

HC-One Limited

St Margaret's Care Home

Inspection report

St Margarets Garth
Crossgate
Durham
County Durham
DH1 4DS

Tel: 01913868949

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

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26 March 2018 and was unannounced. A second day of inspection took place on 5 April 2018 and was announced.

St Margaret's 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. St Margaret's Care Home provides personal care for up to 60 people. At the time of our inspection there were 48 people living at the home who received nursing and personal care, some of whom were living with a dementia. The service consists of three units or 'communities' as the provider called them: Cathedral, St Cuthbert's and Prince Bishops.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this service in February 2016 when it was rated 'Good' overall. During this inspection we found the service had deteriorated to 'Requires Improvement.'

During this inspection we found breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks associated with people's care were not always identified and mitigated. Pressure relieving mattresses were not always set correctly or checked regularly and people's positional changes were not always documented which increased people's risk of developing pressure damage. The provider did not have effective quality assurance processes to monitor the quality and safety of the service provided to ensure people received appropriate care and support. Care records did not always contain up to date and relevant information about people's care needs.

You can see what action we told the provider to take at the back of the full version of the report.

People and relatives spoke positively about the service. There were enough staff to meet people's needs in a timely way.

Staff had received training in safeguarding and knew how to respond to any allegations of abuse. Safeguarding referrals had been made to the local authority appropriately. When new staff were appointed, thorough checks were carried out to make sure they were suitable to work with vulnerable adults.

Staff training in key areas was mostly up to date. Staff received regular supervisions and told us they felt well supported by the registered manager.

People were supported to have maximum 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.

Records relating to people's fluid intake were incomplete. People were supported to attend appointments with healthcare professionals. Meal times were relaxed and a pleasant experience for people who lived at the service.

Each person who used the service was given information about how to make a complaint and how to access advocacy services. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

People and relatives we spoke with knew how to make a complaint. They told us they could speak to a member of staff, the registered manager or raise issue through the residents' committee if they had any issues.□

There was a homely atmosphere at the service and the accommodation was clean and decorated to a good standard.

People, relatives and staff told us the registered manager was approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risks associated with people's care were not always identified and mitigated.

Staff recruitment and selection procedures were thorough.

There were enough staff to meet people's needs.

There was a pleasant and homely atmosphere at the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Records relating to people's fluid intake lacked the necessary detail to be effective.

The service worked closely with other professionals and agencies to ensure people's health needs were being met.

Staff adhered to the principles of the Mental Capacity Act 2005.

Staff received regular supervision to support their learning and development.

Is the service caring?

Good ●

The service was caring.

People said staff treated them well and they liked living there.

Staff were compassionate and kind.

People were given information about the service and how to access an advocate.

Staff respected people's choices and rights.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Some care plans lacked detail about how people needed to be cared for.

People told us they enjoyed the activities on offer.

People were supported to maintain their religious beliefs through regular visits from faith leaders.

People and relatives knew how to complain. Complaints were handled appropriately.

Is the service well-led?

The service was not always well-led.

The provider's quality assurance system had not identified all of the concerns we identified during this inspection.

People, relatives and staff spoke positively about the registered manager.

Staff meetings were held regularly and staff felt able to raise concerns with the management team at any time.

There were good links with the local community.

Requires Improvement 

St Margaret's Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 March and 5 April 2018. Day one of the inspection was unannounced which meant the provider did not know we would be visiting. Day two of the inspection was announced so the provider knew we would be returning. The inspection team was made up of three adult social care inspectors. Three inspectors visited on the first day of inspection and one inspector visited on the second day.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales in order for us to monitor the service.

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

Prior to the inspection we contacted the commissioners of the relevant local authorities, the local authority safeguarding team, and other professionals who worked with the service to gain their views of the care provided by St Margaret's Care Home.

