

Simicare Limited

St Margaret's Nursing Home

Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

St Margaret's Nursing Home accommodates up to 25 people. At the time of our inspection, 20 people lived at the service. There were 21 people residing at the service on the first day of the inspection as one person was staying for respite care. They had returned to their own home by the second day of inspection. Some were older people living with dementia, some had mobility difficulties, sensory impairments and some were younger adults. Most people living on the top floor of the service were cared for in bed. Accommodation is arranged over two floors. There was a passenger lift for access between floors.

People's experience of using this service:

People told us they did not always feel safe at St Margaret's Nursing Home. Relatives we spoke with felt staff knew people well and understood their support needs.

Potential risks to people's health and welfare had been assessed, there was guidance for staff to reduce risks and keep people as safe as possible. However, risk assessments had not always been updated in a timely manner when people's needs and health had changed.

Staff had not always been recruited safely. Staff files contained unexplained gaps in their employment history.

We observed people not always being treated with kindness, dignity and respect.

People told us there were issues with the water temperature throughout the service, staff and the manager confirmed this. Staff told us there were days when they were unable to support people with baths or showers because the water was too cold. After the inspection staff told us that the hot water problem was a consistent and reoccurring problem. The manager arranged for a plumber to revisit the service to address the issue.

Medicines were stored, managed and administered safely. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. However, one person did not have PRN protocols in place for two medicines which would be required if they had an asthma attack or angina attack. This is an area for improvement.

People were not always supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; however, the policies and systems in the service did not always support this practice. Mental capacity assessments were inconsistent and did not always follow the Mental Capacity Act 2005. Assessments made were not decision specific.

Although care plans were in place to describe the care and support people needed, they did not always include some important information individual to the person. Care plans had been reviewed on a monthly

basis and had been updated when people's needs had changed. People did not always receive care that met their needs and preferences. People felt that activities could be improved, some people told us they were bored.

When people were anxious or agitated and needing reassurance we observed that there were not enough staff to provide the reassurance and support needed. One person told us, "All night people are shouting and that's terrifying for me." We made a recommendation about this.

Staff had not always received appropriate training, induction and supervision. We made a recommendation about this.

Infection control practice within the service required improvement. We made a recommendation about this.

There were systems in place to check the quality of the service. However, these systems were not always robust, they had not identified the concerns we raised in relation to risk management, safe recruitment practice, consent to care, dignity and respect and providing care and treatment to meet people's needs and preferences.

Accidents and incidents were recorded, investigated and action taken to reduce risk.

Staff and the manager understood their responsibility to protect people from abuse. Staff spoken with could explain how any suspected abuse would be reported.

People received access to healthcare professionals.

People told us that they did not feel confident to raise concerns. A complaints policy was in place which was displayed in the service. The manager planned to create an accessible version of the complaints policy.

People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. Staff knew and understood how to make sure people were comfortable at the end of their life.

Rating at last inspection:

The service was rated Requires improvement at the last inspection on 20 March 2018 (the report was published on 28 April 2018). This service has been rated Requires Improvement at the last two inspections. This is the third consecutive time the service has been rated as Requires Improvement.

Why we inspected:

This inspection was a scheduled inspection based on previous rating.

Enforcement:

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

Following the inspection, we requested an action plan and evidence of improvements made in the service. This was requested to help us decide what regulatory action we should take to ensure the safety of the

service improves.

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.

For more details, please see the full report which is on the CQC 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Effective 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 Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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, a specialist advisor who was a nurse with expertise in dementia care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using similar services or caring for older family members.

Service and service type:

St Margaret's Nursing Home is a care home with nursing. People in care homes receive accommodation and nursing or personal care. 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. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The first day of the inspection was unannounced. We told the management team we would be returning for the second day.

What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our

inspection.

We spent time with each person living at the service. We received feedback from 16 people. We spoke with five people's relatives. Some people were not able to verbally express their experiences of living at the service. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. We received feedback from the local authority safeguarding team and a local authority commissioner.

We spoke with 14 staff including; the cook, administrator, care staff, senior care staff, nurses, the manager, a peripatetic manager, the nominated individual for the provider and one of the directors.

