

Yara Enterprises Limited

# St. Margarets Residential Home

## Inspection report

5 Priestlands Park Road  
Sidcup  
Kent  
DA15 7HR

Tel: 02083002745

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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 ●

# Summary of findings

## Overall summary

About the service: St Margaret's Residential Care Home is a residential care home providing personal care to people aged 65 and over. The care home accommodates 19 people in one adapted building. At the time of the inspection, 17 people were using the service.

People's experience of using this service

Risks to people were managed to reduce harm to them and to promote their health and safety. People were safeguarded from the risk of abuse. Incidents and accidents were reviewed, and actions taken to reduce the risk of them happening again. People's medicines were administered and managed safely. There were enough staff available to support people. Staff were trained in infection control and followed procedures to reduce risks of infection.

People's needs were assessed in line with best practice guidance. People had nutritious food and were supported to eat and drink enough to maintain good health. Staff received training, support and supervision to deliver their roles. People had access to healthcare services they needed to maintain good health; and staff liaised effectively with other services.

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. People's consent was sought for the care and support they received.

The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Relatives and healthcare professionals were involved in making decisions for people in their best interests where this was appropriate.

Staff were kind and compassionate to people. People were involved in their care delivery. People were treated with respect and dignity, and their independence promoted. People received care and support tailored to their individual needs and preferences. People's end-of-life wishes were documented in their care plans. People were supported and encouraged to participate in activities they enjoyed.

People and their relatives told us the service was well run. People and their relatives knew how to raise concerns about the service. The registered manager addressed any complaints they received appropriately. The provider worked in partnership with other organisations and services to develop and improve the service. The service had effective systems to monitor the quality and safety of the service.

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

Rating at last inspection and follow up:

The last rating for this service was requires improvement (published 11 May 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. At this inspection the service was now rated Good overall.

Why we inspected: This was a planned inspection based on the previous rating of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# St. Margarets Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 team consisted of one inspector, and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience caring for elderly people.

#### Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced. The inspection site visit took place on 23 May 2019.

#### What we did:

**Before inspection:** We reviewed the information the provider sent to us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspection

planning. We also reviewed information we held about the service which included notifications of events and incidents at the service.

During inspection:

We spoke with four people using service, four relatives, three staff members, a visiting community nurse, a fire officer from London Fire Brigade on site to carry out fire safety inspection; and the nominated individual. We looked at five care files, four staff files, quality assurance reports and other records relating to the management of the service including health and safety information and records relating to incidents and accidents. We also carried out observations of how staff interacted and provided care to people in the communal areas.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating of good. People were safe and protected from avoidable harm. Legal requirements were met.

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

- There were systems and processes in place to safeguard people from abuse. People and their relatives told us they felt safe at the service. One person told us, "I feel very safe here. I'm pleased I'm living here and wouldn't want to move anywhere else. You need the peaceful environment and know that you can rely on staff to help you." A relative said, "They are safe here, settled and happy."
- Staff had completed training in safeguarding from abuse and knew the signs to recognise abuse and actions to take. They told us they would report any concerns to the registered manager and if no action was taken they would whistle blow to relevant authorities.
- The registered manager knew to raise an alert to the safeguarding authority if there was a safeguarding concern and to notify CQC.

Assessing risk, safety monitoring and management.

- Risks associated with people's health and well-being were assessed and management plans developed to address identified risks. These plans covered people's mental and physical health, skin integrity, malnutrition, moving and handling, mobility, falls and the environment.
- People at risk of developing pressure sores had pressure relieving equipment available and were supported to maintain their skin integrity. Safe moving and handling procedures were followed reflecting people's moving and handling plans.
- Risk management plans were reviewed regularly to reflect changes in people's needs.
- Health and safety checks and risk assessments of the environment were carried out including fire safety, electrical installation, gas safety, portable appliance test (PAT), and water management and legionella.

Learning lessons when things go wrong.

