegations or safeguarding concerns.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and they had been assessed as competent to administer medicines. Medicines audits were carried out regularly and any remedial actions were completed promptly.

Staff followed a daily cleaning schedule as well as weekly mattress checks and areas of the home were visibly clean. The kitchen had received level 5 certificates in food hygiene from the Food Standards Agency. Staff demonstrated a good understanding of infection control procedures. All had received training in infection control and had ready access to personal protective equipment (PPE), such as disposable gloves and aprons. They used this when appropriate and followed best practice guidance when handling soiled linen. Clinical waste was stored safely and disposed of by an approved contractor.

Requires improvement

Is the service effective?

Our findings

People and their relatives spoke positively about the staff. One person said, "The staff work hard, and call us by our preferred names and chat to us." A family member told us, "The staff are well trained and know how to support people."

People's ability to make decisions had not been recorded appropriately, in a way that showed the principles of the Mental Capacity Act, 2005 (MCA) had been complied with. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant.

Most people using the service had a cognitive impairment. Staff had not received training in the Mental Capacity Act, 2005 (MCA). Staff showed an understanding of the legislation in relation to people living with dementia and sought consent from people providing day to day care. Care records showed that three people were unable to provide consent to certain decisions involving the use of bed rails. In these cases, best interest decisions had not been recorded. This meant the provider was unable to confirm that care and support was being given in accordance with people's wishes or in their best interests.

The Failure to follow the MCA and its code of practice was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider supported staff by working alongside them frequently. Staff told us they felt supported and received supervisions while carrying out their induction, but had not received formal supervisions or appraisals since their induction. There was no formal system in place to allow staff to discuss areas for their development with the provider or for the provider to raise any concerns. The registered manager told us, that appraisals weren't in place at the moment, but she does often speak to staff as supervision but doesn't record this. The registered manager said they were introducing a system to plan and record supervisions and appraisals from September 2015.

People told us they enjoyed the food. One person said, "I enjoy the food it's very nice." Another person told us, "I enjoy the meals, no particular favourite I like all sorts."

Meals were planned on weekly menus and people could make a choice between two options for their meal. Meals were freshly made up, and the home used a local fresh vegetable and fruit supplier and a local butcher. People were encouraged to eat well and staff provided one to one support with their meal when needed. When people did not eat their meals, staff offered them alternatives, such as sandwiches and fresh fruit and gave people time to eat at their own pace. They closely monitored the food and fluid intakes of people at risk of malnutrition or dehydration and took appropriate action when required by contacting the relevant healthcare professionals.

Staff were skilled and knowledgeable about how to care for people living with dementia. A family member told us, "The staff seem well trained." Most staff had obtained vocational qualifications relevant to their role or were working towards these. Records showed most staff were up to date with all the providers' essential training. A comment in the comment book from an external training provider said, "I facilitated training today and was impressed at the knowledge levels, and the general care attitude that was held by the staff."

Where this was due, dates had been set for it and when staff needed additional training or support this was provided. Arrangements had been put in place for new staff to complete the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care. Staff said they had a good induction, and had completed lots of training. One staff member told us, "I started here as an apprenticeship, but didn't want to leave as I love it here so much."

The provider had appropriate polices in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be legally deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to provide care and support to the person safely. DoLS applications were being processed by the local authority for one person. Staff were aware of how to keep these people safe and protect their rights.

People were supported to access specialist healthcare services and staff knew how to access specialist services for people. One person told us, "I see a doctor whenever I am unwell." Another person said, "A chiropodist visits regularly." Records showed people were seen regularly by

Requires improvement

Is the service effective?

GPs, opticians, chiropodists and district nurses. A healthcare professional told us, “Staff are very approachable and very nice and helpful, sorting out what we need.”

People’s bedrooms were personalised with pictures and personal items. People told us that the building was easy to navigate; good signage was used around the home. The home had two separate lounges which provided sufficient areas with a choice of seating in quiet or busy areas, depending on their preferences. The rear garden was accessible, where people were able to come and go as they pleased.

