Margaret House Care Home Ltd

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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 inspection of Margaret House Care Home Ltd on 23 and 24 May 2017. The first day was unannounced.

Margaret House Care Home Ltd provides accommodation and personal care for up to 11 people, including people living with dementia or a mental illness. There were 11 people accommodated in the home at the time of the inspection.

Margaret House Care Home Ltd is an older type extended property providing facilities on two floors which could be accessed by a stair lift. There is a lounge and dining room and nine of the single bedrooms had en-suite facilities. The home is located on a main bus route on the outskirts of the town of Burnley, Lancashire. Shops, pubs, churches and other amenities, including a park, are within walking distance. There are surrounding gardens and patio areas.

The service was managed by a registered manager. The registered manager had been in post since February 2015. 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.

During our last inspection visit on 17 and 18 May 2016 we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines management, providing a clean and well maintained environment, recording and managing the risks to people's health, safety and welfare and ineffective quality assurance systems. Following the last inspection the infection control lead nurse visited the service and advice and support was provided. We asked the provider to take action to make improvements and to send us an action plan. During this inspection we found the necessary improvements had been made.

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. The registered manager and staff were observed to have positive relationships with people living in the home. People were relaxed in the company of staff and there were no restrictions placed on visiting times for friends and relatives.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect. The atmosphere in the home was comfortable and relaxed. From our observations it was clear staff knew people well and were knowledgeable about their individual needs, preferences and personalities.

Appropriate Deprivation of Liberty Safeguard (DOLS) applications had been made to the local authority and people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005. People were supported to have choice and control of their

lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Each person had a care plan that was sufficiently detailed to ensure they were at the centre of their care. People's care and support was kept under review and, where appropriate, they were involved in decisions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

There were enough staff to support people in a timely and unhurried way. The registered manager followed a safe recruitment procedure to ensure new staff were suitable to care for vulnerable people and arrangements were in place to make sure staff were trained, supported and supervised.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained and supervised to do this safely.

Appropriate aids and adaptations had been provided to help maintain people's safety, comfort and independence. People were happy with their bedrooms and had arranged them as they wished.

Activities were appropriate to each individual. People told us they enjoyed the meals. They were provided with a nutritionally balanced diet that catered for their dietary needs and preferences.

People were encouraged to be involved in the running of the home and were kept up to date with any changes. People were aware of how to raise their concerns and were confident they would be listened to.

People considered the service was managed well. There were systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being.

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.

People were protected against the risk of abuse and felt safe in the home.

There were sufficient numbers of staff available to meet people's needs and safe recruitment practices were followed.

People's medicines were managed safely and administered by staff who were trained and competent.

Is the service effective?

Good

The service was effective.

Staff were supported to carry out their roles effectively through a system of induction, training and regular supervision.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People's health and wellbeing was consistently monitored and they had access to healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals and were sometimes involved in the preparation.

Is the service caring?

Good

The service was caring.

Staff responded to people in a friendly, caring and considerate manner and we observed good relationships between people.

People's privacy, dignity and independence were respected. People were able to make choices and were involved in decisions about their day.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual needs. People had been involved in the care planning process.

People were supported to take part in a range of appropriate and meaningful social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

People made positive comments about the management arrangements at the service and told us improvements had been made.

Effective systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities. Staff were happy and settled working in the home.

Margaret House Care Home Ltd

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 was 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 23 and 24 May 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

We did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team and commissioning team for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, two care staff and the domestic staff. We spoke with seven people living in the home and with one visitor. We also spoke with a visiting healthcare professional.

We looked at a sample of records including three people's care plans and other associated documentation, one staff recruitment and induction record, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits. We also looked at the results

from the recent customer satisfaction survey.

Good

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for or about the numbers of staff available. They said, "I feel safe and well looked after" and "Everyone is very kind; they make sure I am happy and safe." A visitor said, "I know [family member] is safe and looked after when I am not here."

During the inspection we observed people were comfortable around staff and were happy when staff approached them. We observed staff interaction with people was kind, friendly and patient.

At our last inspection in May 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to manage people's medicines safely. Following the inspection the provider sent us an action plan and which set out the actions they intended to take to improve the service.

During this inspection we found improvements had been made. We found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. We observed people's medicines were given in the correct manner with encouragement as needed. People confirmed they were given their medicines when they needed them.

A monitored dosage system (MDS) of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate sleeves according to the time of day. Care staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to and were currently being updated. Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action.

We looked at four people's Medication Administration Records (MAR) charts and found they were accurate, clear and up to date. Medicines were clearly labelled and codes had been used for non-administration of regular medicines. There were records to support 'carried forward' amounts from the previous month which helped to monitor whether medicines were being given properly. People were identified by photograph on their medication administration record (MAR) which would help reduce the risk of error.

