

Blakeshields Limited

# St Margarets Nursing Home

## Inspection report

Mylords Road  
Fraddon  
St Columb  
Cornwall  
TR9 6LX

Tel: 01726861497

Date of inspection visit:  
17 May 2016

Date of publication:  
10 June 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on 17 May 2016. The last inspection took place on 14 August 2015. At that inspection we identified breaches of the legal requirements and told the provider to take action to address the breaches of the regulations. Following the inspection in August 2015 the provider sent the Care Quality Commission an action plan outlining how they would address the identified breaches. We carried out this comprehensive inspection to check on the actions taken by the service to meet the requirements of the regulations.

St Margaret's Nursing home is a care home which offers nursing care and support for up to 28 predominantly older people. At the time of the inspection there were 28 people living at the service. Some of these people were living with dementia. The building is a detached house over two floors. There is a passenger lift that provides access for people to the upper floor.

The service had a registered manager in post. 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. The current registered manager had only been formally in post since January 2016 and had started a programme of improvements to the service. There was evidence of improvement at the service which is detailed in the main section of this report.

During this inspection we identified very hot water running from the taps in people's ensuite bathrooms and a separate toilet in the upstairs corridor. There were signs above each sink stating, "Caution very hot water." Whilst it was not possible to accurately record the temperature of this hot water we asked the registered manager to accompany us to several sinks and experience the hot water coming from the taps. The registered manager agreed it presented a potential scalding risk to people. Some people used their ensuite bathrooms independently and were experiencing a varying degree of physical and mental impairment. This meant they were at an increased risk from being scalded by very hot water.

We identified doors to people's bedrooms slammed shut very quickly and loudly. This posed a risk of injury to people using these doors.

At the August 2015 inspection we found that staff had not always received necessary training updates. Supervision and appraisals were not provided for all staff in accordance with the policy held by the service, which stated all staff should have supervision every six months and appraisals annually. The staff records relating to training, supervision and appraisal were not monitored and not always accurate. Some staff had not attended mandatory updates such as health and safety and moving and handling. At this inspection we found that the newly registered manager had focused on the care staff support. Training updates, supervision and appraisals for all the care staff were being provided. However, the nursing staff still needed training updates. Only the registered manager and the clinical lead had received supervision in the last six months. We were told some members of the nursing staff team had showed some resistance to attending

training updates and having regular supervision. This was being addressed by the new registered manager, who was using the revalidation process being undertaken by the nurses during 2016 to ensure all nurses had attended recent training.

At the August 2015 inspection we found items in the medicine trolley that had been prescribed for people no longer at the service. At this inspection we found the medicine trolley only contained items that had been prescribed for people living at the service. We looked at how medicines were managed and administered. We found it was always possible to establish if people had received their medicine as prescribed. Regular medicines audits were consistently identifying if errors occurred.

At the August 2015 inspection we found that care staff had not received recent safeguarding adults training updates. At this inspection we found there was a programme in place for all staff to undertake this training. However, some nurses still needed to attend a refresher of this training. Staff we spoke with were clear about how to recognise abuse and report any concerns they may have appropriately.

At the August 2015 inspection we found that some people needed to have their blood sugar monitored regularly and staff were not always following this guidance in people's care plans. At this inspection we found the service had a system in place which helped ensure people who required such regular monitoring had this support provided.

At the August 2015 inspection we found there were no Personal Emergency Evacuation Plans (PEEPs) available for people living at the service. At this inspection we found there was an emergency file containing all the contact details for people's families along with their mobility and equipment needs in the event of an emergency evacuation of the service being required. This meant people could be safely moved if necessary.

At the August 2015 inspection we found that new staff had not always provided adequate references. There was no record of new staff having an induction checklist completed to help ensure this issue was identified. At this inspection we found new staff had provided adequate references and there had been an induction checklist completed detailing all checks as they were completed. This meant people were protected from the risks associated with being cared for by staff who were not suitable for the role.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. There were no malodours at the service throughout this inspection. People were treated with kindness, compassion and respect.

