Hereward Care Services Ltd

St Margaret's House

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

Overall summary

St Margaret's House is registered to provide accommodation and personal care for up to 11 people who live with a learning disability, dementia and some of whom have mental health needs. The home is divided between a bungalow and a domestic-style house in a residential suburb of Peterborough. Short and long stays are provided subject to availability. At the time of our inspection there were 11 people using the service.

This comprehensive inspection took place on 13 October 2015 and was announced. Our last inspection took place on 17 September 2014 when we assessed the provider was meeting the requirements of the regulations that we had inspected.

A registered manager was not in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal

Summary of findings

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a manager who had been in post since 25 June 2015; they had submitted their application to be registered.

People were safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were judged to be suitable to provide care and support to people who used the service. People were supported to take their medicines as prescribed and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual physical and mental health needs were met.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. There were assessments in place to determine if people had the capacity to make decisions in relation to their care.

People were supported by staff who were trained and supported to do their job.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS application had been made to the local authority for their consideration.

People were treated by kind, respectful and attentive staff. They and their relatives were involved in the review of people's individual care plans.

Care was provided based on people's individual health and social care needs. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The manager was supported by a general manager and a team of domestic and care staff. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

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 safe.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people were looked after by a sufficient number of suitable staff.

People were supported to take their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

Staff were supported and trained to do their job.

People's social, health and nutritional needs were met.

Good

Is the service caring?
The service was caring.

People received care and support by attentive staff.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and their relatives were invited to be included in this process.

Good

Is the service responsive?
The service was responsive.

People's needs were met and they were included in making decisions about their care.

People were supported to take part in a range of activities that were important to them.

There were procedures in place to respond to people's concerns and complaints.

Good

Is the service well-led?
The service was well-led.

Management systems were in place to monitor and review the safety and quality of people's care and support.

There were links with the local community to create an open and inclusive culture.

People, relatives and staff were enabled to make suggestions to improve the quality of the service and these were acted on.

Good

St Margaret's House

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 provider was given 24 hours' notice because this was a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection, we looked at all of the information that we had about service. This included information provided by local authority contracts placement staff, a community learning disability nurse and from a local commissioner. We also looked at notifications received by us. A notification is information about important events which the provider is required to send to us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people, the manager and three members of care staff. We looked at three people's care records and 11 people's medicines administration records. We also looked at records in relation to the management of the service and the management of staff.

Good

Is the service safe?

Our findings

People said that they felt safe because they liked the people they lived with and staff treated them well. One person said, "I feel safe because I am really happy being in this place." We saw that people spoke with members of staff and were comfortable in doing so.

Staff were trained and were aware of their roles and responsibilities in relation to protecting people from harm. They were knowledgeable in detecting signs of harm, such as unexplained bruising or withdrawal from social contact. Staff also gave examples of different types of harm and what action they would take in protecting and reporting such incidents.

The provider told us in their PIR that, "We ensure that the service we provide is safe by ensuring all staff undergo thorough employment checks before commencing work, this includes checking DBS (Disclosure and Barring Service) and obtaining references. Our employment processes are underwritten by [name of firm] who are an accredited provider of employment support services." Members of care confirmed that they had checks carried out before they were allowed to work. One member of staff said, "I filled out an application form and had a DBS check and two written references. I had an interview with two managers."

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe. We heard a member of staff remind a person, who was assessed to be at risk of choking, to eat their lunch slowly. A member of care staff described how they kept people safe. They said, "Anything people do there is a risk, such as taking a shower and going out. You make the risk as small as possible. If needed, there would be more than one member of staff to take a person out. I would also have my mobile 'phone with me so that I can use it if I needed to (to contact other staff)."

People said that there were enough staff to look after them. Members of staff told us that there was always enough staff on duty and measures were in place to cover unplanned staff absences and one staff vacancy. This included the use of regular bank staff. A member of bank staff told us that they worked at the home at least once or twice each week and demonstrated that they were aware of people's individual needs. One person said that they knew the member of bank staff who was looking after them. The manager told us that the required staffing numbers were based on people's 24-hour individual needs.

We saw that there were enough staff to meet people's individual needs, which included one-to-one support to go out for a walk and go shopping for personal items. We also saw that people were supported with their eating and drinking in an unhurried way and on a one-to-one basis. People's records showed that there were enough staff to provide escorts for people when they attended health care appointments. Members of staff confirmed this was the case.