During the inspection we spent time with people living at the service. We spoke with 11 people and nine relatives. We also spoke with the registered manager, the clinical lead, two nurses, three seniors, five care assistants, the well-being co-ordinator, the administrator, one kitchen staff member, one domestic staff member and a visiting health professional.

We reviewed five people's care records and three staff recruitment files. We reviewed medicine administration records for 14 people as well as records relating to staff training, supervisions and the management of the service.

Due to the complex needs of some of the people living at the service we were not always able to gain their views about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Risks associated with people's care were not always identified and mitigated. For example, we checked four people's pressure relieving mattresses. Three out of four people's mattresses had been set to the wrong setting for their weight. The mattresses used could be accurately set to the person's weight. There was no information in people's care records about what setting mattresses should be on and no records this had been checked, which placed people at risk of pressure damage.

People did not always receive the care they needed to help keep them healthy. Four people who were assessed as being at risk of pressure damage and had pressure relieving mattresses had not had their positional changes documented. Long periods of not being repositioned increases the risk of developing pressure damage. NICE guidelines on reducing the risk of pressure damage state, 'For safety reasons, repositioning is recommended at least every six hours for adults at risk, and every four hours for adults at high risk'. From the care records we viewed we could not be sure people had been repositioned when they should have been, which meant people who had been assessed as at risk of pressure damage were placed at a greater risk.

When we spoke to the registered manager about mattress settings and positional change records they immediately asked the nursing team to review everybody's needs in this area. The registered manager gave us assurances that mattress settings would be checked and documented in care records, and positional changes would be carried out and documented according to individual needs.

Other risks associated with people's care were not always reviewed regularly in line with the provider's policy which was monthly. For example, one person was at risk of falls but their falls risk assessment had not been reviewed for five months. When we mentioned this to the registered manager they ensured this was reviewed immediately and provided us with evidence of this. Other risks for this person such as choking and maintaining a safe environment had not been reviewed for two months. This meant we could not be sure risk assessments relating to people's health and safety reflected their current needs.

Unwanted medicines which needed to be returned to a pharmacy were not always managed effectively. They were stored in a locked room, so the risk to people was minimised, but the container used to store unwanted medicines did not meet waste regulations which was unsafe. When we mentioned this to the registered manager they said they would rectify this.

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

People told us they were happy living at the home and felt safe. People we spoke with felt there were enough staff on duty, but feedback from relatives was mixed. Two relatives we spoke with said they felt more staff were needed. One relative we spoke with said, "I think there should be more staff on duty. They're always rushed off their feet." Another relative told us, "The staff are very helpful but not sure there's enough." Other relatives said there were enough staff to keep people safe.

We noted that when people called for assistance this was given within a reasonable response time. The registered manager told us, "There's enough staff on duty at the moment, but we'll look to increase that when we admit more residents to our new memory care community. I've never had any problem getting additional staff." Staff said they felt there were enough staff to provide a safe service for people.

We looked at staff rotas for the week of the inspection and the previous two weeks. At the time of the inspection there were 48 people using the service across three units. Rotas showed that each shift was covered by a nurse (who worked on the nursing unit), one nursing assistant, two seniors and five care assistants. Additional one to one support had been provided for those people assessed as in need of this to keep them safe. The registered manager was on duty from Monday to Friday and the clinical lead covered nursing shifts and had one day a week supernumerary time for management tasks. In addition to care and nursing staff the provider employed other staff in a range of support roles such as maintenance staff, laundry and domestic workers, kitchen staff, a wellbeing co-ordinator and administration support.

Recruitment and selection procedures were effective. Relevant security and identification checks were carried out when new staff were employed to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and reduces the risk of unsuitable people working with vulnerable adults.

The provider had a system in place to check nursing staff were registered with the Nursing and Midwifery Council (NMC) and their registration remained up to date, prior to their employment and during their time working for the service. The NMC is the regulator for nursing and midwifery professions in the UK and ensures nurses and midwives keep their skills and knowledge up to date and that they maintain professional standards. This meant the provider ensured only nurses whose registration was up to date could work at the home.