Staff meetings were held. These allowed staff to air any concerns or suggestions they had regarding the running of the service and helped ensure good communication across all staff groups.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was mostly reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

Activities were provided at the service. However, there was no programme of scheduled activities at the time

of this inspection as the member of staff who had this responsibility had left the service. People told us they enjoyed singing and musical events. Bus trips took place regularly taking up to eight people out into the surrounding area.

The registered manager, a registered nurse, was supported by the clinical lead nurse. The registered manager chose to access support from a clinically trained member of the staff. There were senior care staff who supported the care staff team. All staff reported feeling well supported, settled and happy in their work. The service had benefited from a consistent management presence over the past six months.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 you can see the action we have told the provider to take at the back of the full version of this report.

## 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 told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

### Is the service effective?

Requires Improvement ●

The service was not entirely effective. Not all nursing staff had received training updates, supervision and appraisals.

We identified risks from very hot water and fast slamming doors in people's bedrooms.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

### Is the service caring?

Good ●

The service was caring. People who used the service and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

**Is the service well-led?**

**Good** ●

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Staff were supported by the registered manager.

People were asked for their views on the service.

# St Margarets Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 17 May 2016. The inspection was carried out by one adult social care inspector.

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

We spoke with three people who lived at the service. Not everyone was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with two visitors during the inspection.

We spoke with five staff, the registered manager and the clinical lead. We looked at care documentation for two people living at the service, medicines records for six people, five staff files, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People and their families told us they felt it was safe at St Margaret's Nursing Home. Comments included; "I have no concerns about anything here" and "I feel quite safe here, its fine."

At the August 2015 inspection we found that staff had not received recent safeguarding adults training updates. At this inspection we found that there had been an improvement in the number of care staff who had undertaken this training. Care staff we spoke with were clear about how to recognise abuse and report any concerns they may have appropriately. Care staff were confident of the action to take within the service if they had any concerns or suspected abuse was taking place. They were aware of the recently reviewed safeguarding policies and procedures. However, not all staff were aware that the local authority was the lead organisation for investigating safeguarding concerns in the county and not entirely clear on the whistle blowing policy and procedures held at the service. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. The registered manager assured us this would be discussed at the next staff meeting which was planned for the end of the week of this inspection.

At the August 2015 inspection we found items in the medicine trolley that had been prescribed for people no longer at the service. At this inspection we found the medicine trolley only contained items that had been prescribed for people living at the service. We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had mostly been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. Some pump dispensers of prescribed cream had not been dated upon opening. This was discussed with the staff member with this responsibility and we were assured this would be addressed immediately. The service was holding medicines that required stricter controls by law. The stock held of such medicines was checked regularly, by the nurses, against the records and these tallied. We checked three people's medicines against the records kept and they also tallied.

Care staff were required to check and sign to witness the administration of some medicines. Care staff training records showed three staff who supported medicines administration had received appropriate training recently.

An audit trail was kept of medicines received into the home and those returned to the pharmacy for destruction. Monthly medicine audits were carried out to help ensure any errors would be identified and addressed in a timely manner. No issues had been identified in recent months.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately.



Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. For example, one person was found to be falling regularly when transferring from their bed to their wheelchair when alone in their bedroom. Staff had placed a pressure mat next to the person's bed so that they would be alerted when the person was out of bed and could then provide support and assistance and reduce the risk of falls.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and their nutritional needs. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, it had been identified that one person became very anxious on occasions. There was clear guidance and direction for staff about how to respond in such circumstances. The care plan stated; "Encourage to discuss alternative subjects when their anxiety levels are increased. Likes to talk about their family." Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

The service was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced.

At the August 2015 inspection we found there were no Personal Emergency Evacuation Plans (PEEPs) available for people living at the service. At this inspection we found there was an emergency file containing all the contact details for people's families along with their mobility and equipment needs in the event of an emergency evacuation. This meant people could be safely evacuated if necessary.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were five care staff in the morning and four in the afternoon supported by a nurse and the registered manager when on shift. Staff told us morale was good and they felt they were a good team and worked well together.