- There were systems available to report incidents and accidents and staff understood these systems.
- The registered manager reviewed incidents accidents and took actions as necessary. Actions and lessons learned from incidents and accidents were shared with staff to minimise the risk of recurrence. For example, staff had supervision and training to identify signs of urinary tract infection (UTI) following an incident of challenging behaviour caused by a UTI.

Staffing and recruitment.

- There were enough staff available to support people with their needs. The rota showed that the service was staffed as planned. One relative told us, "There are enough staff around. They are always around and keep an eye on people including during and after lunchtime."

- Staffing levels were determined and planned based on people's needs and the occupancy level. We observed that staff responded to people's needs and requests for assistance promptly. Staff were available in communal areas and supported people where needed.
- Staff told us staffing levels were enough on each shift to support people. One member of staff said, "We are okay generally. We have peak times that are really busy, but we organise ourselves properly and we get through the busy times ok." Staff covered vacant shifts as additional hours if they wished or agency staff were used to provide cover.
- Robust recruitment checks were conducted before applicants could work with people. These included criminal records checks, references, employment history and right to work in the UK.

#### Using medicines safely.

- People's medicines were administered and managed safely. Only senior members of staff who were trained and competent administered medicines to people.
- Medicine administration record (MAR) charts were clearly signed and showed medicines were administered to people as prescribed. There were no gaps identified on the MAR.
- Records of medicines received into the service were maintained and there was a system available for disposing of unused medicines.
- Medicines were stored within safe temperature ranges, in line with the manufacturer's instructions. Regular checks were made of storage temperature areas to ensure they remained safe.

#### Preventing and controlling infection.

- People were protected from the risk of infection. Staff had been trained in infection control and knew procedures to follow to reduce the risk of infection.
- Staff used personal protective equipment (PPE) and washed their hands as necessary. Waste including clinical wastes were disposed safely.
- The staff were trained in food hygiene. They used colour coded chopping boards to reduce the risk of cross contamination.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating of good. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed so the service could establish what support people needed and if they could meet them before people were accepted to move into the service. People and their relatives were involved in the needs assessment process.
- Assessments covered people's physical and mental health conditions, personal care needs, social needs, nutritional needs, their behaviours, mobility, and skin integrity. The service used nationally recognised assessment tools such as the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs. They also used the Waterlow assessment tool to check people's skin integrity level.
- Where necessary other health and social care professionals were involved in the assessment process, so their views and recommendations could be considered as part of the assessment and care planning process.

Staff support: induction, training, skills and experience.

- People were cared for by staff who had the experience and skills in the job. People told us staff knew how to support them. One person told us, "I get what support I need according to my needs. The staff know what they are doing, and they do their best."
- Records showed, and staff confirmed, they were supported to be effective in their roles. One member of staff told us, "The registered manager is very supportive. We get a lot of support from them." Another member of staff said, "I am up to date with my training. We get regular training because we need to constantly improve our job."
- Records showed staff received an induction into their roles when they first started and completed training courses relevant to deliver their roles effectively. Staff also received training specific to the needs of people they supported. For example, food and nutrition and dementia care training.
- Staff received regular supervision and annual appraisals. These were used to improve staff performance and provide support.

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

- People's nutritional needs were met. One person commented, "The food is absolutely good. If you ask them to make you something different they do it. They have never given me anything I didn't like. It's good homemade food."
- People's care plans stated their nutritional and dietary needs, and the support they required during meal times.
- People were given choices of what to eat and drink during lunchtime. People who required assistance to cut up their food were given the support they needed. Staff sat with people who required support to eat and

encouraged them to eat sufficient amounts.

- People who required special diets such as pureed or soft diets received this and people were given food supplements as recommended by the GP.
- The atmosphere in the dining area during lunchtime was calm and unhurried.
- People were offered fruits, snacks and drinks at regular intervals throughout the day.

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.

