

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

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 February 2017 and was unannounced. At the last inspection of the service on 9 and 10 February 2016 we found a breach of regulation of the Health and Social Care Act 2008 in that the provider failed to ensure the proper and safe management of medicines and procedures and systems in place to evaluate and monitor the quality of the service provided in particular the management of medicines were not always effective in ensuring the quality of care people received. We carried out this inspection to check the outstanding breach had been met and also to provide a review of the rating for the service.

St Margaret's residential home provides accommodation and personal care support for up to twenty two older people, some of which are living with dementia. The home is situated in a residential area of Sidcup Kent and is spread out over two floors. At the time of our inspection there were 19 people using the service. There was a registered manager in post at the time of our inspection. 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.

At this inspection we found the provider had made the required improvements and systems in place to ensure the proper and safe management of medicines were robust. However at this inspection we found a new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The provider failed to ensure there were safe staff recruitment practices in place. Some systems to monitor the quality of service delivery were not always conducted in line with the providers schedule and did not always identify issues that required attention.

Risks to the health and safety of people were assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place. Accidents and incidents were recorded and acted on appropriately. There were appropriate numbers of staff to meet people's needs.

Staff new to the home were inducted into the service appropriately and staff received training, supervision and appraisals. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with kindness and respect and their support needs and risks were identified, assessed and documented within their care plan. People were provided with information on how to make a

complaint. People using the service and their relatives were asked for their views about 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?

Requires Improvement 

The service was not consistently safe.

Staff recruitment processes were not robust to ensure staff new to the home were suitable to work in a social care setting.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

Is the service effective?

Good 

The service was effective.

Staff were supported through supervision and appraisals of their practice and performance. Staff received training that meet people's needs.

The service offered new staff an appropriate induction to the home.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

Is the service caring?

Good 

The service was caring.

Interactions between staff and people using the service were positive and people told us staff were kind and supportive.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs and wishes.

Staff respected people's privacy and dignity and promoted independence.

Is the service responsive?

Good ●

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People's need for stimulation and social interaction were met.

People were provided with information on how to make a complaint in a format that met their needs.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Systems and audits in place to monitor the quality of service delivery were not always conducted in line with the providers schedule and did not always identify issues that required attention in particular the safe recruitment of staff.

There was a registered manager in post and they were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014.

People using the service and their relatives were asked for their views about the service.

St. Margarets 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 carried out by two inspectors on 10 February 2017 and was unannounced. There were 19 people using the service at the time of our inspection. Prior to the inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people using the service, three visiting relatives and five members of staff including the registered manager. We spent time observing the support provided to people in communal areas, looked at five people's care plans and records, staff records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home and with the staff that supported them. One person said, "The staff are lovely. They are very helpful." Another person commented, "The staff are very kind. They know exactly what to do." Although people were positive about the support they received from staff and people felt safe, people's safety was not always maintained as appropriate staff recruitment checks did not always take place before staff started work to ensure they were suitable to work in a social care environment.

We looked at the personnel files of four members of staff. All of the files we looked at included completed application forms, criminal record checks and proof of identity. However we noted that one member of staff's application form did not include any reference to their previous employment history and another member of staff's file included only a partial employment history. A third member of staff's file did not include any employment references and a fourth member of staff's file held only one employment reference. This meant that the lack of robust recruitment procedures in practice could place people using the service at risk of receiving care from unsuitable staff.

This issue was a breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

We drew these omissions to the registered manager's attention who took appropriate actions to source the required staff information following our inspection.

At our last inspection of the home in February 2016 we found that medicines were not always managed safely. Staff administering medicines to people had not received appropriate up to date training or competency assessments relating to the management and administration of medicines. The provider's medicines policy for the safe administration, supply, storage and disposal of medicines had not been reviewed and was not reflective of current best practice. The home did not have an up to date medicines reference guide for staff who administered medicines to refer to. These issues were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). Following our inspection the provider sent us an action plan telling us how they planned to improve the way medicines were managed at the home.

At this inspection we found that staff responsible for administering medicines to people using the service had received up to date training and had competency assessments relating to the management and administration of medicines. The provider's medicines policy had been reviewed in February 2016 and was reflective of current best practice and staff had access an up to date medicines reference guide in the form of the British National Formulary book (BNF). The BNF is updated every six months to include new medicines information such as side effects and contraindications of medicines. A member of staff told us, "I receive training on administering medicines every year. The registered manager and team leader always check to see that we are administering medicines correctly."