At our last inspection in May 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people against the risks associated with poor infection control. Following our last inspection we discussed our concerns with the infection control lead nurse. A visit was arranged and advice and support was provided. Following the inspection the provider sent us an action plan and which set out the actions they intended to take to improve the service.

During this inspection we found improvements had been made. We found the home was clean and odour

free. Infection control policies and procedures were available and staff had received infection control training. There was a designated infection control lead who took responsibility for conducting checks on staff infection control practice and keeping staff up to date.

Hand washing facilities, such as liquid soap and paper towels were available in bedrooms and pedal operated waste bins had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were seen in use around the home. There were contractual arrangements for the safe disposal of waste. A domestic person worked five days each week. Cleaning schedules were completed and we were told sufficient cleaning products were available. There were audit systems in place to support good practice and to help maintain good standards of cleanliness.

At our last inspection in May 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess the risks to people's health, safety and welfare. Following the inspection the provider sent us an action plan and which set out the actions they intended to take to improve the service.

During this inspection we found improvements had been made. Environmental risk assessments were in place and kept under review. Individual risks had been identified in people's care plans and included assessments for people using the stone stairways to the basement, back door and laundry areas. Individual risk assessments in relation to skin integrity, nutrition, falls and moving and handling were in place. We discussed these with the registered manager who told us she was aware that further improvements were needed. We noted each person had a personal emergency evacuation plan which recorded information on their mobility and responsiveness in the event of a fire.

The service supported people with the management of their finances as appropriate. We looked at the processes to manage this. We looked at two people's records and found clear records and receipts were maintained. We found storage was safe and secure

Records were kept in relation to any accidents and incidents that had taken place at the service, including falls. The records were reviewed by the registered manager and follow up action, such as referral to a GP or other health care agency was clearly recorded. The registered manager had introduced a monitoring record which helped analyse the information for any patterns or trends.

There were safeguarding vulnerable adults' procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adults' procedures provided staff with guidance to help them protect vulnerable people from abuse and from the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was easily accessible to staff, people living in the home and to visitors to the home. A member of staff was the designated Safeguarding Champion and provided other staff with updates and daily support and advice.

We discussed safeguarding procedures with staff. They were clear about what to do if they witnessed or suspected any abuse and indicated they would have no hesitation in reporting any concerns they may have. They told us they had received safeguarding vulnerable adults training and the records we looked at confirmed this. Staff told us they were confident the registered manager would deal appropriately with any concerns they raised. In the past 12 months we had not received any safeguarding concerns about this service. We discussed this with the registered manager who was clear about her responsibilities for reporting incidents and safeguarding concerns.

There had been one new member of staff recruited since our last inspection. We looked at the recruitment records and found appropriate checks had been completed before they began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the staffing rotas and found a designated senior carer was in charge with one care staff during the day with one care staff and an on-call staff available at night. A cook and a cleaner were available five days each week; care staff covered these duties at other times. A maintenance person was contacted when needed. The manager was available five days each week. Staff were confident the staffing numbers would be reviewed if needed. We noted most people only required prompting or encouragement from staff and carried out tasks such as personal care, cooking and cleaning with limited support from staff.

Any shortfalls due to leave or sickness were covered by existing staff which ensured people were cared for by staff who knew them. We noted staff were always available in the lounge/dining areas and that any calls for assistance were promptly responded to. People made very positive comments about the staff. They described them as being 'lovely', 'very good', 'brilliant' and 'caring'.

We saw equipment was safe and had been serviced. Training had been given to staff to deal with health emergencies and to support them with fire safety and the safe movement of people. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. Visitors were asked to sign in and out of the home which would help keep people secure and safe. We noted people living in the home were aware of the door codes and were able to enter and leave the home freely.

The environmental health officer had given the service a four star rating of 'Good' for food safety and hygiene. We noted any recommendations made had been acted on.

Good

Is the service effective?

Our findings

People were happy with the service they received at Margaret House Care Home Limited. They told us, "I like living here. The staff are very good; they are my family", "It is a very homely and comfortable place; it is my home now" and "I am very happy; I don't want for anything." A visitor commented, "I am very happy with everything."

At our last inspection in May 2016 we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide properly maintained premises. Following the inspection the provider sent us an action plan and which set out the actions they intended to take to improve the service.