Staff had completed training in how to protect people from abuse. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Safeguarding information was displayed on notice boards throughout the home for staff, people and visitors to refer to.

Medicine administration records (MARs) we viewed had been completed correctly. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature for them to be considered effective. Medicines that are liable to misuse, called controlled drugs were recorded and stored appropriately. Records relating to controlled drugs had been completed correctly.

The staff team had received training in medicine administration and their competency was checked to ensure their practice remained safe. Staff knew what people's medicines were for and if they needed to take any particular precautions. For example staff knew how much time should be left between doses. Staff understood the importance of gaining people's consent before giving them their medicines.

A business continuity plan was in place for emergencies and untoward events such as loss of amenities, flood or fire. This provided the registered manager with a plan to follow should these instances occur. Each person had a Personal Emergency Evacuation Plan (PEEP) which contained details about their individual needs should they need to be evacuated from the building in an emergency. They contained clear step by step guidance for staff about how to communicate and support people in the event of an emergency evacuation.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff, such as referring a person to the falls team or obtaining assistive technology to prevent recurrence.

Other planned and preventative maintenance checks and repairs were carried out on the premises and equipment, such as water temperatures, window restrictors, bed rails and hoists. Other required inspections and services included gas safety and electrical testing. The records of these checks were up to date.

There was a pleasant and homely atmosphere at the service. The accommodation was comfortable, clean and decorated to a good standard. A relative said, "The place is always clean and there are no odours."

Is the service effective?

Our findings

People's nutritional records lacked detail. Food and fluid charts were in place where appropriate, although staff could not always tell us why this was the case or what people's fluid daily intake should be. Fluid charts were not always completed fully as a person's target daily intake range was not always specified and charts were not always checked for completeness. When we mentioned this to the registered manager they took immediate action to address this. People were weighed when necessary and their BMI (body mass index) calculated. This information was reviewed regularly and appropriate action had been taken when people lost or put on weight.

Staff training in key areas was mostly up to date. Staff had completed training on topics such as infection control, safeguarding vulnerable adults and equality and diversity. Staff we spoke with said they had completed training appropriate for their role. One staff member said, "I've done lots of training, it's been very useful." However, we found staff had not completed relevant training to support one person who received one to one care to keep them safe. We discussed this with the registered manager and by the second day of inspection we saw training in this area had been arranged for the coming weeks.

Staff told us, and records confirmed, staff received regular supervisions or one to one meetings and appraisals with their line managers. Supervisions are important to ensure staff have structured opportunities to discuss training needs and future development and to promote best practice. Supervision records contained a good level of detail regarding the topics discussed and any resulting actions.

Meals looked appetising and the dining experience was pleasant. We observed lunch time in the dining room. There were enough staff to support people to eat and drink. Tables were nicely set with tablecloths, napkins, cutlery and condiments. There were a number of options available and people were offered a choice as meals were served, which is particularly important when supporting people with short term memory loss. Hot and cold drinks were readily available depending on people's preferences. People said they had enjoyed their lunch. One person told us, "The food is lovely." People were offered regular fluids and snacks throughout the day. There was fresh fruit, biscuits and jugs of juice located throughout the home so people and visitors could help themselves.

Referrals had been made to other health care professionals where appropriate. People were supported to access support from community nurses, GPs and speech and language therapists. People's care records contained evidence of consultation with professionals and recommendations for staff to follow. A visiting health care professional told us that staff always responded to and acted upon the guidance and advice they provided appropriately.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

DoLS authorisations had been sought from the relevant local authorities where appropriate. We saw staff considered people's capacity to make decisions. Staff knew what they needed to do to make sure decisions were taken in people's best interests, and where necessary, involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. Throughout the inspection we saw staff speak clearly and gently and wait for responses from people. Staff sought people's consent before carrying out care tasks or involving them in activities. This meant the service was meeting the requirements of the MCA.