We checked medicines storage, medicines administration records (MAR) and medicines supplies for eight

people using the service. Medicines were stored securely in locked medicines trolleys that were securely fixed to a wall. People's MARs included a picture of each person to help staff identify people and to reduce the risk of medicine misadministration. Any allergies people had were recorded on the MAR's to prevent the risk of people receiving medicines they were allergic to. We saw that MAR charts had been completed correctly with no omissions recorded. This indicated that people were receiving their medicines as prescribed by health care professionals. Medicines received from the pharmacy were recorded on people's MARs and medicine stocks reconciled accurately with the information they contained. Medicines audits were carried out on a weekly basis by a team leader and on a monthly basis by the registered manager.

The service had systems in place to keep people safe from the risk of abuse. The registered manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur and told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The staff team had received training on safeguarding adults from abuse, which was refreshed annually. Staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to report issues of concern or poor practice.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. We saw records confirming that regular fire drills were carried out at the home and that all staff had completed training on fire safety. Safety checks were regularly carried out such as those for installed fire, gas and electrical equipment and appliances.

Accidents and incidents involving the safety of people using the service were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, taken appropriate action and referred to health and social care professionals when required. Information relating to accidents and incidents was recorded and analysed to address any recurrent risks and patterns. Where appropriate, accidents and incidents were also referred to local authorities and the CQC.

Risks to the health and safety of people using the service were assessed and reviewed on a regular basis. Risk assessments assessed levels of risk to people's physical and mental health and included information and guidance for staff in order to promote people's health and safety whilst ensuring known risks were minimised. We saw risk assessments included areas such as nutrition and hydration, mobility and falls and physical health and well-being. Staff had an understanding of the risks people faced and the actions they were required to take to ensure people's safety. For example, one care plan documented the actions that were taken to promote a safe environment as the person was at risk of falls. Another care plan detailed actions to be taken by staff in the event of the person suffering a seizure and also contained a seizure chart detailing actions and medical intervention sought when required. Guidance from visiting health care professionals was included in people's care plans so staff were aware of people's needs and risks.

Throughout our inspection we observed there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner. Staff we spoke with confirmed that there was enough staff on duty to ensure people were safe. Staffing rota's showed that staffing levels were suitable to ensure people's needs were met and staff were available to support people when required. The registered manager told us that staffing levels were recently increased to meet people's appropriately and two new senior staff had been employed.

Is the service effective?

Our findings

People and their relatives told us staff understood their care and support needs. One person using the service said, "The staff are very good at what they do. They know what we need here." A relative said, "I think the staff know what they are doing, they are very confident and competent and doing their jobs very well."

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. The registered manager told us and we saw records confirming that new staff were completing an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. A new member of staff told us, "I had an induction when I started work and shadowed experienced staff. This helped me to understand the needs of the people using the service. I am working my way through the care certificate and I have already completed some of the care certificate training such as safeguarding, moving and handling and first aid."

We observed staff had the knowledge and abilities required to meet people's needs and staff told us they received training on a regular basis to support them in their roles and to develop their practice. One member of staff said, "The training is good. We get training for lots of different areas and I find it very relevant to the work that we do and the people we support." We looked at the providers training matrix which confirmed that staff had received and completed training that the provider considered mandatory. Training included health and safety, food safety, first aid, fire safety, safeguarding adults, infection control, moving and handling, dementia awareness, the administration of medicines, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had also completed training relevant to the needs of people using the service, for example diet and nutrition, dignity and respect and person centred care.

Staff told us they were supported through regular supervisions and an appraisal of their performance. A new member of staff told us, "I get supervised by the team leader. I think I am well supported to do my job." Staff records we looked at confirmed that staff were receiving regular supervision and, where appropriate, an annual appraisal of their work performance.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations granted to deprive a person of their liberty were being met. We saw that, where required, people's care plans contained records from best interests meetings and where required mental capacity assessments were undertaken. The registered manager showed us a newly developed MCA tool which

ensured people's capacity was assessed in line with the MCA and told us this was due to be implemented. Staff demonstrated their knowledge of the MCA and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests. The registered manager understood the process for requesting a DoLS authorisation and we saw appropriate referrals had been made and authorisations that were in place were met appropriately.