- Records showed people and their relatives were involved in making decisions about their care.
- We observed staff asking people for their consent before supporting them with their care.
- People's capacity to make specific decisions was assessed and noted in their care plans. Where people had been assessed as lacking capacity to make a decision, relatives and relevant health or social care professionals were involved to make best interests' decisions.
- DoLS applications were made to the relevant supervisory body where it was deemed necessary to maintain a person's safety. The registered manager maintained a record of those DoLS and these were valid, and their conditions met.
- Staff and the registered manager had completed training in MCA and DoLS and understood their responsibilities to obtain consent from people in line with MCA.

Staff working with other agencies to provide consistent, effective, timely care.

- The service had a system to ensure people's care and support was well coordinated. People had a pre-packed bag which they took along when they go to hospital for admission. Each pack contained important information such as people's, medical history, medication list, GP and next of kin details; and every day essentials such as hearing aids, glasses, and dentures.
- Where people moved between services, staff liaised and shared information with relevant services, so people's needs could be effectively met. One relative told us that staff had accompanied their loved one to hospital and gave handover to the hospital staff, so they knew how to care for them.

Supporting people to live healthier lives, access healthcare services and support.

- People told us staff supported them to access the healthcare services they needed. One person said, "If you are not feeling well, they call the GP. They do look after you." On the day of our inspection the home's GP was around to see to see people who had requested or needed a GP to attend to them and staff accompanied them to see people.
- Records showed that staff liaised a range of professionals on behalf of people including GPs, occupational therapists (OT), and district nurses.

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

- The environment had adequate adaptations and was suitable for people.
- People had access to communal areas where they could relax, socialise and spend time with their visitors.
- The home had adapted toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- People's rooms were personalised to their individual requirements.
- Although the home was clean, it would benefit from redecoration to brighten it up. The provider told us they planned to do some redecoration works.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating of good. People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion. One person commented, "The staff are really caring. They happily talk with you and if you are not quite yourself, they understand and somehow make you feel better. I find that's rather nice." A relative told us, "The staff are magnificent. They are really nice."
- We observed staff talking and joking with people in an open and relaxed manner. People were comfortable in the company of staff and there was a calm atmosphere in the home. Staff addressed people with their preferred names and titles and responded to people calmly using appropriate tone of voice and language.
- Care plans included information about people's backgrounds, family histories and their cultural and religious needs. Staff understood the importance of treating people equally and respecting their differences and had completed equality and diversity training. One member of staff said, "We treat everyone with respect. It does not matter the views they share or their race. We always encourage people to engage in their religious and cultural events."
- Staff provided comfort and reassurance to people who were anxious or agitated. Staff stopped to chat with people and checked how they were doing from time to time.

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

- People were involved in making decisions about their care. One person commented, "Staff inform you before they do anything. You can say yes or no, they give you the choice." One relative said, "Staff tell me what is going on all the time. The staff are very caring."
- Care plans showed people and their relatives, or their advocates were involved in planning for their care needs.
- Care plans indicated people's likes and dislikes, background and life histories so staff knew people and understood how to care for them.
- People were given a choice about what activities they wanted and how they wished to spend their time. We observed staff seeking people's decisions about how they wished to spend their time and what activities they wanted to do; and their choices were respected.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity. One person told us, "Staff treat you like a human being. They help us but allow us to do what we can by ourselves. They genuinely respect us."
- Staff knocked on people's doors before entering. Personal care tasks were done behind closed doors and staff assisted people with their toileting needs unnoticeably.

- People were neatly and smartly dressed in clothing of their choice.
- Staff told us the steps they took to ensure people's dignity, privacy and independence were maintained. People were encouraged to do the things they could for themselves in support of their independence.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. People's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to provide personalised care and support to people. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

- People received care to meet their individual needs and requirements. One person said, "Staff help me with my personal care and with whatever I need help with."
- Care records detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs.
- Staff told us and care records showed people received support with their individual needs including support they needed to maintain their physical health, personal hygiene, mobility and activities of daily living.
- Care plans were reviewed regularly and updated to reflect people's current care needs and situations.

