

Calsan Limited

St Margaret's Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 13 August 2015 and was unannounced.

St Margaret's Residential Home provides care and support for up to 21 older people, some of whom are physically frail and maybe living with dementia. There were 18 people living at the service when we visited.

The service has a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the service and staff had been trained to recognise signs of potential abuse and to keep people safe.

Summary of findings

Processes were in place to manage identifiable risks within the service and to ensure people did not have their freedom restricted unnecessarily.

The provider carried out recruitment checks on new staff to make sure they were suitable to work at the service.

There were systems in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with essential training and support to meet people's assessed needs.

People's consent to care and support was sought in line with the Mental Capacity Act (MCA) 2005.

Staff supported people with eating and drinking and to maintain a balanced diet.

People were registered with a GP. If required, they were supported by staff to access other healthcare facilities.

Positive and caring relationships had been developed between people and staff.

People were encouraged to maintain their independence and staff promoted their privacy and dignity.

Pre-admission assessments were undertaken before people came to live at the service. This ensured their identified needs would be adequately met.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

There was a positive, open and inclusive culture at the service.

There was good leadership and management demonstrated at the service, which inspired staff to provide a quality service.

There were quality assurance systems in place to monitor the quality of the service provided and to drive continuous improvements.

Summary of findings

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 safe

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk managements plans were in place to protect and promote people's safety.

There were sufficient numbers of staff employed to meet people's needs safely.

There were systems in place to ensure people received their medicines at the prescribed times.

Good



Is the service effective?

The service was effective

Staff were appropriately trained to carry out their roles and responsibilities.

People's consent to care and support was sought.

Staff supported people with adequate amounts of food and drinks.

If required, people were supported to access other healthcare facilities.

Good



Is the service caring?

The service was caring

Staff had developed positive and caring relationships with people.

People's views were acted on.

Staff ensured people's privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive

People received care that was appropriate to their needs.

Information on how to raise a concern or complaint was available to people.

Good



Is the service well-led?

The service was well-led

There was an open and inclusive culture at the service.

The leadership at the service inspired staff to deliver a quality service.

The service had quality assurance systems in place which were used to drive continuous improvements.

Good



St Margaret's Residential 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.

The inspection was unannounced and was carried out on 13 August 2015.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection 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. We also checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

We spoke with five people who lived at the service, one relative and a visitor. We also spoke with two care staff, the chef, a health care professional, the registered manager and the provider.

We looked at three people's care records to see if they were up to date. We also looked at two staff recruitment files and other records relating to the management of the service including quality audit records.

Is the service safe?

Our findings

People said they felt safe and had never experienced any poor treatment. One person said, "I feel safe here." A visitor of a person who used the service commented, "My friend is settling in nicely now, she does feel safe." Staff told us they had been provided with safeguarding training and demonstrated a good understanding of the different types of abuse and how to ensure people's safety was promoted. A staff member said, "We look after the residents living here as if they were our mum and dad." Records seen confirmed that staff had undertaken training in safeguarding of vulnerable adults.

The registered manager told us that she regularly reminded people and their relatives if they had any concerns about their safety, they should talk to her or a member of staff. She said, "I regularly work with staff and observe their practice to make sure they are delivering safe care." She commented further and said that the outcome from safeguarding alerts was discussed with staff at meetings and handovers. This was to ensure that lessons were learnt from safeguarding investigations and to minimise the risk of recurrence. During our inspection we were made aware of potential safeguarding information. We shared this with the registered manager and the provider who immediately raised an alert with the local safeguarding team. This ensured people's safety was not compromised.

There were risk management plans in place to protect and promote people's safety. The registered manager told us that people and their relatives had contributed and been involved in the development of the plans. We saw plans had been developed to support individuals' safety in relation to moving and handling, bed rails, skin integrity, nutrition and prevention of falls. They were reviewed on a monthly basis or when people's needs changed.

The registered manager discussed the arrangements that were in place for dealing with emergencies to ensure the premises were managed appropriately to protect people's safety. She told us staff were required to report routine maintenance issues. We saw there was a maintenance record in place; and regular checks were carried out to ensure the building, passenger lift, gas and electrical equipment was fit for use. The fire panel was checked on a weekly basis. We saw evidence which confirmed that staff and people who used the service were involved in regular fire drills. The registered manager also told us if people

needed to be evacuated from the premises they would be taken to another care home nearby belonging to the provider. We saw evidence that in the event of an emergency there was a telephone number for the provider and the registered manager that staff had access to for advice and support.