We looked at 10 people's personal records, support plans and people's medicines charts, risk assessments, staff rotas, staff schedules, two staff recruitment records, meeting minutes, policies and procedures.

We asked the manager to send us additional information after the inspection. We asked for copies of the staff training matrix and some policies and procedures. These were received in a timely manner.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

At the last inspection on 20 March 2018, we rated the service as requires improvement in safe. We recommended that the provider sought advice and guidance from a reputable source on how to improve risk assessments in order to adequately mitigate risk to people the service. At this inspection, we found that the provider had not improved risk assessments to ensure all people consistently received safe care and treatment.

Assessing risk, safety monitoring and management

- Risk assessments did not always have all the information staff needed to keep people safe.
- Risk assessments had not always been updated in a timely manner when people's needs and health had changed. One person's moving and handling risk assessment contradicted other assessments. One assessment showed they required two staff to help them move using a hoist and a large sling. Another assessment showed they required two staff to help them move using a hoist a medium sling. This meant that clear guidance was not in place to tell staff how to work with the person safely. This put the person and staff at risk of injury. We spoke with the manager about this who rewrote the risk assessment with the correct information so that staff had the correct guidance and information.
- The same person's records showed in one assessment that they could use their call bell and in another assessment, that they could not. This meant that staff (including agency staff) may not be clear about whether the person should have their call bell to hand or not.
- Another person's nutrition assessment had been incorrectly scored and added up. Their assessments showed that they were at low risk of malnutrition or weight loss. However, weight records evidenced that the person had lost 8kg in three months. The manager told us relevant action had been taken; the person had been referred to and seen by the dietician. The person's nutrition assessment had not been updated as a result of this, which could mislead staff about the person's nutritional risks.
- Fire safety had not been effectively managed. We found three hoists charging in a corridor of the service which restricted the width of the corridor. This would have made it extremely difficult to evacuate people in the event of a fire. We spoke with the manager about this and they moved the hoists to an empty bedroom. The manager agreed to discuss longer term storage options with the provider to ensure that fire risks were reduced.
- Each person had a Personal Emergency Evacuation Plan (PEEP) this detailed the level of assistance and the type of equipment required they would need to reach a place of safety in the event of an emergency. Although PEEPs were detailed they did not identify that some people used paraffin based emollients on their skin, which could increase risk of burns and injury in the event of a fire. We spoke with the manager about this who agreed that this information will be added.
- Suitable equipment was in place to assist staff to evacuate people safely in the event of a fire. Records

showed that staff had practiced using the equipment when carrying out fire drills. However, some staff had not undertaken fire drills.

- A contractor responsible for checking the fire alarm system had identified that a number of the sensors in the service required replacing as they were over 10 years old. This had first been raised following a service visit on 06 June 2018. Works to replace the sensors had not taken place. The service visit records for 16 April 2019 showed that the sensors still required replacing. The provider had not taken action to reduce fire risks in a timely manner.

The failure to manage risks to people's health and welfare was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The safety of the environment had been risk assessed and hazards managed by the management team. For example, checks had been carried out by contractors on the electrics, gas, the lift, fire systems, emergency lights, hoists, beds, equipment and legionella.

- The provider's maintenance team had carried out regular fire alarm tests, window restrictor checks and checks on the temperature of the water. Some water temperatures were several degrees Celsius colder than body temperature which would feel cold to people. People told us there were issues with the water temperature throughout the service. One person commented, "I don't feel clean and hardly ever get a shower and the water temperature is a continual problem as it's never hot." Another person said, "I haven't had a shower since I got here because they say there is no hot water." Staff confirmed that getting hot water to every room was a problem and they were not able to bath or shower people some days because the water was too cold. We reported this to the manager. The manager told us that there had been a problem with the hot water because someone had turned down a dial on the hot water system. A plumber had visited the service and has resolved this. Staff told us after the inspection that the hot water problem was a consistent and reoccurring problem. We reported this to the manager again after the inspection and the manager arranged for another plumber to visit. This is an area for improvement.