Meeting people's communication needs.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified through care planning and staff communicated with people in the way they understood. People who needed hearing aids to improve their hearing had them on and staff supported them to use these effectively.
- People had their care plan and information about the service in written formats and staff also explained these to people verbally.
- The provider told us that if people required information in different language and in formats such as Braille and large prints, they could make them available in these formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People took part in a range of individual and group activities they enjoyed. One person said, "We enjoy music sessions and games here. I also like to chat with staff and other residents, reading, and watching TV. I'm very involved with the church and we church services here." A relative told us, "There is entertainment in the home. An entertainer comes around to perform a few times a year. They sing all the songs from the 40s,

50s, 60s and people love it."

- People participated in a sing-a-long session on the day of our inspection; and from the laughter and excitement they expressed, they seemed to have enjoyed it.
- People maintained relationships which matters to them. Visitors were welcomed at the service at any time and they were given the space and time they needed with their loved one.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to raise concerns if they were unhappy about the service. One person said, "I would speak to [ the registered manager] if I was unhappy but I do not have anything to complain about."
- The service maintained records of concerns and complaints made about the service. Record showed issues were resolved in line with the provider's complaint procedure.
- There had not been any complaints made since our last inspection.

End of life care and support.

- People had advanced care plans in place which stated their end of life wishes and their Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status; and staff were aware of these plans.
- Staff had completed training in end of life care. The service involved other healthcare professionals when people required to help them deliver end of life care.
- At the time of our inspection, no one was receiving end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care.

At our last inspection the provider had failed to assess and monitor the quality of service provided effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

- The quality of the service was regularly assessed. The registered manager conducted various audits such as falls, infection control, DoLS, care records, medicine management, staff training, supervision, health and safety; and observation of care provided to people. The nominated individual completed their own audits of the service. We reviewed actions identified as needed and these had been implemented. For example, a 'Resident of the Day' programme had been introduced. This focused on the care of one person each day.
- The service was also checked and audited by external persons. The local commissioners carried out regular monitoring visits. Actions identified were implemented by the service.
- People and their relatives were complimentary about the service and the care they receive. One person told us, "This home is a good home. I have nothing bad to say." A relative said, "The [Registered manager] is here all the time to make sure things are running smoothly and the owners are here regularly too to check things."
- There were policies and procedures available to support the effective management of the service and guide staff to deliver responsive and safe care to people. The service had a statement of purpose which clearly outlined the aims and objectives of the service. They demonstrated they were committed to improving the service. They had made improvements to the service following our last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings took place which were used to consult with people about the service they received and update them on any service developments. People used these meetings to give their feedback and express any concerns or issues they were experiencing.
- The service held various activities and social events such as coffee mornings with people and their relatives. These were used to engage and involve people in the running of the service and to obtain feedback from them.
- Regular staff meetings took place to discuss the care people received and issues relating to the service. However, staff told us that they were not formally consulted about the recent installation of CCTV in the



home mainly in staff areas. Staff told us it has affected their morale as they felt watched. We discussed this with the nominated individual and recommended they discuss and notify people, their relatives and staff formally. The provider agreed to do this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager had notified CQC of notifiable incidents in line with their registration conditions. The last inspection rating of the service was displayed on their website and in the service as required.
- There was visible leadership and management presence at the service. People and their relatives told us they knew members of the management team and who to speak to about the service.
- Staff told us they felt supported and received direction they needed from the registered manager. One member of staff said, "The [Registered manager] supports us. We can speak to them for advice and they listen." Staff understood their roles and responsibilities to deliver safe and effective care to people. They knew to report incidents, accidents and safeguarding concerns appropriately; and their right to whistle blow to protect people.

Working in partnership with others.

- The service worked closely with local service commissioners, the NHS Clinical Commissioning Group, and health and social care professionals to improve the service delivered to people.
- The registered manager was a member and attended their local council care providers' forum where they shared learning and information about the care sector.
- The registered manager worked closely with the other registered managers from the provider's other services. They learned and supported each other to improve their knowledge and service delivered to people.