People were provided with sufficient amounts of nutritional foods and drinks to meet their needs. Staff were knowledgeable about people's nutritional needs such as the need for soft foods to reduce the risk of choking. People's care plans documented risks relating to people's nutritional needs and guidance by health care professionals such as dieticians, nurses and speech and language therapists were in place to ensure people received the appropriate care and support to meet their needs. Food and fluid charts were in place to ensure people received enough to eat and drink, where required and records showed that these were up to date and had been completed accurately. The registered manager had a good understanding of people's dietary requirements and we saw documents relating to people's dietary risks and personal preferences were available for kitchen staff involved in food preparation. For example one person had a nut allergy; other people required a low sugar diet and some people who had difficulty with swallowing their food were on soft or pureed diet. One person was on a gluten free diet and we saw they had their own supply of cereal's, cakes and biscuits. We observed how people using the service were supported by staff at lunchtime in the dining room. We saw people were able to make choices about the food they wanted to eat and some people required support from staff to eat during mealtimes. Staff were available and offered appropriate assistance in a relaxed and unhurried manner. Meals were served by staff who had a good knowledge of the dietary requirements and preferences of each person.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required. One visiting health professional told us, "I visit the home on a regular basis. Things have improved at the home in the way pressure sores are managed and reported through to our team and some staff have had training on pressure sore care. I have always found the staff to be friendly and approachable. There is always a member of staff available to help us when we come to provide treatment." Another visiting health care professional told us, "The staff are always pleasant when I come here, they pay good attention to the people living here and me too." Care plans detailed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate health professionals as required for further treatment and guidance for staff.

Is the service caring?

Our findings

People and their relatives spoke positively about the care and support they received from staff. One person said, "The staff are very caring and friendly. We can have a good chat and a good laugh with them." A relative told us, "My mum is very happy here. It's very quiet and peaceful here. My mum is in a lovely room with all she wants and needs and the staff are very caring and attentive. I know them all by their first names. I can come here anytime of the day or night and I am always made to feel welcome."

People using the service and their relatives were provided with appropriate information about the home in the form of a service user guide upon admission. The guide included details of the services they provide and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they started using the service and a copy was kept within people's rooms for their reference. A visiting relative told us, "When mum moved in they gave us a copy of the service user's guide so I know what to expect here."

People were supported to maintain relationships with relatives and friends and where appropriate they were involved in making decisions and in the planning of their loved ones care. A visiting relative told us, "When mum moved in we sat down with the registered manager and we wrote everything down about all of the things my mum needed. The registered manager sorted everything out for us. My mum has a care plan now so the staff know what they need to do for her." Care plans documented where appropriate that relatives and or advocates were involved in people's care and where required were invited to review meetings and other relevant meetings or events held.

People's privacy was respected and people were supported in a way that respected their dignity. For example staff told us how they promoted people's privacy and dignity by knocking on people's doors before entering their rooms, ensuring doors and curtains were closed when offering support with personal care and by respecting their choice if they wished to be alone or spend time in their room. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. Staff gave examples of how they address people's cultural needs and provided information about people's dietary preferences. They told us about the religious ceremonies that took place on a regular basis at the home and private religious services were also offered at people's request.

Staff respected people's choice and preferences and we saw how people preferred to spend their time. We observed staff spent time with people engaged in conversation and activities of people's choice. For example, we saw one person having a manicure and another person playing a board game of their choice with a member of staff.

Is the service responsive?

Our findings

People told us they received care and support in accordance with their needs and wishes. One person said, "The staff are all very good. They help me when I need it." Another person commented, "It's all good, they know me very well." Throughout our inspection we observed that people received care and support that was responsive to their needs and wishes, for example, we saw that one person was supported to have their hair and nails prepared and groomed which was documented within their care plan as an important weekly event for them. We also saw another person was supported by staff to care for the resident pet and to keep the garden tidy in good weather.

