

Yara Enterprises Limited

St. Margarets Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St. Margaret's Residential Home is a residential care home providing personal care to people aged 65 and over. The service can support up to 22 people. At the time of the inspection 19 people were using the service.

People's experience of using this service and what we found

People told us they felt safe. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people were assessed and staff were aware of the action to take to minimise risks where they had been identified. Medicines were managed safely. The service had procedures in place to reduce the risk of infections and COVID 19.

There were effective systems in place to regularly assess and monitor the quality of service that people received. The provider took people's views into account through satisfaction surveys and spot checks and feedback from these was used to improve the service. Staff said they received good support from the manager. The manager and staff worked well with health and social care providers to drive improvement and to deliver an effective service. Health and social care professionals commented positively about the leadership at the home.

Rating at last inspection. At the inspection (published 23 September 2020) the key question safe was rated as inadequate and well led was rated requires improvement. We served a Warning Notice in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out an inspection (published 1 December 2020) to check whether the Warning Notice had been met. At that inspection we found enough improvement had been made in relation to parts of the warning notice. However not enough improvement had been made in relation to assessing risk, safety monitoring and management and the provider was still in breach of regulation 12.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St. Margaret's Residential Home on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

St. Margarets Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St. Margaret's Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The current manager had worked at the home since September 2020 and they were in the process of applying to CQC to become the registered manager for the home.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health and social care providers who work with the service. We used this information to plan our inspection. The provider was not asked to complete a provider information return

prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

The Expert by Experience spoke with two people who used the service, and five relatives on the telephone. The inspector spoke with a person using the service, two care staff and the home manager. We reviewed a range of records. This included four people's care records and the homes medicines records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the inspection (published 23 September 2020) this key question was rated as inadequate. At that inspection we served a Warning Notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out an inspection (published 1 December 2020) to check whether the Warning Notice had been met. The warning notice referred to breaches relating to infection control, using medicines safely and assessing risk, safety monitoring and management. At that inspection we found enough improvement had been made in relation to infection control and using medicines safely and the provider was no longer in breach of regulation 12 in these areas. However not enough improvement had been made in relation to assessing risk, safety monitoring and management and the provider was still in breach of regulation 12.

At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to manage the assessed risks relating to the health safety and welfare of people using the service. Staff were not always following the advice from health care professionals and information in a person's care record was inaccurate.

- At this inspection we found that staff were following the advice provided by health care professionals. For example, we saw where a person had been referred to the Speech and Language Therapist team [SALT] that advice was recorded their care plan and was being followed by staff. We also saw there was advice for staff to follow in relation to other medical conditions such as skin care, diabetes and epilepsy. A social care professional told us peoples risk assessments were very clear and staff knew about the risks to people and their needs.
- Care staff demonstrated a detailed knowledge of people's needs in relation to their care and support. A staff member told us how they supported a person with diabetes with their dietary requirements. Another staff member told us how they supported a person with their medicines.
- Care records included risk assessments for moving and handling, infection prevention and falls. They also included information for staff about action to be taken to minimise the risk of poor health or injury. A relative told us, "My (loved ones) health has definitely improved over the time they have been at the home. I feel this is due to the manager looking at each individual and planning their care accordingly."
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. Training records confirmed that all staff had received up to date training on fire safety.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Staffing and recruitment

At our inspection (published 23 September 2020) we found a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities). The provider had failed to ensure safe systems of recruitment.

- At this inspection we found that appropriate recruitment procedures were in place. We looked at the records of three staff members recently recruited to work at the home. These records included completed application forms, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.
- The manager showed us a staffing rota and told us they used a dependency tool to establish the number of staff required to meet the needs of people using the service. They told us if people's needs changed additional staff cover was arranged.
- During the inspection we observed, and staff told us the staffing levels at the home were meeting people's needs. A person using the service told us, "There's enough of staff, there is always someone around." A relative commented, "I have never been concerned about staff levels. There always seems to be adequate staff. My (loved one) doesn't have to wait for attention."

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding adults' procedures in place. The manager and staff had a clear understanding of these procedures.
- Staff told us they would report any concerns they had to the manager and to the local authorities safeguarding team and CQC if they needed to. Our records showed, and the local authority confirmed that the manager had reported safeguarding concerns to them on a timely manner.
- Training records confirmed all staff had received up to date training on safeguarding adults from abuse.
- A relative told us, "The staff are excellent. They are well trained for the tasks they do. The staff keep my (loved one) safe."