Staff and the registered manager told us there were sufficient numbers of staff available to meet people's needs and to promote their safety. The rota reflected there were four staff on duty, which included the registered manager to provide care and support to people throughout the day. The number was reduced at night to two waking night staff. In addition, there were two domestic staff and the chef. The registered manager also told us that agency staff was never used. She said, "The staff are very good and would cover each other's annual leave or absence to ensure continuity of care." We found there was always a senior carer on duty who knew people's individual needs really well. We observed there was a particular time during the inspection when there were no staff available in the lounge for at least 12 minutes and we had to search for a staff member to diffuse a situation. We discussed this with the registered manager who was able to evidence that people's identified needs were kept under regular review. She was confident if a person's needs fluctuated and there was a need for an additional staff member the provider would approve the additional cover.

The registered manager was able to describe the service's recruitment process. She told us that face to face interviews took place. New staff did not take up employment until the appropriate checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been undertaken. We looked at a sample of staff records and found that the appropriate documentation required had been obtained.

There were systems in place to ensure people received their medicines safely. The registered manager explained the arrangements that were in place to support people with their medicines. We were told that staff were not allowed to administer medicines unless they had been trained in the safe handling of medicines and their competencies had been assessed. We found that the only medicines people had been prescribed to take 'as required' (PRN) were pain killers. This ensured people did not have medicines unnecessarily.

Is the service safe?

At the time of our inspection there was no one self-administering. Medicines were dispensed in monitored dose blister packs and were stored appropriately in a locked cupboard which was fixed to the wall. Daily temperature checks of the room where medicines were stored as well as the refrigerator were undertaken to maintain their conditions. There was an audit trail of all medicines entering and leaving the service. The service did not administer homely medicines to people and therefore, did not have a homely medicine policy. We checked a

sample of Medication Administration Record (MAR) sheets and found the sheets had been fully completed with no unexplained gaps. We found that daily and weekly audits of the MAR sheets were carried out. We saw evidence that the supplying pharmacist recently carried out a medication audit; and there were no areas identified as requiring actions. We were provided with evidence which indicated that the GP reviewed people's prescribed medicines on a six-monthly basis.

Is the service effective?

Our findings

People told us staff had been trained to carry out their roles and responsibilities. One person said, “All seem to be able to do everything.” Another person commented, “They appear to be trained well.” Staff told us they had received training to enable them to carry out their responsibilities appropriately. The registered manager confirmed this. From our observations we found that people received care from staff who had the necessary skills and understood their needs. Staff communicated effectively with people and respected their diverse needs.

The registered manager told us that new staff were required to complete induction training and familiarise themselves with the service’s policies and procedures and the layout of the service. They were also expected to work with an experienced staff member for one week and undertake some of the essential training such as, moving and handling, health and safety and infection control. We found the service employed a trainer who ensured that all staff received essential and updated training on a regular basis. Training records seen confirmed that staff had been provided with updated training that was relevant to their roles. Some staff had also acquired a recognised national qualification at level 2 and 3.

The registered manager told us that staff received supervision on a three-monthly basis and appraisal on a yearly basis. One staff member said, “The manager helps me a lot.” We saw written evidence to confirm this. For example, there was a record with staff names and the dates when supervision had taken place.

The registered manager told us people’s consent was sought to provide care and support in line with the Mental Capacity Act (MCA) 2005. Within the care plans we looked at we saw people had consented to be supported with their care and support needs. We found the service had policies and procedures in place in relation to the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). We saw evidence that seven people had been assessed as not having capacity. Therefore, in order to keep them safe, a DoLS application had been made to the statutory body to ensure any restriction on their liberty was in line with the current legislation. Five applications had been approved to date and a further two were waiting to be approved.

We found one person had a ‘Do Not Attempt Cardiopulmonary Resuscitation’ (DNACPR) order in place. This had been completed by the person’s GP. There was evidence that the GP had involved a family member in the decision that had been made and they had signed the form to confirm their agreement with the decision. The registered manager told us that the DNACPR made would be kept under regular review to ensure it remained relevant.