□

## Is the service effective?

### Our findings

During this inspection we identified very hot water running from the taps in people's ensuite bathrooms and a separate toilet in the upstairs corridor. There were signs above each sink stating, "Caution very hot water." Whilst it was not possible to accurately record the temperature of this hot water we asked the registered manager to accompany us, to several sinks at the service, and experience the hot water coming from the taps. The registered manager agreed it presented a potential scald risk to people. Some people used their ensuite bathrooms independently. These people were living with a varying degree of physical and mental impairment which meant they were at increased risk from being scalded by very hot water.

We identified fire doors to people's bedrooms that slammed shut very quickly and loudly. This posed a risk of injury to people using these doors. There were also a number of fire doors to people's bedrooms that were propped open with door wedges. Some people, whose bedroom doors were wedged open were cared for in bed due to their healthcare needs. We saw that people had signed disclaimers to having their doors wedged open. However, having fire doors wedged open was not safe and meant that people would not be protected in the event of a fire near to their bedroom. We have advised the service to fit devices to the fire doors which allow the doors to be held open when needed but close when the fire alarm sounds.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following this inspection we were sent an email which stated that the bedroom fire doors we had found to be closing fast and loudly had been adjusted to close more slowly. Also the hot water temperature to people's ensuite bathrooms had been adjusted at the boiler to help ensure the temperature of the hot water did not pose a scald risk to people using it. This meant the registered manager had taken immediate action to reduce the risk to people at the service identified at this inspection. We will check this at our next inspection.

At the August 2015 inspection we found that staff had not always received necessary training updates. Supervision and appraisals were not provided for all staff in accordance with the policy held by the service. The policy stated all staff should have supervision every six months and appraisals annually. The staff records relating to training, supervision and appraisal were not monitored and not always accurate. Some staff had not attended mandatory updates such as health and safety and moving and handling.

At this inspection we found that the newly registered manager had focused on the care staff support. Training updates, supervision and appraisals for all the care staff were being provided. There was a programme of training being offered to the care staff in a variety of different formats. Some training was delivered in face to face sessions, others were distance learning packages. There had been some improvements in the training of the care staff team. However, some mandatory training such as annual health and safety training had not been completed by all care staff.

The nursing team had not all received supervision every six months. Only the registered manager and the clinical lead had received supervision recently. The registered manager told us some members of the

nursing staff team had shown some resistance to attending training updates and having regular supervision.

The nursing staff required training updates in mandatory subjects. Only the clinical lead nurse had attended all the mandatory training, but some of these subjects required updating. For example, health and safety should be attended annually and the clinical lead had not updated this training since 2010. One nurse did not have any record of having attended moving and handling training. No nurses had any record of having attended annual fire training. Four nurses had no record of any infection control training.

At the August 2015 inspection we found nurses had not attended any refresher of safeguarding training since 2013. At this inspection we found no safeguarding training had been attended by the nurses since the last inspection. The nursing staff administered all medicines at the service. However, three nurses did not have any record of recent updates in the safe handling of medicines. The clinical lead had not updated their medicines management training since 2013.

Most people living at St Margaret's Nursing Home had a degree of cognitive impairment. Training for the Mental Capacity Act and Deprivation of Liberty Safeguards had been attended by most care staff in the past, although no recent refreshers had been attended for some years. Four nurses did not have any record of having attended training on this legislation.

The new registered manager had been focusing on the care staff support in their first months in post and was now addressing the nurses training through the revalidation process. Revalidation requires all nurses to have undertaken a specific number of hours of relevant training in the recent past in order to remain on the nursing register and continue to practice. However, action had not been taken in a timely manner in order to address the gaps in nurses training.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented; "I have a few training packs at home to complete before my next supervision."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was aware of the legislation and had applied for two people to be assessed for potentially restrictive care plans to be authorised. Two further people had been identified as possibly needing DoLS authorisations and applications were being made. Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest discussions had been held. For example, one person was being supported to make a decision to have surgery which would affect their future ability to move around independently. The registered manager had

sought advice and guidance from external healthcare professionals throughout the decision making process as well as involving the person's family. The service held a copy of the Code of Practice for the MCA and the DoLS policy had been reviewed to take account of the Supreme Court judgement in 2014. This judgement changed the criteria for when a person could be deprived of their liberty.