Good

Is the service caring?

Our findings

People said they were cared for with kindness and compassion. One person said of the staff, “The staff are very friendly, and it’s home from home.” One family member said, “I would not want my mother anywhere else.” Another family member told us, “The manager and staff are like family.” A third family member told us, “The girls are lovely, never had any concerns, very welcoming.”

Comments made by family members using feedback forms included: ‘All of the residents seem very at home and well cared for. The care staff know the residents very well and treat each of them as individuals.’ Another comment included, ‘I cannot fault the care she received there, it was one hundred percent.’

We observed care and support being delivered in the communal areas and saw good interactions with people. Staff were kind and compassionate; for example, they would bend down and make good eye contact with people, stroke their arms or pat their hands while talking. The atmosphere was relaxed and friendly. People were supported in an unhurried way and staff kept them informed of what they were doing.

Staff said they got on well with people and “loved” working at St Margarets because of the people and the other members of staff. One staff member said, “I enjoy working here, I like caring for the residents and speaking with them.”

Each bedroom door had a notice reminding staff to knock and respect the person’s privacy. One person said, “Staff always knock on my door and ask to come in.” People were asked if they wanted to share a room and where people shared rooms, a screen was provided in the middle of the room to provide them with privacy when needed.

Staff understood the importance of promoting independence and this was reinforced in people’s care plans. One staff member said, “We care in the way they want to be cared for, for example if someone wants to get up later they can. If they can feed or wash themselves we let them and don’t get in the way”. Another staff member told us, “Independence is so important for people’s wellbeing, so when I write up the care plan I always reflect this, and record what they can do for themselves and what they will require help with.”

People’s preferences, likes and dislikes were known and support was provided in accordance with people’s wishes. Staff used people’s preferred names. The home had produced a life history folder for people living at the home. This contained pictures and information from their early year’s right through to adulthood and present day. It contained people’s views as well as traditions and important achievements about people. This helped staff understand the people they were looking after.

When people moved to the home, they (and their families where appropriate) were involved in discussing and planning the care and support they received. Care plans were reviewed on a monthly basis or when people’s needs changed. Family members told us they were always kept up to date with any changes to their relative’s condition.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people’s care and treatment they were discreet and ensured conversations could not be overheard.

Good

Is the service responsive?

Our findings

People received personalised care from staff who supported them to make choices. One person said, "I can choose when I get up in the morning and what to wear." A family member told us, "When my relative moved in we had a chat about care planning, and the home keeps me informed of any changes." Another family member told us, "We could not have asked for better care."

Care plans provided comprehensive information about how people wished to receive care and support. For example, they gave detailed instructions about how people liked to receive personal care, how they liked to dress and how they liked to spend their day. Records of daily care confirmed people had received care in a personalised way in accordance with their individual needs and wishes. Staff told us, "Care plans promote independence; residents are encouraged to do what they can do for themselves." A family member said, "Carers understand my relative's care needs."

Reviews of care were conducted monthly by staff. As people's needs changed, their care plans were amended to ensure they remained up to date and reflected people's current needs. Staff used a daily 'handover book' to communicate important information about people. Entries showed any concerns about people's health or welfare were identified quickly and followed up promptly.

Activity care plans had been developed since our last inspection and provided detailed information on how each person should be supported in accordance with their wishes. Staff then completed an activity evaluation sheet after the activity, which was reviewed to see what had worked and what people enjoyed. This helped with the planning of future activities, making sure it met people's needs.

Activities were available daily. A programme of activities was displayed on the board for the week. One person said, "I enjoy the quizzes." Another person said, "I enjoy the music activities." A third person said, "I enjoy it when the guinea pigs come to visit, and also the dogs." Feedback from a family member stated, "The staff go over and above their job description in that they take the residents out on short trips where possible and arrangements are made frequently to supply entertainers."