Staffing and recruitment

- Staff had not always been recruited safely to ensure they were suitable to work with people.
- The provider had not carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. Both staff files contained unexplained gaps in their employment history.
- One staff member had a gap from leaving full time education in 1979 through to 1988 and another gap in 1991 through to 2014 which the provider had not explored. Another staff member had unexplained gaps from leaving school in July 2015 to November 2016 and from January 2018 through to November 2018. Their interview notes showed that gaps were not discussed and reasons for gaps had not been explored or documented.

The failure to operate effective recruitment procedures was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files.

- Nurses were registered with the Nursing and Midwifery Council; the manager had made checks on their PIN numbers to confirm their registration status.

- There were not always sufficient staff to meet people's assessed needs, including people's mental health needs. When people were anxious or agitated and needing reassurance we observed that there were not

enough staff to provide the reassurance and support needed. One person was very upset and anxious on the first day of our inspection. They were crying and distressed and telling staff and us they did not want to be at the service. They appeared to calm and be more relaxed and happier when they had company, reassurance and someone to hold their hand. Staff did not have the time to sit with the person to provide this support that the person required. One person told us, "All night people are shouting and that's terrifying for me." Another person told us, "There is shouting going on all night here so that's not exactly reassuring." We reported these concerns to the manager. The manager informed us that one person had been unsettled at night and had been seen by the GP since our inspection who has prescribed some medicines to help them. The manager agreed to check with people that this had made a difference.

- Staff reported that the mornings were particularly busy as many people required two staff to attend to their personal care needs. Staff told us they did not have time to chat with people in the mornings. They felt there was more time to do this in the afternoons.
- The provider had a system in place to assess if staffing levels met people's needs. The manager completed a dependency tool to evidence that staffing levels had been checked. They told us that they had increased the staffing to five care staff on shift in the mornings as a result of carrying out these assessments. However, on the days we inspected only four care staff were on shift in the mornings. The manager told us staff had called in sick, which was why there were less staff. The manager told us in the provider information return (PIR) that agency staff were used to fill gaps when required. There were no agency staff on shift when we inspected.
- We observed at tea time that two care staff were deployed to clear up the kitchen and wash up after people had eaten their tea time meal. This meant that two staff were left to provide care and support to people. The nurse on duty was busy at tea times administering medicines to people. We spoke with the manager about this and they told us they were in the process of recruiting a kitchen assistant and other staff which would resolve this issue. The manager told us that whilst recruitment was ongoing one member of care staff was deployed to the kitchen for this task.
- People gave us mixed views about the staffing levels. Comments included, "I think I am safe, but I do a lot of waiting"; "I am just not happy and don't feel safe here at all. The staff are slow and just say we are coming back and hardly ever do. I feel that I am left out because they don't think it's urgent to help me. I have waited all morning to be dressed and it is now 11am and they just say we are coming all the time"; "I just sit and wait and wait and wait no one ever comes quickly here and when they do they just say they will be back later"; "I would rather not be here but at least I know I am safe and the staff are here 24 hours a day to help"; "I am not really very comfortable here no and I don't always feel safe"; "I can't move my legs so I am totally at the hands of those who care for me which doesn't always make me feel safe"; "I am safe yes thank you"; "They could certainly do with a few more staff here that is for sure as I often have to wait and wait for assistance" and "Knowing the staff are here even if there are not many of them about, makes me feel safe."
- Relatives told us, "I can rest now knowing he is safe and well looked after here. The staff are very attentive"; "They could do with a few more staff they always seem rushed and over stretched" and "Yes, I think she is safe now and it takes a great strain off me knowing there is someone on duty 24/7 for her."
- We observed people's call bells were answered promptly during our inspection visit.

We recommend that the provider seeks advice and guidance from a reputable source on how to deploy staff effectively in the service.

Using medicines safely

- Medicines were securely stored and kept at the correct temperature to ensure their effectiveness.
- Medicine administration records (MARS) were complete and accurate and people received their medicines as prescribed.
- Some improvements were required to ensure medicines stock records were accurate. Some medicines

stock did not balance. This was because medicines left from the previous cycle had not been added to the current MAR.