Using medicines safely

- We checked medicine administration records (MAR). These had been completed in full and there were no gaps in recording. MAR confirmed that people were receiving their medicines on time and as prescribed.
- MARs included people's photographs, details of their GP and any allergies they had. There was guidance in place for staff on when to offer people 'as required' medicines or pain relief.
- Where people were prescribed medicines patches or creams, we saw that body maps were in place alongside the persons MAR to ensure the patch would not be reapplied in same location and that creams were applied the areas they were prescribed for.
- Medicines were stored safely. Where required medicines were stored in a medicine's fridge. We saw fridge and room temperature monitoring was in place and recordings were within the appropriate range.
- Stocks and balances of people's medicines were recorded daily by staff and regular medicines audits were being carried out by the manager.
- Training records confirmed that staff who administered medicines received training on medicines administration and had their competency to administer medicines had been assessed.

Preventing and controlling infection

- The provider was taking appropriate action to protect people using the service, staff and visitors from catching and spreading infections. We observed staff wearing appropriate PPE and following social distancing rules. People's relatives told us, when they visited the home, the manager was very strict about

COVID safety measures, testing and the use of PPE.

- The provider had procedures in place for admitting people safely to the service. People using the service and staff were regularly tested for COVID 19.
- There was a team of cleaning staff and we found the home was clean and hygienic throughout.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The manager showed us the homes safeguarding, complaints and incidents and accidents logs. They also provided us with examples of lessons learned. For example, they monitored peoples falls. If any trends were identified they reviewed the person's risk assessment and care plan to reduce the likelihood of the same thing happening to them again.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the inspection (published 23 September 2020) this key question was rated as requires improvement. This key question was not assessed at our last inspection (published 1 December 2020).

At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the inspection (published 23 September 2020) we found a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure there were effective systems and processes in place to ensure adequate oversight at the service.

- At this inspection we found that the homes systems for monitoring the quality and safety of the service were operating effectively. The manager undertook regular monitoring audits. These audits covered areas such as health and safety, infection control, incidents and accidents, care plans and medicines. We reviewed audits and outcomes and saw audits were up to date and that remedial actions were taken with staff when necessary to ensure that care was provided in the right way.
- We saw records confirming monthly safety checks were carried out, for example, on hoists, window restrictors and wheelchairs. We also saw records of gas safety checks, portable appliance testing, fire drills and fire alarm testing and servicing. There were unannounced 'spot checks' which involved managers checking staff practice, these included night-time visits.
- An officer from the local authority quality assurance team told us they were in regular weekly contact with the home. They said the manager and deputy manager were working well together and had made significant improvements in line with the home's improvement plan and the oversight of the resident's care needs.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home did not have a registered manager in post. The new manager had worked at the home since September 2020 and they were in the process of applying to become the registered manager for the home. They were knowledgeable about their responsibilities about the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team.
- Staff told us they received good support from the manager. One staff member said the manager had an open-door policy and they could always ask him for advice. Another staff member commented the manager was easy to speak with and, "He makes sure we have what we need to make our work easy."

- Records showed that regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting included documentation to be completed, peoples personal care needs, skin integrity, COVID 19 testing, a new staff room and any suggestions for improvements from staff.
- The manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open, honest and took responsibility when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Throughout the inspection we observed very positive interactions between people using the service and staff. It was obvious that people appreciated the efforts of staff in supporting them.
- A person using the service told us, "The manager always encourages us to join in things. He never makes us! We are treated as individuals, with our own minds." A relative commented, "The new manager appears to have very good management skills. The staff want to please him and respond to his ideas and skills." Another relative said, "What I have seen and experienced so far is showing the new manager is definitely making a good impression."
- We saw residents and family satisfaction surveys were carried out to seek people and their relative's views. As a result of a recent survey the manager made greater efforts to include family members in planning for their loved one's care needs.
- A relative commented, "Since the new manager has been appointed everything has improved. He is very efficient and supports the staff by meeting with them and giving advice and guidance."

Working in partnership with others

- A social care professional told us they had been really impressed with the manager, they said, "The manager works closely with us and provides information in a timely manner. He is very responsive to suggestions and ideas to resolve any issues. Family members speak highly of the care provided by the home."
- A GP told us they worked closely with the care home and the manager. The care home staff were very responsive, and they worked closely with them as a team. They said the manager was in their opinion is an excellent manager. 'He always goes the extra mile to make sure the residents get the best possible care'. Another GP told us they found the staff at the home very caring and helpful to the residents. They said the manager was very enthusiastic and helpful in providing any information they needed and his concern for the wellbeing of the residents was obvious.