During this inspection we found improvements had been made including replacement of windows, repairs to the roof, replacement of bedroom furniture and carpets. The kitchen and the décor and lighting and access to the basement laundry and store room areas had been improved. We found the home was comfortable and warm and aids and adaptations had been provided to help maintain people's safety, independence and comfort. Some areas of the home still needed attention although we noted there was an up to date development plan for the home which was being monitored by the provider. A system of reporting required repairs and maintenance was in place and we were told repairs were done promptly.

People told us they were happy with their bedrooms and some had arranged their rooms as they wished with personal possessions that they had brought with them to promote a sense of comfort and familiarity. Bathrooms and toilets were located within easy access of bedrooms and commodes were provided where necessary. Some people's bedroom doors had their name displayed outside to help them recognise their bedrooms. We noted patterned carpets were provided in the communal areas which were inappropriate for people living with dementia. The registered manager told us consideration was being given to replacing the carpets. We also noted that whilst the gardens were well maintained there was no outside seating available for people. We discussed this with the registered manager.

We looked at how the service trained and supported their staff. We found the provision of training had improved since our last inspection. Records showed staff received a wide range of appropriate classroom training or e learning to give them the necessary skills and knowledge to help them to support people properly. All staff had completed a nationally recognised qualification in care. Staff told us, "I get loads of training; I am kept up to date and it is useful" and "I get enough training."

Records showed new staff received a basic induction into the routines and practices of the home which included a period of time working with more experienced staff. The Care Certificate had not yet been introduced but consideration was being given to providing all staff with this training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Records showed staff were provided with regular supervision and assessments were undertaken to check their knowledge and competence. An appraisal of their work performance was undertaken each year which

helped identify any shortfalls in their practice and any additional training needs. Staff told us they felt supported by each other and by the registered manager. Regular staff meetings allowed staff to express their views and opinions and to be supported and kept up to date. Regular handover meetings, handover records and communication diaries kept staff up to date about people's changing needs and the support they needed. Staff spoken with had a good understanding of people's needs.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager and staff expressed an understanding of the processes relating to MCA and DoLS and records showed they had received training in this subject. At the time of the inspection five DoLS applications had been made to the appropriate agency. This ensured people were safe and their best interests were considered.

We observed people being asked to give their consent to care and treatment by staff. Care records showed people's capacity to make decisions for themselves had been assessed and useful information about their preferences and choices was recorded. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person. We found people's consent and wishes in relation to care had been recorded. This meant that people, particularly those with limited decision making, would receive the help and support they needed and wanted.

The service did not have a policy in place with regards to resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). We looked at records relating to DNACPR decisions. Records showed decisions had not yet been discussed with people and/or their relatives. We discussed this with the registered manager who assured us this would be discussed and clearly documented to ensure people's wishes would be upheld.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The meals are excellent", "I always get more than enough to eat; I can have what I like" and "I help make some of the meals; they know what we like. I never have anything that I didn't like."

During our visit we observed lunch being served. The dining table was appropriately set and condiments and drinks were available. People were able to dine in other areas of the home if they preferred. The meals looked appetising, attractively served and hot and the portions were ample. The dining experience was very much a social affair with friendly conversations throughout the meal. We saw people being sensitively supported and encouraged to eat their meals. People were offered a choice of meal and a range of drinks, cakes, fruit and snacks were offered throughout the day.

Care records included information about people's dietary preferences. Risks associated with people's nutritional needs had been assessed however the registered manager was aware the assessments were lacking in detail and was taking action to improve them. People's weight was checked at regular intervals and records showed appropriate professional advice and support had been sought when needed.

We looked at how people were supported to maintain good health. People were registered with a GP and staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Some people attended local health clinics with each other

or independently. A visiting professional told us, "I have no concerns about the home; people are settled."

Good

Is the service caring?

Our findings

People told us the staff treated them with kindness, care and respect. People's comments included, "The staff are just like family", "It's a proper family home; I wouldn't want to be anywhere else" and "Staff are very caring; nothing is too much trouble." A visitor confirmed there were no restrictions placed on visiting and they were always made welcome in the home and they were kept up to date with any changes. They said, "They provide good care which is the most important." Staff told us, "The care is good and people choose what they want to do" and "People are looked after like we would look after our own family."

We observed good relationships between staff and people living in the home and overheard laughing and encouragement during our visit. Staff understood the way people communicated and this helped them to meet people's individual needs; they spent time chatting with and listening to people. People who required support received this in a timely and unhurried way and we saw they were treated with respect. People were comfortable in the company of staff and it was clear they had developed positive relationships with them.

People's privacy and dignity was respected. We saw people were dressed appropriately in suitable clothing. People told us they could spend time alone if they wished and each person had a single room which was fitted with appropriate locks. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own possessions. One person said, "I like my room; I have everything I want and it's just how I like it."