- Medicines were given by trained staff. We observed good practice at medicines rounds. The nurse carrying out the medicines round checked with people to see if they were in pain.
- Some people had transdermal patches (medicated pain patches) applied to their skin to manage their pain. There were good systems in place to record the location of the patches, which evidenced that pain patches were not re-sited on the same area of skin too frequently. Applying transdermal patches to the same area of skin too frequently could cause skin irritation.
- Most people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. However, one person did not have PRN protocols in place for their asthma inhaler or their Glyceryl Trinitrate spray which is used during an angina attack. This meant that staff working with the person (including those administering these medicines) may not have all the information they need to identify why the person takes that particular medicine and how they communicate the need for it. This is an area for improvement.

Preventing and controlling infection

- Most staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections where necessary.
- The service smelt clean and fresh and looked tidy on the first day of the inspection. On the second day of inspection there were strong smells of urine in the upstairs of the service. We spoke with the management team about this and they had identified that the flooring in some bedrooms needed replacement. This had been arranged and the flooring company were scheduled to carry out the work on 08 May 2019.
- The flooring in the laundry room could not be effectively cleaned as the paint/sealant had peeled off in most places.
- One carpet in the corridor was dirty and stained. We reported this to the manager and provider. The provider told us that the carpet was new and had been replaced within the last six months. It had been cleaned using a carpet cleaner two weeks before the inspection.
- A number of bins around the service were in use, these were a flip top bins which staff had to touch to dispose of items. This increased the risks of spreading healthcare related infections.

We recommend that the provider seek advice and guidance from a reputable source on how to improve infection control practice within the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place to protect people from the risk of abuse.
- Staff continued to know how to spot signs of abuse and mistreatment. Staff received regular safeguarding training, records showed that 23 out of 32 staff had completed safeguarding training, which meant that nine staff may not know and understand what they should do if they suspected or witnessed people were being abused.
- Staff had confidence in the management team and provider to appropriately deal with concerns. All staff we spoke with were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety. One staff member said, "I would report abuse to the manager and write a report. It would be dealt with."

Learning lessons when things go wrong

- The provider continued to have systems in place to monitor accidents and incidents, learning lessons

from these to reduce the risks of issues occurring again.

- The manager and staff told us accidents and incidents were discussed in hand over meetings to make sure everyone was aware of how to minimise risks of the accident or incident occurring again.
- Records showed that people had been referred on to the GP or the falls team if they had fallen more than once.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection on 20 March 2018, we rated the service as requires improvement in effective. We recommended that the provider sought advice and guidance from a reputable source about keeping accurate and contemporaneous notes in terms of meeting people's needs. We also recommended that the provider reviewed arrangements for storing food which was ready for eating to ensure that the temperature was maintained to meet people's satisfaction. At this inspection, food temperature and records had improved. However, we identified other concerns and a breach of Regulation.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- MCA assessments were inconsistent and did not always follow the MCA 2005. Assessments made were not decision specific. Several MCA assessments had been carried out for the decision 'To determine capacity at the time of this assessment.' This type of sweeping decision is not lawful and does not follow the MCA 2005.
- Where capacity assessments had determined that people did not have capacity, there were no records that best interest meetings had taken place with relevant people to discuss what would be in people's best interests.
- One person's consent form for the use of bed rails was completed on 25 June 2018. It stated, 'Bed rail not used at present time'. The person's needs had changed and they had a bed rail in place. The consent to use a bed rail form had not been reviewed with the person.
- One person had moved to the service 13 days before the first day of the inspection. Their care file had blank copies of consent forms, indicating that they had not been asked to consent to receiving care and treatment.
- One relative had signed consent forms on behalf of their loved one. A peripatetic manager had carried out an audit of people's files to check that the service had copies of documentation to ensure that the relatives were legally authorised lasting power of attorneys (LPAs) who were authorised to make decisions on behalf of the person. We checked the peripatetic manager's audit and found that a relative did not have the legal

status to sign their consent.

