

HC-One Limited

St Margaret's Care Home

Inspection report

St Margarets Garth
Crossgate
Durham
County Durham
DH1 4DS

Date of inspection visit:
28 March 2019

Date of publication:
31 May 2019

Tel: 01913868949

Website: www.hc-one.co.uk/homes/st-margarets/

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: St Margaret's Care Home is a care home which can provide nursing and personal care for up to 60 older people, some of whom are living with dementia. At the time of this inspection there were 50 people living at the service.

People's experience of using this service: People told us they felt safe. They knew who to report any concerns to and were happy with the support they received from staff. Arrangements were in place to protect people from risks to their safety and welfare. Staff understood how to keep people safe and used information following incidents to reduce the likelihood of reoccurrence. Effective recruitment procedures were in place and staff received appropriate training.

Effective management systems were in place to monitor and audit the quality and safety of the service. Action was taken to address concerns identified by the provider through checks of the service. People and their relatives were involved in discussions about the service. Records were stored securely however some records were not up to date.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires Improvement (report published 22 May 2018).

At our last inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This related to safe care and treatment and good governance. This was because risks associated with people's care were not always identified and mitigated. The provider did not have effective quality assurance processes to monitor the quality and safety of the service provided to people. Care records did not always contain up to date and relevant information about people's care needs.

Why we inspected: This was a focused inspection. Since our last inspection we had received concerns identified by the provider in relation to the management of people's personal allowances. We undertook a focused inspection to consider those concerns. We looked at our domains 'safe' and 'well led'. This report only covers our findings in relation to these concerns.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

St Margaret's Care 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 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: St Margaret's Care 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

Before the inspection: We reviewed information we had received about the service. This included details about complaints, concerns and incidents the provider must notify us about. We sought feedback from the local authority and professionals who worked with the service.

During the inspection: We spoke with two people who used the service and one relative. We spoke with the registered manager, area director, a nurse, two care staff and the administrator.

We looked at people's finance records and personnel files for staff. We reviewed records related to the management and quality assurance of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

While some improvements had been made in this domain we could not improve the overall rating from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Assessing risk, safety monitoring and management.

- The provider had effective financial management systems in place, particularly with regards to the management of people's personal allowances. The area director told us, "Additional focus had been placed on areas identified as a significant fraud risk, primarily the handling and receipting of cash. More robust guidance had been issued to staff."
- Individual risks to people were assessed and monitored.
- Staff understood where people required support to reduce the risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe in the presence of staff and that their needs were met safely.
- The provider had effective safeguarding systems in place.
- Staff had a good understanding of what to do to make sure people were protected from abuse.

Staffing and recruitment.

- The provider operated a safe recruitment process.

Learning lessons when things go wrong.

- The provider and staff responded appropriately when incidents occurred.
- There was evidence of learning from incidents.

Is the service well-led?

Our findings

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

While some improvements had been made in this domain we could not improve the overall rating from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- Improvements had been made to the provider's quality assurance systems and financial auditing procedures. They had been used effectively to identify shortfalls, particularly with regards to the management of people's personal allowances. Appropriate action had been taken to address these shortfalls. The area director told us, "The reporting of audit results had been improved and procedures had been streamlined to address specific risks."
- Staff had a clear understanding of their role and responsibilities. They had been provided with clear instructions and training in the new procedures.
- Records were stored securely however, some records were not up to date. For example, most people's personal allowance files and contracts needed review. The registered manager assured us this would be addressed.
- The provider had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- People told us the service was well-led and they felt able to raise issues.
- The service involved people and their relatives in day to day discussions about their care and welfare. Regular meetings were carried out so people, relatives and staff could share their views about the service. Feedback had been used to continuously improve the service.

Working in partnership with others.

- The provider had good links and worked closely with key organisations.