People were able to make their own choices and were involved in decisions about their day for instance how they wished to spend their time, what their plans were and what they wanted to eat. People told us, "I can do what I want. I just have to let them know where I am going as they need to make sure I am safe" and "I go to go to bed when I like; it's my decision and it's my home." People were encouraged to express their views by means of daily conversations, support plan reviews, regular meetings and satisfaction surveys.

People were provided with information about the service which gave them useful information about the standards they should expect. There was information about advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

All staff were bound by contractual arrangements to respect people's confidentiality. People's records were kept safe and secure and there was information available to inform them on how their rights to confidentiality would be respected.

Good

Is the service responsive?

Our findings

People were complimentary about the staff and their willingness to help them. People told us they knew who to speak to if they had any concerns or complaints and could speak with the staff or with the registered manager. People said, "I am very happy and content here. I have no complaints at all" and "Everything is good. I would tell [registered manager] if I was unhappy with anything." A visitor said, "I have had no need to raise any concerns."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted there was a complaints procedure displayed in the entrance of the home and in the information guide. There had not been any complaints made about this service in the last 12 months. The registered manager told us people's 'niggles' were discussed at meetings and they were asked if they were happy or not at the monthly reviews. This helped staff to resolve any potential concerns and complaints at an early stage.

There had been no new admissions to the home since our last inspection. Records showed that before a person moved into the home an assessment of their needs was undertaken by the registered manager. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home and staff were able to determine whether the home was able to meet their needs.

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan which was underpinned by a series of risk assessments. We found good information was recorded about people's likes, dislikes, preferences and routines to help ensure they received personalised care and support in a way they both wanted and needed. The information in the care plans had been kept under review and updated on a monthly basis or in line with changing needs; people or their visitors had been involved in this process. A visitor told us they were kept up to date and involved in decisions about care and support.

There were systems in place to ensure staff could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift and the use of communication diaries. Daily records were maintained of how each person had spent their day and these were written in a respectful way.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

From our discussions and from the records maintained we could see that people were able to participate in meaningful activities in small groups or on a one to one basis. Each person had a weekly activity plan which included information about their chosen routines and activities although we were told this was flexible.

Some people were independent of staff and would go shopping, meet with friends, go for a meal or to various clubs, go for bus or train rides and attend their GP surgery or clinics. Others were involved in activities such as completing puzzles, reading newspapers and painting. One person said, "I help out around the house; I enjoy it." Two people told us they were looking forward to their annual holidays. One person told us they were going to Blackpool with three other people and with staff. Another person told us they were going to Lourdes with people from outside the home. They described how they had been able to choose their holidays and had been involved in the planning.

Good

Is the service well-led?

Our findings

People spoken with during the inspection made positive comments about the management of the home. They said, "It's a good place; things have got better" and "It's my home and the staff do their jobs properly." Staff spoken with made positive comments about the management team and the way the home was managed. They said, "[Registered manager] cares about the place and the people here" and "The new owners have improved things; they are very nice and take time to talk to us."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home interacting warmly and professionally with people, relatives and staff. We were told the registered manager was available to speak to people, their visitors and staff at any time. The registered manager was described as 'approachable', 'caring' and 'supportive'.

The registered manager told us she was supported by the providers (owners) who were in regular contact about the operation of the service. Records showed they regularly visited the service to monitor compliance and we were told they spoke with staff, people using the service and their visitors. The registered manager had developed good links with other registered managers in the local area. This helped her share good practice and to keep updated.

At our last inspection in May 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate effective quality assurance and auditing systems. Following the inspection the provider sent us an action plan and which set out the actions they intended to take to improve the service.

We found improvements had been made. We found systems were in place to assess and monitor the quality of the service in all aspects of the management of the service such as medicines management, equipment, accidents and injuries, care planning, infection control and the environment. We saw that any shortfalls had been identified and addressed. However, it was not clear whether timescales for action had been set and whether this was monitored by the management team. The registered manager assured us this would be recorded in future audits.

People were encouraged to voice opinions informally through daily discussions with staff and management, during their monthly conversations and during regular meetings. Annual satisfaction surveys were undertaken; the results from a recent survey indicated a high satisfaction with the service. The results had not yet been shared with people. The registered manager was addressing this.

All staff had been provided with job descriptions, a staff handbook and contracts of employment which outlined their roles, responsibilities and duty of care. We were told the policies and procedures were currently being reviewed. Staff indicated they enjoyed working at the home and they felt valued. Regular meetings were held and the minutes showed a range of information had been discussed. Staff told us they were able to air their views and felt they were listened to.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC and other agencies. Accidents and incidents were recorded to help identify any patterns or areas requiring improvement. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.