The failure to provide care and treatment with the consent of the relevant person was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had correctly applied for DoLS within the MCA for people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection.
- People with capacity to consent to decisions about their care had signed consent forms.
- We observed that people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care and people chose whether to participate in activities.
- Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them.

Staff support: induction, training, skills and experience

- Nurses and care staff had not always received appropriate training to carry out their roles.
- Staff had not always received training to enable them to meet people's specific health needs. For example, a number of people living at the service had catheter's in place. Care staff providing care and support had not received catheter care training. People were living with diabetes. Training records showed staff had not received diabetes awareness training. Only nine staff had attended training in managing behaviours that challenge, 24 staff had completed dementia awareness training.
- Specialised training courses were available to nursing staff to enable them to learn or refresh nursing tasks. Training records showed that current nurses employed had not accessed these.
- Staff told us that induction in to their roles included shadowing experienced staff, meeting people and reading through care files, policies and procedures. The induction process did not include the Care Certificate. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work within the care sector.

We recommend that the service finds out more about training and induction for staff, based on current best practice, in relation to the specialist needs of people.

- Systems and procedures were in place to provide support to nursing staff to maintain their skills and Nursing and Midwifery Council (NMC) registration as part of the revalidation process.
- Staff confirmed that they had received supervision meetings. They all felt well supported by the manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People had adequate food and drink to meet their dietary needs. Food was fresh and homemade. People gave us mixed views about the food. People told us, "The food is palatable, or should I say edible, not too exciting"; "I do miss cooking and such like but there is no opportunity for me to help here even though I would very much like to"; "The food is tasteless. Absolutely no taste to it whatsoever"; "I have never been asked what I would like to see on the menu" and "I like my grub, it's not too bad." A new chef had started at the service five weeks before the inspection and had been making improvements to the menu and food. The chef told us they planned to meet with each person to discuss the menu, they had met with one person so far. A staff member told us, "The food has improved, the cakes are lovely."
- People had a choice of two options at each meal time. Staff asked people what they wanted to eat each day and we observed this. The menu options were listed in writing. People living with dementia were not enabled to make an informed choice using pictures, photographs or plated foods to help them decide which one they wanted. The manager told us plans were in place to introduce photographs to help people make informed choices. We observed that some people had forgotten what they had ordered or forgotten

that they had been given options for their meals. This may be because people were asked in the middle of the day what they would like for their lunch and tea the following day.

- People who followed a vegetarian diet were offered foods to meet their preferences.
- The chef had a good understanding of fortifying food to enrich it to support people who were at risk of malnutrition. The chef had a good understanding of people's dietary needs such as who was diabetic, what allergies people had and what texture of food people who had been assessed at risk of choking required. However, the information about people's allergies did not tally with some of the care documentation. For example, one person's medicines records showed that they had allergies to; cereals with gluten, soya and a variety of nuts. The chef's records stated, 'no cream, large [portion], no peas, shellfish, milk, peanuts, pork, sprouts.' We spoke with the management team about this who agreed that the dietary information held for each person needed to be checked and updated records communicated with the kitchen. This is an area for improvement.
- People were encouraged to drink plenty.
- People were weighed frequently; appropriate action had been taken when people had lost weight. For example, people had been referred to a dietician.