Staff told us they used to hold residents meetings in the past, but these had not been productive for people. They changed to having individual discussions with people so they could provide feedback and suggestions to improve the service. The registered manager told us, one person would like to go to Lepe beach, as they used to work in the café on the beach. This had been arranged for the following week, with a taxi booked for people who would like to visit the beach and café. Another person wanted to take part in a dried flowers arrangement, which was organised. We also saw one person's room, who wanted some extra shelving fitted in their room, as they had a lot of pictures and photos they wanted to display. This had been arranged and the person was really happy with the outcome, as they felt listened to.

People knew how to complain or make comments about the service. The complaints procedure was prominently displayed in the hallway. Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy. The registered manager described the process they would follow as detailed in their procedure.

One family member said, "In the four years I have been visiting, I have never had to raise a complaint but would be quite happy to do so if it was necessary." Another family member said, "Never had any complaints, very happy." A third family member told us, "Staff would call if there were any problems, or if my mother wanted to talk on the phone."

Requires improvement

Is the service well-led?

Our findings

At our last inspection on the 04 September 2014, we found the service was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of the service provision. Internal auditing systems were not effective and did not identify shortfalls in care in order for appropriate action to be taken. We set a compliance action and the provider sent us an action plan stating they would meet the requirements of the regulations by 25 November 2014.

At this inspection we found the registered manager had taken effective action to address all concerns identified at the previous inspection. Improvements had been made and a series of internal auditing systems were now being used by the home.

People liked living at the home and felt it was well-led. A family member told us, "The manager runs the home in a very kind and efficient way and her staff are very caring, competent and friendly. Consequently the residents are happy and there is always some laughter going on between them and the staff."

Carers told us they had no formal staff meetings but have thorough handovers every day, and can talk to the manager about any concerns at any time. While we were at the home staff had an informal meeting that supported the staff to be updated about the service. However no minutes were taken of the meeting, which meant staff that missed the meeting, might not be aware of any important issues surrounding the home. We spoke to the registered manager about this, who informed us that they were going to start to take minutes for all staff to read and ask any questions about the meeting.

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate polices in place for all aspects of the service; however these were not very user friendly and were in need of updating. The registered manager told us, they were aware of this and were due to be updated within the next month.

The registered manager used a system of audits to monitor and assess the quality of service provided. These covered medicines, care plans, activities, complaints and they were in the process of starting to audit falls. In addition to the audits, the registered manager conducted a series of spot checks of key areas of work. However, the registered manager had not identified the need for alarms on the fire escapes exits. The registered manager did not have a business plan or action plan about future plans at the home for improvement.

There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external professionals. A healthcare professional told us, "Any slight concern they will phone us up to report their concerns."

Staff felt supported by the registered manager. A staff member said, "I feel very supported and can go to the manager anytime I want." Another staff member told us, "Manager very supportive I know I can go to her anytime I want."

The registered manager told us they always listened to staff and encouraged them to come up with ideas, to improve the home and the quality of life for the people who lived there. An example of this was where a staff member wanted to try making some paper decorations with people. They said, "It really worked out and we ended up putting them around the home." Another member of staff suggested a bed changing rota in the home. This had now been put into practice and staff said it worked really well.

A family member told us, that she would recommend the home. Another family member said, "Home has been honest with us, very good at feedback and reporting, can't fault them."

The registered manager had just started using an external company which provided working feedback, where people and their families and health professionals could fill in a survey and send it to the company who will show the feedback on the internet. A recent quote from a family member stated. 'St Margarets Residential Care Home is a very welcoming and relaxed home environment, but with a professional team in the background.'

The home had links with the local community. People from the local church came to visit the home once a month. The staff took people to the local shops and visit local café's. They had arranged to go to a local café some weeks in the afternoon to meet up with people from other homes in the area.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent The registered person had not made suitable arrangements for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided. Regulation 11 (1), (2), (3) & (4).