The design of the premises was appropriate for the people who lived there. Corridors and communal areas were spacious to accommodate people who used mobility equipment.

We saw that adaptations had been made to the physical environment to reflect best practice in dementia care. For example, picture signs on doors and contrasting colours were used to help people with short term memory loss find their way around the home, which can reduce anxiety levels. There were visual and tactile items to engage people living with dementia. Memory boxes filled with items important to individuals were in place to help people find their room, where appropriate. Dolls were used to provide comfort to people and staff respected the importance of these.

Is the service caring?

Our findings

People told us they liked living at St Margaret's Care Home and that staff treated them well. One person said, "The staff are wonderful. Another person commented, "It's lovely here. The staff work extremely hard." A third person told us, "The girls are lovely, very helpful." Relatives spoke positively about staff and the care and support provided. One relative said, "Staff are very kind." Another relative said, "The care is wonderful."

Some people were unable to fully communicate their opinions about the care they received, but we observed positive relationships between staff and people living at the service. People's facial expressions and body language showed they were comfortable and relaxed in the presence of staff. Throughout our visit staff spoke to people in a kind and considerate manner. Staff knew people's preferences well, particularly those who were not always able to express their wishes clearly. Staff reassured people who were anxious or upset in a kind and gentle way. Staff dealt with people whose behaviour may challenge themselves or others in a compassionate way. Staff communicated with people in an appropriate manner according to their understanding and ability. This meant staff knew how to support people in the way they needed.

Staff knew about people's past histories and encouraged people to talk about events and experiences that were important to them. Staff took time to listen to people and people were supported to complete tasks at a pace that was comfortable for them. Relatives described staff as being warm and caring. One relative described how their family member's face 'lit up' when they saw members of staff they particularly liked.

Staff ensured privacy and dignity was maintained, for example by ensuring doors were closed when people were being supported with personal care. Staff provided physical support in a discreet way. People's independence was promoted, where appropriate, without unnecessary risks to people's safety. For example, staff supported one person to use a walking aid by walking alongside them and gently reminding them to take as long as they needed. The person said, "I can't rush anymore" and the staff member replied, "You don't need to rush. You take all the time you need."

Staff supported people's choices and rights. People and relatives told us people were treated as individuals and supported to make everyday choices such as how to spend their time, what to wear and what to eat. One person said, "We're always given choices about everything."

Each person was given a residents' guide which contained essential information about all aspects of the service, including how to access independent advice and assistance such as an advocate. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. Two people who lived at the service had an advocate to support them as and when needed.

Is the service responsive?

Our findings

Some care records did not contain clear directions for staff to refer to. For example, one person communicated in a specific way but this was not clearly documented in their care plan to guide staff. Another person used equipment to support their breathing, but there was no information about this in their care plan. This meant staff did not always have access to key information about how to support people in the right way. When we spoke with the registered manager about this they said they would address this immediately.

People who moved into the service had their care needs assessed beforehand and an initial care plan was written. We found some initial care plans lacked the necessary detail to enable staff to meet people's needs, which in some cases were complex. For example, one person's initial care plan lacked information about their nutritional needs and their ability to make decisions for themselves. In some cases the provider's admissions process had not been completed, which had resulted in some people new to the service not having all of their care needs met on a short term basis. When we spoke with the registered manager about this they acknowledged that in some cases the admission process had not been completed correctly.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see our findings in 'is this service well led?'

Other care plans we viewed accurately reflected people's needs. People had a range of care plans in place to meet their needs including personal care, eating and drinking, medicines, continence and mobility. Care plans were personalised and included people's choices, preferences, likes and dislikes. Care plans contained 'Your Life Story' documents which captured people's life histories. It is important staff have access to this information so they can get to know people as individuals and understand people's needs and wishes. Staff we spoke with had a good understanding of people's preferences and wishes and we observed staff using this information in their day to day role when supporting people.