Adapting service, design, decoration to meet people's needs

- The design and layout of the service met most people's needs. People knew where their rooms were and where to find communal areas such as the lounge, toilets and bathrooms as there were signs on the doors to the rooms.
- We observed there were no way marking signs to help people and their visitors find their way around the service or out to garden. This is an area for improvement.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People continued to receive appropriate support to maintain good health.
- People were supported to attend regular health appointments, including appointments with mental health teams, consultants and specialist nurses. The GP visited the service on a weekly basis.
- Records showed that staff took timely action when people were ill.
- People were supported to see a dentist, optician and chiropodist regularly. The manager telephoned the dentist for one person during the inspection to book an appointment.
- The manager, nurses and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records.
- Referrals had been made to dieticians and speech and language therapist (SaLT) when people's needs had changed. We observed that advice and guidance given by the dieticians and SaLT was followed. For example, staff all knew the texture and thickness of drinks and food for people who required a different texture to meet their needs.
- When people's needs changed, this was discussed at staff handover and written in the communication book.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed most people being treated with kindness and respect by staff. However, this was not the case for each person that lived at the service.
- People gave us mixed views about how well treated they were. People told us, "The staff are friendly enough"; "They are not unkind here"; "I would say the staff are kind and caring and always want to make us comfortable"; "They do stop for a chat when they have time"; "The staff are kind and always willing to help"; "I do feel respected even when personal care is being given they tell me what's what and it is not too invasive"; "There are not many people to talk with here I do get lonely and bored" "The staff are friendly enough"; "They are not kind to me, they don't listen to me and they are very rough with me"; "I feel alone and neglected"; "I am not comfortable and don't feel clean" and "The first time I had shed a tear in ages was when I moved in here and I am not even staying for long." We reported these comments to the manager.
- One person had a skylight above their bed with no blind or way of obscuring the light. This meant they woke up with the sun in their eyes and are likely to be woken very early in this manner in summer months. We asked them if they have the sun in their eyes early in the morning and they said yes and pointed to the skylight. Another person told us, "My curtains are too short so the light comes in too early in the mornings."
- We observed one situation where a staff member entered a person's room with an attitude that would meet resistance and refusal rather than friendly and positive approach. The person was distressed and reacted to the staff member's attitude. Nothing was done to distract, calm and reassure the person. We reported this to the manager and provider.

Supporting people to express their views and be involved in making decisions about their care

- The manager told us that one person was catholic, holy communion was held once a week on a Wednesday to support them in meeting their religious needs. No other religious services took place to support people with different religious needs. One person told us, "I really miss being able to go to church on Sundays and I am just not able to worship anymore."
- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support. However, several people told us they were not involved in other decisions affecting them. One person said, "We don't get a choice with decoration or furniture here."

Respecting and promoting people's privacy, dignity and independence

- Staff were not always respectful of people's privacy. We observed one member of staff talking with another staff member whilst they were providing support to a person. During this they discussed another person's personal care.

- Some people did not have privacy in their own rooms. Staff entered their rooms day and night to collect items stored in cupboards. There were storage cupboards located in their bedrooms, which were for items in use by other people. One person told us, "I most certainly don't feel that I am treated with respect when my room is just a glorified store room for the staff. They come in and out whenever they want to without even knocking all through the night to get things from the cupboard." The provider and manager agreed that this was poor practice when we reported this.
- People who were able to, moved around the service with ease. However, the communal space within the service was small and only a handful of people utilised this. One person said, "I am lucky because I can move about the home on my own but I do note that some are just stuck in their rooms."
- People were not treated with dignity and respect as they were not being supported to shower or bath as often as they wanted. People told us they felt unclean and uncomfortable. Staff confirmed they had to help people wash instead of bath or shower due to the problems with the water.
- People who spent most of their time in their rooms said, "I don't often see people during the day"; "They never bother taking me out to the garden"; "The main reason that anyone comes in here at all is because it is used as a store room"; "I don't get involved in anything" and "We don't ever get out and about."