People told us they were supported to eat and drink and to maintain a balanced diet. One person said, “When I first arrived I was only served cereal and toast for breakfast. I was not happy with this. The chef came and spoke to me and now I get an egg every day.” Staff told us that people were given a choice daily for lunch from two or three options in advance. If they changed their minds on the day they would be provided with what they liked. We saw evidence there was a choice of various options available daily. We observed the lunch time activity and found it to be relaxed. People were provided with protected clothing to maintain their dignity. The portions served were adequate and they were offered a choice of condiment to enhance the overall flavour of the meal. Drinks and water were readily available in the dining room and communal areas so people could help themselves if they wished. Where assistance was required this was provided in a discreet and unrushed manner. People were served a choice of puddings when they had completed their first course. There were fresh fruits available for everyone to help themselves. We found where people were at risk of not eating and drinking enough, staff recorded what they ate and drank. Their weight was also monitored on a regular basis to support staff in identifying any potential nutritional concerns. Staff had access to a dietician who provided them with advice and support when required.

People were supported to maintain good health and to access health care facilities. The registered manager told us that people were registered with a GP of their choice who visited them as and when required. We found people had regular health checks and were seen by the chiropodist every six weeks. Dental and optical checks were carried out when needed. The registered manager also told us that the service received daily telephone calls from the local complex care team. This service was led by a nurse for local care homes in the area and was aimed to prevent

Is the service effective?

unnecessary hospital admissions and GP call outs. Records seen confirmed that regular checks on people's well-being from health care professionals were appropriately maintained.

Is the service caring?

Our findings

People told us they had developed positive and caring relationships with staff. One person said, “The staff are patient. They really are marvellous with me. I could not be any better looked after if I was in a 5 star hotel.” Another person commented, “The care is great here. They care for me and clean up after me.” A visitor also told us that people received good care. They commented, “My friend is very well looked after here. She is looking very well.” We observed staff throughout the inspection treating people with kindness and compassion. For example, when assisting people with transfers from wheelchair to armchair, staff provided a lot of encouragement and reassurance. People looked at ease in the company of staff.

The registered manager explained how people’s diverse needs were being met. She told us people’s care needs were met by a consistent staff team. Staff supported people to have their religious needs met. For example, a weekly church service was held and people were able to have Holy Communion if they wished. We found people dressed how they wished and staff ensured their appearance was neat and tidy. We observed during the afternoon activity that staff were able to draw the whole group into conversation and people were encouraged to participate. Staff responded to them in a way that they could understand.

Staff explained how they responded to people’s well-being in a caring manner. They told us any changes were closely monitored and recorded to identify what could have triggered the changes. Information relating to people’s well-being was passed on to staff during handovers to ensure the action taken by staff was consistent and person-centred. We were told people’s relatives were made aware of changes in their behaviours and medical advice was sought. We found during the inspection call bells were answered in a timely manner. This ensured people’s needs were responded to within an appropriate timescale.

The registered manager told us that people were supported to express their views and be involved in making decisions about their care and support needs. For example,

quarterly residents’ meetings were held and people were enabled to discuss the food menu and upcoming events such as, outings and planned activities inside and outside the service. We found that people’s wishes on when they wished to rise and retire were recorded in the care plans we looked at. This ensured people were listened to. We also found that staff used picture cards to communicate with people whose first language was not English. The registered manager showed us an Italian phrase book which was regularly used to communicate with people whose first language was Italian. We observed during the inspection that staff were attentive to people’s needs and provided them with personal assistance and reassurance when required.

The registered manager told us that there was no one currently using the services of an advocate; however, if the services of an advocate were needed arrangements would be made for one to be obtained. We saw evidence that family members were advocating on people’s behalf.

Staff told us how they ensured people’s privacy and dignity was promoted. One staff member said, “We always knock and wait for a reply before entering.” Another staff member commented and said, “When assisting residents with personal care we ensure curtains are closed and they are not exposed.” We found that the service had policies in place for staff to access, regarding respecting people and treating them with dignity. There were also processes in place to ensure that information about people was treated confidentially and respected by staff. For example, the service had a confidential policy which staff had to adhere to. Information about people was shared on a need to know basis. People’s care plans were stored in a locked cabinet when not in use.