People told us that they were satisfied with how they were supported to take their prescribed medicines. One person said, "I get (my) medicines every morning and evening. Every day." Accurately completed medicines administration records and people's daily records demonstrated that people were supported to take their medicines as prescribed. Satisfactory stock levels of people's medicines were stored securely.

Members of staff advised us that they had attended training and had been assessed to be competent in the management of medicines. Only trained staff who had been assessed to be competent were allowed to support people with their medicines. A member of bank staff said, "I need to have my competency checked and I'm to be signed off. But until then, I can't give people their medicines for now." Staff records confirmed that staff, who were responsible for supporting people with their medicines, were trained and assessed to be competent to do so.

Good

Is the service effective?

Our findings

The provider told us in their PIR that staff received training to keep them up-to-date and which was relevant to their roles. Members of staff and staff training records confirmed that this was the case. One member of staff said, "I've done all the basic training, fire safety, food hygiene, health and safety. Next month I'm due to go on MCA and DoLS training."

Information detailed in the PIR advised us that members of staff were supervised and members of staff told us that they attended supervision sessions. One member of care staff said, "I get one-to-one supervision. Any issues with staff, people, any concerns about my work and training needs and (development) objectives are discussed." They gave an example of their aim to achieve one of their objectives: this was to provide people with photographic information about the staff who looked after them.

We saw that staff included people in making day-to-day decisions about what they wanted to do and where they wanted to go. There were care plan assessments of people's ability to make decisions about their support and care, which included decisions in relation to personal budgeting and taking their prescribed medicines.

The manager told us that there had been DoLS applications made to the local authority to consider. Members of care staff were aware of protecting people's rights in relation to the MCA and DoLS. One member of staff said, "It's to be assumed that everyone has capacity unless proven they don't. It's dependent on the situation. So, just that they [people] can't decide on one thing, it doesn't mean to say they can't decide on something else. If they can't make a decision, people are supported in their best interests and in the least restrictive way as possible." We saw people were supported to go out and enter the home when they wanted to.

People told us that they had enough to eat and drink. They also told us that they were able to choose what they wanted to eat. One person said that they liked fish and chips and had this as an evening meal the day before we visited. Another person said that they liked toast and jam for breakfast and that they planned to have sandwiches for their lunch.

Menus catered for people's likes and dietary needs. These included soft food and vegetarian options, and two menu options to choose from. We saw that people had access to fresh fruit and hot and cold drinks. People also ate out or had takeaway meals brought into the home, such a Chinese food. People's weights were monitored and the records demonstrated that people's weights were stable; this showed that people were supported to maintain their dietary requirements.

A community learning disability nurse told us that they were satisfied with how people's health needs were managed. People were supported to gain access to a range of health care services to maintain their health and well-being. These included psychology, psychiatric and community doctors, hearing and vision services, dentists and speech and language therapists.

Good

Is the service caring?

Our findings

People told us that they were treated well, knew the names of individual staff members and said that they liked them. We saw that staff were attentive, listened patiently to what people were saying to them and included people in conversations about their social and recreational activities. We also saw the manager invited people to comment about a television news item that they were watching.

A local commissioner, (one of the people who are responsible for placing people at the home) had positive comments about how people were looked after. They told us that staff had a 'high regard' for people whom they were supporting. This included staff supporting people in a respectful way and encouraging them to live a more independent way of life.

People's independence was maintained and promoted in a number of areas which included independence in preparing their meals, shopping, using public transport, cleaning and personal laundry. The manager told us that people's ability to be independent with taking their own prescribed medicines was reviewed. Where people had the potential, they were supported to learn how to become independent in self-administering their medicines.

People were involved in making decisions about their day-to-day care, which included the time that they chose to get up and when they wanted to eat their breakfast. Other decisions included about places of where they wanted to go on holiday with the support from members of care staff.

Members of staff described the aims of people's care in enabling them to live a good quality of life. One member of care staff said, "It is to help people fulfil things they want to do in their life. To meet their needs in the way that they want to." Another member of staff said, "I like getting to know people and finding out things that they like to do and what they don't like to do." They gave examples of people's individual interests in relation to television programmes and baking.

The premises maximised people's privacy, dignity and respect; all bedrooms were for single use only and communal toilets and bathing facilities were provided with lockable doors. Bedrooms were decorated and furnished to meet people's individual tastes and interests.