The failure to treat people with dignity and respect was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were able to spend time with their relatives in private in their own rooms. A relative told us, "They will always ask if we want the door closed when we are visiting to give a bit of privacy and if they need to attend to him they suggest we go out of the room."
- People's personal records were stored securely in the office and staff workstation.
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives.
- Staff knew people well and knew their likes and dislikes. One staff member shared how they put classical music on for a person which helped them relax.
- Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress.
- Relatives said their loved ones were treated with dignity and respect. Comments included, "I think the staff treat him with respect and always have a chat with him and seem to know him very well" and "The staff help him to get about and he can wander around the home."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Although care plans were in place to describe the care and support people needed, they did not always include some important elements individual to the person. For example, one person had angina. Although this was not their main health need at the time, it was a condition that would need staff consistency and skilled care to support the person if they had difficulties. A care plan was not in place to provide advice and guidance to staff in how to best support the person if they suffered from an angina attack.
- Another care plan contained conflicting information. We spoke with the manager about this and they took immediate action to re write it to ensure staff had the most up to date information.
- Care plans had been reviewed on a monthly basis and had been updated when people's needs had changed. It was sometimes difficult to see what the most updated information was as changes had been added to the current care plan rather than being re written.
- People did not always receive care that met their needs and preferences. One person told us, "I would like more exercise or physio, but it just doesn't happen." Another person said, "I don't have as many baths as I would like." Another person told us, "I just have a wash in my room, I often day dream about being able to languish in a hot bath."
- A part time activities coordinator was employed at the service. Activities were planned for each day in the service between Monday and Friday. On the second day of inspection flower arranging had taken place in the morning which three people had taken part in. The activities staff member detailed how that had played bingo and included people in their rooms, which meant the staff member was running room to room to help people play. They told us, "I try and involve people; can't get to each person every day."
- Most people received their care in bed. People who were cared for in bed felt isolated and wanted improvements to activities.
- People told us, "There are no outings and the activities are nothing to write home about"; "I don't get the chance to chat much stuck here"; "I don't really do anything all day"; "I just sit and wait all the time. There's nothing to do"; "I would love to be able to cook or help out, but I am not allowed to. I do love to cook and I really do miss that being here" and "I don't get many people to chat to."
- Relatives told us, "I think he does get very bored, but we try to take him out as much as possible otherwise he just sits in his room" and "She never gets out without me and they don't really make enough use of the garden which is a shame."

The failure to provide care and support to meet people's needs and preferences was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- People told us that they did not feel confident to raise concerns. One person said, "If I am worried I just keep it to myself and try to keep myself to myself otherwise I get ticked off." Another person said, "I don't feel

confident raising a concern really as for one they don't listen and two I don't want to make things anymore uncomfortable for myself here." Another person said, "They never listen to me and nothing ever gets done."

- The complaints policy in place which was displayed in the service. The complaints procedure had not been written in an easy to read format for people living with dementia. The service had a notice board in the hall with accessible information and information about The Accessible Information Standard (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing information and communication support needs of people with a disability, impairment or sensory loss. The manager planned to create an accessible version of the complaints policy.
- There had been no formal complaints received to the service since our last inspection.
- A health and social care professional told us about when they had last visited the service in late 2017; "The manager and provider had responded appropriately to the complaint and had been proactive in offering solutions for the resident. I had no concerns over the care in the service."

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.
- Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants.
- Crisis medicines were in place for people who were at the end of their life. These had been prescribed by the GP to ensure people did not suffer unnecessary pain.
- Staff shared their experiences of providing end of life care. One staff member told us they provided "Reassurance" and "Hold their hands, keep the bed clean, make the person feel clean and comfortable and loved." Another staff member said, "I make sure people are clean and tidy, I sit with them and also provide basic mouth care to make them comfortable."

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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to check the quality of the service including reviewing care plans, incidents and accidents, medicines, safeguarding, maintenance, room audits and health and safety. Where actions were needed these were recorded and the management team were in the process of completing these. However, the systems to check the quality of the service were not always robust, they had not identified the concerns we raised in relation to risk management, safe recruitment practice, consent to care and dignity and respect.
- People receiving the service who were cared for in bed or that had additional communication needs had not always been regularly asked what they thought about the service provided. Plans were in place to improve this by asking a member of the staff team to seek feedback from everyone living at the service
- Feedback received about quality of care was not always positive, people felt the support they received had not always reflected their wishes, met their needs and expectations. People told us, "I would not say that I am asked for my opinion on anything"; "I would not say that anyone ever asks me what I think of the home" and "I have tried to complain about the store cupboard in my room, but they just don't listen and pretty much say bad luck."

The failure to effectively monitor and improve the service and failure seek and act on feedback was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the manager made some improvements to the service between day one and day two of the inspection, following feedback about conflicting moving and handling assessments and fire safety.
- The manager had notified us of specific incidents relating to the service. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.
- The manager had started their application process to become the registered manager of the service with CQC.
- There were a range of policies and procedures available to staff governing how the service needed to be

run. These were regularly reviewed and updated.