Staff and the registered manager told us that family and friends were able to visit without restrictions. One staff member said, “We always make sure that visitors are provided with a drink if they want one just as if they were visiting their relative in their own home.” This ensured friends and family were made to feel welcome.

Is the service responsive?

Our findings

The service ensured that people received personalised care that met their needs. Staff told us that people's care plans were developed around them as an individual and their histories and preferences were taken into account. The registered manager told us that before anyone was admitted to the service their needs were assessed and the information obtained from the assessment was used to inform the care plan. She also told that people and their relatives were involved in the assessment process; however, the people we spoke with could not remember being involved in the assessment process. The care plans we looked at were signed by the person receiving care or a relative.

We found people's views on how they wished to be cared for including information relating to their independence, health and welfare was recorded in the care plans we looked at. The plans were personalised and contained information on people's varying levels of needs and how they wished to be supported. They were evaluated on a monthly basis and a yearly review of their entire care needs was carried out, which involved their key workers, family members and social workers. This ensured people were provided with as much choice and control over their care and support needs and the opportunity to discuss any concerns they may have.

People were supported to follow their interests and took part in social activities that they wished to participate in. On the day of the inspection there was a bingo session held in the afternoon and we observed people were positively engaged with this activity. In the morning there was an armchair exercise activity, which was facilitated by an

outside facilitator. We saw an activity list was on display in a communal area which showed the different activities that had been planned for the month. The registered manager told us if people wanted to be taken out to the shops this would be arranged.

We found that people were given the care they required in a personalised way. For example, people were able to bring in personal possessions from home that they treasured such as ornaments and photographs. There was a book with photographs displayed in the communal area with photographs of people on various outings or parties.

The service's complaints procedure was displayed in an appropriate format to enable people and their relatives to raise concerns or complaints if they wished. The procedure outlined the system in place for recording and dealing with complaints. The registered manager told us that complaints were used to improve on the quality of the care provided. We saw evidence that complaints made had been investigated in line with the provider's policy and in the appropriate timescale. We also saw evidence that the service had a compliments folder in place and had received lots of positive comments in relation to the care provided which included the following: 'We would recommend this care home.' 'The home has a warm feeling.' 'The staff make you feel welcome.'

The registered manager told us about the arrangements in place to enable people, family members and stakeholders to provide feedback on the quality of the care provided. She told us that surveys were regularly sent out and they were analysed to ensure areas identified as requiring attention were addressed. We saw evidence that surveys were sent out on a regularly basis.

Is the service well-led?

Our findings

Staff told us there was a positive, open and inclusive culture at the service. They also told us they felt valued by the management team and regular meetings were held. This provided them with the opportunity to question practice and make suggestions on how the quality of the care should be delivered. One staff member said, “The manager is approachable.” Another staff member said, “I have been here six years, I like it here. I don’t want to change; I am settled and happy here.”

The registered manager told us that people had strong links with the local community. For example, people were taken to local coffee shops and for walks on the embankment. The service facilitated summer barbecues and parties and friends and family were invited.

Staff told us they were aware of the service’s whistle blowing procedure and would not hesitate to use it if they witnessed poor practice. They were confident they would be supported by the registered manager and the concern raised would be appropriately investigated.

Staff told us there was honesty and transparency from all levels of staff when mistakes occurred. They said incidents were investigated appropriately and the outcome was discussed amongst the staff team to ensure lessons had been learnt and to minimise the risk of errors occurring again.

The registered manager told us that staff were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, feedback was given to staff in a constructive and motivating manner. This ensured staff were aware of the action they needed to take.

Staff told us there was good leadership and management demonstrated at the service. One staff member said, “The manager works shifts sometimes and is fully aware of the clients’ needs and has good relationships with people and their relatives.” During our inspection we observed the manager working on the floor and was very hands on. This ensured staff were inspired to provide a quality service.

We found the registered manager was aware of her legal responsibilities to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely manner.

The registered manager told us that the service had quality assurance systems in place, which were used to monitor the quality of the care provided and to improve on the service delivery. We saw audits relating to infection control, health and safety, safe handling of medicines and record keeping were undertaken on a regular basis. Action plans were developed to address areas that required attention.