People were enabled to maintain contact with family members and make friends with each other and forge new friendships in the community. One person said that they liked living at the home because they had made friends with other people. Another person told us that they had made friends with people at a community centre, where they frequently liked to go to.

The provider told us in their PIR that people were given information in a way that they can understand. Information, which included how to make a complaint and care records, was available and in an easy-to-read format.

The manager advised us that they had planned to engage independent mental capacity advocacy services to support a person in their decision about where they wanted to live. Advocacy services are organisations that have people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

One person said that the staff were aware of how to support them with their mental health needs and said that this was done “very well". Members of staff supported people on an individual basis and gave examples of how people’s individual social and health needs were met. They supported people to follow their agreed structured programme of daily activities and enabled people in the self-management of their continence and mental health needs.

People’s care records showed that people’s needs were kept under review, which included their mobility and continence needs. Staff meetings and care programme reviews provided staff with opportunities for people’s needs to be reviewed in relation to their progress in meeting the aims and goals of their planned care. This included, for instance, progress in their physical and mental health and achieving their goals and aspirations in relation to social and recreational activities. People and their representatives were invited to attend the planned care reviews.

One person said that they liked making cakes and said, “I’m a good baker.” They also told us that they enjoyed making bracelets and having their finger nails painted. We saw people practising their writing skills. People had also been out shopping for personal items and going for a walk with the support from a member of staff. Other hobbies and interests included people going on train journeys and visiting railway stations, practising their daily living skills such as cooking and cleaning, going out to work, sailing, eating and drinking out and spending time with their relatives and friends.

There was a complaints procedure in place which people and members of care staff were aware of how to use it. One person said that if they were unhappy, “I would speak to [manager’s name].” A member of staff said, “We have the complaints policy in place and I am fully aware of filling in the appropriate paperwork to pass it on to my manager.” Another member of staff said, “We have complaints forms which are in picture format. I would support people to write in their own words and tell them who I was going to hand their form over to.” People had access to a complaints form and we saw that the manager had just received a person’s complaint to be dealt with. The provider advised us in their PIR that they have not received any complaints in relation to the home and we found evidence to confirm that this was the case.

Good

Is the service well-led?

Our findings

The last registered manager left their post on 8 May 2015 and their registration for St Margaret's House was cancelled on 9 June 2015. An application had been made to register the current manager and our records demonstrated that we were processing their application.

We saw the manager was available for people to speak with her and that they were aware of who she was and her name. Members of staff had positive comments to make about the manager's leadership style. One member of staff said, "[Name of manager] is fantastic. Since she has started the old ways of how staff worked has changed. People now have more choices. Also staff now work more like a team." Staff told us that they had the training and support to do their job.

Minutes of staff meetings demonstrated that staff were supported and reminded of their roles and responsibilities in ensuring that people were kept safe and valued. This included reminding staff to maintain accurate fluid balance records and to offer people choices about what they wanted to do.

There was a whistle blowing procedure in place which members of staff were aware of. One member of care staff said, "If I suspected or witnessed any harm, I would have to report it." They also gave examples of the types of incidents that would need to be reported, which included reporting any of their colleagues who may pose a risk of harm to people they were looking after.

People were invited to make suggestions and comments during their individual and group meetings. Actions were taken in response to these, which included going on holiday and developing menus. One member of staff told us that there were arrangements in place to use improved communication methods, by means of photographs, for people to make informed choices about what meal options they wanted to have on the menus.

Members of care staff told us that they had opportunities to make suggestions and comments about improving the quality of people's care. One member of staff told us that this included monitoring and recording the amount of what a person drank, which was subsequently reviewed by a GP. They also told us that, as a result of their suggestion made to the manager,

they were improving the level of people's involvement with reviewing and developing their structured daily programmes.

The provider in their PIR and the manager told us that there were identified areas for improvement which included making complaints and menu information presented in way that met people's individual communication needs. Another identified improvement was for the manager to obtain people's views about the home at a more local level. This was because results of the provider's last surveys had been collated from a number of their services, rather than broken down to individual locations.

Since the local authority contracts monitoring officer carried out their annual review on 3 September 2015, the provider had taken remedial action to address shortfalls in relation to improving how people's mental capacity was assessed and recorded and staff training and development. Members of staff were aware of valuing people's rights, people's mental capacity was assessed in line with the MCA and there was a staff training and development plan in place.

There were links with the community with people attending work, community centres and external recreational activities. The home was integrated with the local neighbourhood.