The building appeared in good decorative order. Bathrooms and toilets were clearly marked and bedroom doors had nameplates with people's name on. Some doors were personalised which aided people's recognition of their own bedrooms. Some people used a wheelchair to move around. Corridors were clear and free for people to move around as they chose. There were no malodours and there was plenty of fresh air moving through the service from open windows.

At the August 2015 inspection we found that new staff had not always provided adequate references. There was no record of new staff having an induction checklist completed to help ensure this issue was identified. At this inspection we found new staff had provided adequate references and there had been an induction checklist completed detailing all checks as they were completed. This meant people were protected from the risks associated with being cared for by staff who were not suitable for the role. The new registered manager had made changes to the application form for new staff to help ensure the correct information was recorded in a clear manner.

Newly employed staff were required to complete a two week induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had had shadowed other workers before they started to work on their own.

We observed the lunch time period in a lounge area where people ate at their seats. Other people chose to eat in the dining room. The food looked appetising. People told us they enjoyed the food and had a choice of what they had to eat. Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. Staff were available to provide people with any support they may need with their meals. The menus had been reviewed recently to take account of people's views and choices. The service had been inspected by the Food Standards Agency last year and awarded three stars. Actions had been identified at that time that needed addressing. We were told that all outstanding actions had been addressed and the service was waiting for a follow up inspection to be carried out by the agency. The two cooks had both recently attended food hygiene training courses.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

## Is the service caring?

### Our findings

We found moving and handling slings were hung together on hooks in a corridor. These slings were not named for individual use by one person but used communally. This did not respect people's dignity and could pose an infection risk. The registered manager told us the service held a number of slings and they would identify the correct sling for each person that needed one for their sole use. We were assured this would be addressed immediately.

Not everyone at St Margaret's Nursing home was able to verbally tell us about their experiences of living at the service due to their healthcare needs. Relatives told us they were pleased with the care provided and had been involved in their family members care decisions. Families told us they knew about the care plans and the staff would invite them to attend any care plan review meeting if they wished.

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection most people were comfortable in their surroundings with no signs of agitation or stress. One person was calling out throughout this inspection and appeared distressed on occasions. We saw staff approached this person regularly, sitting next to them and using touch and conversation to calm them. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people were caring with conversations being held in gentle and understanding way. Staff were clear about people's individual preferences regarding how they wished their care to be provided.

People's dignity and privacy was respected. Staff spoke quietly to people when asking if they required assistance to the bathroom. We saw some people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

Some people's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. Staff told us working at the service felt like being part of a family, with a settled staff group and people who lived there who they knew well.

Bedrooms were decorated and furnished to reflect people's personal tastes. One room had been filled, by the person's family, with ornaments and pictures. They felt it was particularly important for them to have things around them which were reminiscent of their past.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and had their nails painted. One member of staff had a particular interest in doing the ladies nails.

Residents and families meetings had not been held recently. However, the registered manager and staff

team were regularly approached by families and visitors with any views or concerns. People and their families felt their views and experiences would be listened to at any time and issues would be addressed.

# Is the service responsive?

## Our findings

People told us; "I am very happy here, staff are good" and "It's home from home." Relatives told us; "I am very happy with the care (the person's name) gets" and "No concerns whatsoever, the place is very suitable and friendly."

At the August 2015 inspection we found that some people needed to have their blood sugar monitored regularly. Staff were not always following the guidance in people's care plans. At this inspection we found the service had a system in place which helped ensure people who required such regular monitoring had this support provided.

People who wished to move into the service had their needs assessed to ensure their needs and expectations were met. The registered manager was knowledgeable about people's needs.

Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration. The information was well organised and easy for staff to find. The care plans were mostly regularly reviewed and updated to help ensure they were accurate and up to date. Family members were given the opportunity to sign in agreement, if appropriate, with the content of care plans. Some key workers had not always reviewed the care plans, for which they had responsibility, each month. This had led to some inaccurate information about when some people's dressings should be reviewed being provided for staff. For example, one care plan stated the person needed to have their dressing reviewed every two days. We checked their care file and saw their dressings had not been done at these intervals. We checked the dressing book and found the wound had been assessed recently as improving and not needing such regular review. The care plan had not been updated in the last few months to take account of the changes in this person's needs.

Some people were at risk of skin damage due to being immobile and having constant pressure on their skin. These people had been assessed as requiring regular assessments of their skin condition each time staff provided care and support to them. We saw staff completed skin bundles. These are records which demonstrate staff had checked each part of the person's body for any red and sore areas. We found staff had recorded these assessments each day for the relevant people.

Some people had specific care needs associated with their condition. There was detailed guidance along with best practice information for staff on how to meet those needs. For example, what position a person should be placed in when having food and how to use, clean and maintain the specific equipment used for that person.

Some people had been assessed as requiring regular monitoring of their weight and we found this had been carried out according to the care plan guidance.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any

changes in people's needs and their general well-being.

There was a staff handover meeting at each shift change. People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from colleagues, families and friends. This improved communication and meant there was a consistent approach between different staff and people's needs were met in an agreed way each time.

People had access to some activities both within the home and outside. An activities co-ordinator was not employed and there was not an organised programme of events at the time of this inspection. The member of staff who had the responsibility for arranging the programme of activities had left the service and this role had not been picked up by other staff. The service arranged for up to eight people to go out in a minibus regularly to visit the local area. Some staff enjoyed playing board games with people. People told us there was not a lot to occupy them during most days. During this inspection we saw people were enjoying music and exercises in the lounge. Throughout this inspection the television was on in a lounge area, however, each time we visited the lounge no one was watching it. It was not clear who decided what channel was shown on the television as people we spoke with did not know what was on.

Some people chose not to take part in activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on these people and responded promptly to any call bells.

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member and offering them a hot drink.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the pack provided upon admission to the home. People told us they had not had any reason to complain.



## Is the service well-led?

### Our findings

Relatives and staff told us the registered manager was approachable and friendly. People were positive about the changes that had taken place at St Margarets Nursing Home since the new registered manager had been in post.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a clinical lead nurse, four other nurses, and a team of motivated care assistants.

The service used a key worker system where individual members of staff took on a leadership role for ensuring a person's care plan was up to date, acting as their advocate within the service and communicating with health professionals and relatives.

There were systems in place to support all staff. Staff meetings took place although the registered manager told us they would like these to be more regular in the future. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Staff commented; "They (management) do listen t us, we can have our say. I don't personally speak up at meetings but other do and things do happen." and "Team meeting are really useful." Care staff told us they felt well supported through supervision and staff meetings.

The registered manager worked in the service every day providing care and supporting staff. This meant they were aware of the culture of the service at all times. Daily staff handovers provided each shift with a clear picture of each person at the home and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, medicines audit were carried out monthly to help ensure any issues were identified in a timely manner.

People had been asked for their views and experiences of the service provided at St Margaret's in a quality assurance questionnaire last year. The results of the responses had been audited and this showed 63.7% of people felt they could express any concern or worries they had, and 72.8% felt the staff were professional in their duties. 9.1% of people who responded to the survey were not happy about the choice of activities. The registered manager was aware this needed to be addressed.

There was a maintenance person in post with responsibility for the management and auditing of the premises. The environment was clean. People's bedrooms and bathrooms were kept clean. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed manual handling equipment had been serviced. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked.

The service had received a number of thanks and compliments. Comments included; "(The person's name) thoroughly enjoyed your company, very caring staff" and "Wonderful care, we will never be able to praise you all enough for all your dedication and kindness."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Care and treatment must be provided in a safe way for service users. The registered person must ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
Treatment of disease, disorder or injury	