Assessments of people's needs were completed upon their admission to the home to ensure staff and the home environment could meet their needs safely and appropriately. We saw that where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. People's care needs were also identified from information gathered about them and consideration was given in relation to people's past history, preference and choices and care plans contained a personal history page of the person including personal family photographs of people's choice that were attached.

People's needs and wishes were assessed and documented for areas such as their personal history, physical and mental health, nutrition and hydration, mobility, medicines, communication, and end of life care amongst others. Care plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. Staff were knowledgeable about the content of people's care plans and how they preferred their care to be delivered. Staff reviewed care plans on a regular basis in line with the provider's policy and staff kept daily records about people's day to day wellbeing and activities they had participated in. People's progress included monitoring by staff as advised by health professionals, such as fluid monitoring and weight charts which were recorded to ensure any changes were identified.

People's diverse needs and independence were supported and respected. People had access to equipment enabling greater independence which met physical, emotional and sensory needs. Equipment included hoists, wheelchairs, seating, tables, cutlery and adapted beds. Care plans contained guidance for staff on the use of equipment and we saw equipment was subject to regular servicing when required.

People's need for social interaction and stimulation were met and staff supported people to engage in activities that met their interests. People told us they enjoyed the activities on offer at the home. One person said, "There is always something going on here. I like playing games." There was an activities coordinator in post at the home and the registered manager told us they worked to develop a programme of scheduled activities that people liked or preferred to do. We saw there was a weekly activity plan on display which informed people of the activities on offer. Activities planned included games, film showings and manicures. During our inspection we observed several people having a manicure and others participated in group discussions and games.

There was a complaints policy and procedure in place and information on how to make a complaint was on display within the home and accessible to all. There was also a suggestion box aimed at visitors enabling them to provide feedback about the service located in the reception area. People told us they knew how to make a complaint if they had any concerns. A visiting relative told us they knew about the home's complaints procedure and they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Our findings

People and their relatives told us staff were friendly, the registered manager was supportive and approachable and they thought the home was well-led. One person said, "Oh the manager is always here. She is very good and always listens to what I have to say." A visiting relative told us, "I am very happy with this place. I think it is very well run. The registered manager is always here, she is here more than she is at her own home. Anything we need she sorts out for us."

The service had a number of internal systems in place used to monitor the quality of the service on a regular basis. We looked at the systems used within the home to assess and monitor the quality of the service which included weekly and monthly audits conducted by the registered manager, senior staff and the provider's external auditor. Audits conducted included maintenance and environmental checks, care plans, health and safety, safeguarding, falls, staff training and records and medicines amongst others. Although systems and audits were in place to monitor the quality of service delivery some audits were not conducted when scheduled and did not identify some areas requiring improvements that we identified in the safe section of this report. For example the provider's staff file audits are scheduled to be conducted on a six monthly basis to ensure staff records and information is up to date and documented as required. However we saw that the last staff file audit was conducted in February 2016 and should have been conducted again in August 2016 in which it may have addressed the shortfall in staff recruitment practices within the service. This required improvement. The provider sent us an action plan detailing the actions taken to address these areas and we will check that the provider has addressed these concerns when we next visit the service.

At the time of our inspection there was a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. We saw they spent time with people using the service and staff and staff told us the registered manager was supportive and open to any suggestions they had about the service. One member of staff told us, "Since I started here in October 2016 I have been very well supported by the other staff and the registered manager. The senior staff share all of their experience and skills with me. The registered manager is always asking me if I am okay, if I need any help. She is always here for all of the staff and the residents."

Staff told us that team meetings took place regularly and they were able to make their views known to senior staff and the registered manager. We saw records of minutes of staff meetings held which showed these were used as an opportunity to keep staff informed about changes and about how the home was run. Staff were provided with time and encouragement to make their views known which demonstrated there was an open management culture within the home. One member of staff said, "The team meetings are very good, we talk about all the residents and all of the things we need to do for them." Daily staff handover meetings were also conducted at shift changes to ensure staff were informed of people's daily needs and treatment.

The provider sought the views of people using the service and their relatives through satisfaction surveys

that were conducted on an annual basis. We looked at the results for the survey conducted in October 2016. We saw that results were positive showing that 100% of people felt the home was clean and well maintained and 100% stated that they felt staff treated them with respect.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014. The provider failed to ensure robust staff recruitment processes.