- The service had held 'resident's meetings' since the last inspection, where people were asked their opinions about the service. However, the last residents meeting was held on 28 September 2018. It was not always clear whether people's feedback had not always been acted on. The manager told us they planned to implement more regular meetings and a 'you said we did' response so that people were clear about what has been done about their feedback. One person told us, "No, I haven't heard of any resident meetings as such."
- A survey had been completed by one person living at the service in January 2019. The completed survey showed mostly positive feedback. Some comments had been made in relation to improving the person's paintwork and carpet in their room. This work was underway.
- Relatives had been sent surveys. Two had been completed and returned showing positive feedback about the service. One survey had a comment, 'We are happy with the home for him don't think we could have done better it is nice that we are able to take him out at any time.' The other survey suggested more variety with food. This feedback had been taken on board and the chef was making changes to the menu to meet people's wishes and needs.
- Staff had also been surveyed. Nine staff had completed these. Four staff had raised concerns about the induction process at the service. The results of these surveys had not yet been actioned.
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Comments from staff included, "The owners are investing in equipment and listening"; "The manager is very approachable. She is really good and really nice. There have been loads of positive changes recently. The managers are sorting things out quickly"; "The structure is so much better, I'm much happier. It is well run. The hot water is the biggest improvement needed, I am happy for you to share this with them" and "It has definitely improved because [manager] has lots of experience of being a manager and has skills. She does listen, for example we have a new allocations sheet which has started which makes us all more accountable."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us the management team encouraged a culture of openness and transparency. Staff felt well supported by the management team and the nurses (who led the shifts). A member of staff said, "I feel I have good support, [the manager] deals with issues. She provides help and advice." Another staff member told us, "We do have staff meetings, the owners come too."
- A health and social care professional told us the manager, "Was very easy to speak to and seemed to take my advice on board."
- The management team were committed to ensuring that people received improved experiences and high quality care and that lessons were learnt from this inspection. The provider had increased their time at the service following the departure of the previous manager and had been providing help and support to the new manager to ensure they had the support, guidance and equipment required to improve the service.
- The provider had assigned a peripatetic manager to the service to help the manager work through the action plans that they had created from their audits and checks which evidenced their commitment to improving the quality of care.
- The providers statement of purpose which had been updated in January 2019 stated, 'St Margaret's Care Home (Nursing) aims to provide all its elderly residents under and over the age of 65, requiring nursing care or palliative care with a secure, relaxed and pleasant environment in which their care, well-being and comfort is of prime importance. Our objective is to treat every resident as an individual, preserving and maintaining their dignity, individuality and privacy. We aim to support and maximise each resident's independence in an adapted living environment. Through risk assessment we encourage them to use every opportunity to think and act for themselves, interact with others and continue normal daily living.' It was

clear from the experiences of people living at the service and our observations that the provider was not meeting their aims and objectives for the service.

Continuous learning and improving care

- The service had received thank you cards and compliments. One thank you card read, 'Thank you for making mums final days happy. She had good food, warm surroundings and lots of people to chat to.'
- The manager kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.

Working in partnership with others

- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse or dietician.
- Staff told us they worked closely with the nursing team, which enabled them to learn new skills. For example, one staff member told us, "The nurses are especially good; today one of the residents was unwell and was feeling sick, I didn't know what to do so I spoke with the nurse and they asked me to check the person's blood pressure. It was quite high, the nurse showed me how to record it and where to record it, it is good that nurses are working with us and showing us how to do things."

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to provide care and support to meet people's needs and preferences. Regulation 9 (1)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to provide care and treatment with the consent of the relevant person. Regulation 11 (1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage risks to people's health and welfare. Regulation 12 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively monitor and improve the service. The provider had also failed to seek and act on feedback received from people living at the service. Regulation 17 (1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to operate effective recruitment procedures. Regulation 19 (1)(2)(3)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to treat people with dignity and respect. Regulation 10 (1)(2)

The enforcement action we took:

We served the provider a warning notice and told them to meet Regulation 10 by 04 June 2019.