Staff were effective at responding to people's needs, particularly when they changed. For example, staff told us how when one person's appetite had suddenly declined, their food intake was closely monitored and advice was sought from the nurse practitioner.

Relatives told us how living at St Margaret's had had a positive impact on their family member's health. A relative told us, "I'm really pleased with how [family member] is improving. They're interacting with people now which they never did before." Another relative told us their how their family member had previously been unable to walk, eat or drink independently, but could now do so.

People were protected from the risks of social isolation and loneliness. A wellbeing co-ordinator was employed to facilitate one to one or group activities, arrange entertainment and take people on outings. People spoke positively about the activities available. Activities included exercise groups, quizzes, bingo, manicures, games and arts and crafts. The wellbeing co-ordinator had a good understanding of people's likes and dislikes and kept a record of activities and their effectiveness to review and develop the activities

programme. On the first day of our visit people who lived at the service were engaged with an exercise activity, which they appeared to enjoy very much. People told us performers were regularly booked to provide entertainment which they really enjoyed. Relatives and friends were encouraged to visit whenever they wished. People were supported to maintain their religious beliefs through regular visits from faith leaders.

People and relatives we spoke with told us they knew how to complain. They said they could raise issues with any member of staff, the registered manager or through the residents' committee. One relative told us how they had reported their concern to a staff member and it was dealt with immediately. We reviewed complaints records and saw that complaints received by the service since our previous inspection had been dealt with effectively and promptly.

The registered manager had received numerous compliments and thank you cards. Comments included, 'The staff are very helpful and show great respect' and 'I'm very pleased with how my [family member] has improved since living here.'

Is the service well-led?

Our findings

The provider's quality monitoring system was not always effective in identifying and generating improvements within the service. The provider had a quality monitoring and audit system in place to review areas such as medicines, care plans, safeguarding, complaints and health and safety. An audit conducted by the provider's regional quality director in February 2018 identified some pressure relieving mattresses were incorrectly set and records relating to positional changes were incomplete. This resulted in clinical staff receiving further guidance and support, but we found these issues were still happening when we visited.

Whilst people had not suffered any pressure damage as a result of pressure relieving mattresses not being set correctly for their individual weights, their risk of pressure damage was increased. Over inflation and under inflation of pressure relieving mattresses can cause skin damage due to the mattress being too hard or too soft, and can be uncomfortable for a person to use. This meant the provider had failed to mitigate the risks associated with such equipment.

The provider had not identified all of the areas for improvement we found during this inspection, such as risks associated with people's care not being regularly reviewed, records relating to people's fluid intake lacking the necessary detail to be effective and initial care plans lacking the necessary detail to enable staff to meet people's needs.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke with the registered manager about the issues we found during this inspection they either took immediate action to address these or told us that the shortfalls would be addressed.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification' in order for us to monitor the service. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home.

The registered manager had been in post since 2013. People and relatives spoke positively about the registered manager. A relative said, "The manager is lovely. You can go to them at any time."

Staff said the registered manager was approachable and supportive. Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them at a later date. Records of discussions held and actions needed were clearly captured. Staff told us they had enough opportunities to provide feedback about the service.

Feedback from people and relatives had been regularly sought informally and via an annual satisfaction survey, which had been completed in June 2017. The results of the survey completed by 23 people who used the service and 23 relatives were positive. For example, 100% of respondents who used the service agreed

that the home was safe and 95% said staff were polite and helpful. 100% of relatives who responded agreed that staff were courteous and professional.

The service had good community links with a local children's nursery, the local food bank and the Guide Dogs for the Blind charity. People told us how much they enjoyed visits from these groups.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks associated with people's care were not identified and mitigated, specifically in relation to checks on pressure relieving equipment and records relating to people's positional changes.</p> <p>Regulation 12 (2) (a) (b) (e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to adequately assess, monitor and improve the quality and safety of the service and mitigate risks to people who used the service. Care records were not always accurate or up to date.</p> <p>Regulation 17 (2) (a) (b) (c)</p>