St. Marguerite Residential Care Home Ltd

St Marguerite

Inspection report

10 Ashburnham Road
Eastbourne
East Sussex
BN21 2HU

Tel: 01323729634

Date of inspection visit:
30 November 2016
08 December 2016

Date of publication:
06 February 2017

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?	Requires Improvement

Summary of findings

Overall summary

St Marguerite provides care and support for up to 24 older people with care needs associated with older age. The needs of people varied, some people were mainly independent, some had low physical and health needs and others had a dementia and memory loss. The service provided some respite care that included supporting people while family members were on a break, or to provide additional support to cover an illness. Some people had more complex care needs that were met with community health care support that had included end of life care when required. At the time of this inspection 20 people were living at the service.

The service had a registered manager in place. 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. The registered providers for this service maintained regular contact with staff and people who use the service.

St Marguerite was inspected in August 2015. We found the provider was in breach of two regulations. Improvements were required to ensure accurate and correct records were used to inform the care of people. Staff needed further training to ensure they were fully aware of what procedures to follow when an allegation or suspicion of abuse was raised. The provider sent us an action plan and told us they would address these issues by November 2015.

This inspection took place 30 November and 8 December 2016 and was unannounced. At the time of this inspection, 20 people were living in the home. This was a full comprehensive inspection to see what improvements the provider had made to ensure they had met regulatory requirements. We found improvements had been made. The provider had ensured people's care records had improved. Staff had a good understanding of safeguarding procedures and how to protect people from abuse.

The quality monitoring systems needed further development to make sure they were used to promote best practice and to identify areas of improvement and any actions that may be required. This included the use of suitable guidelines for all medicine administration and to demonstrate staff delivered these in a consistent way. In addition although care records had improved some care documentation was not completed to record the care required and provided. This could lead to staff not having up to date guidelines on people's needs and the appropriate care to be provided.

People were looked after by staff that knew and understood their individual needs well. Staff treated people with kindness and compassion and supported them to maintain their independence. People's dignity was protected and staff were respectful. All feedback received from people and their relatives was positive about the care, the atmosphere in the service and the approach of staff, registered manager and the providers. One person said "This is a wonderful place." Two other people told us they would recommend St Marguerite to friends and family. "I would strongly recommend it to my friends." All feedback from visiting professionals

was positive. They told us staff worked with them to improve outcomes for people and to ensure their health was maintained.

Medicines were stored, administered and disposed of safely by staff that were suitably trained. People were protected from the risk of abuse because staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff were trained on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of liberty and knew the correct procedures to follow in order to protect people's rights.

Staff were provided with a training programme which supported them to meet the needs of people. Staff felt well supported and on call arrangements ensured suitable management cover. Recruitment records showed there were systems in place to ensure staff were suitable to work with people who lived in the home.

Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. People had access to health care professionals when needed.

People had the opportunity to take part in a variety of activities, both in and out of the service. The provider made sure they took people's choices and preferences into account. Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships. People had enough to eat and drink and their nutritional needs were well assessed and monitored when needed. People enjoyed a range of nutritious food and drink throughout the day and mealtimes were pleasant and relaxed occasions. People were supported to maintain their own friendships and relationships. Staff related to people as individuals and took an interest in what was important to them.

There was an open culture in the service the registered manager listened to the views of people and staff views. The open culture was promoted by the providers who were visible and approachable. Staff enjoyed working at the home and felt supported. Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback. A complaints procedure was available for people to use.

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.

Staff were able to recognise different types of abuse and were clear on what they needed to do to protect people from the risk of abuse.

Medicines were stored and managed safely. Recruitment practices were safe and relevant checks had been completed before staff and volunteers worked unsupervised.

People lived in a safe environment and were supported by enough staff.

Is the service effective?

Good

The service was effective.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process, if someone lacked capacity to make a decision.

Staff ensured people had access to healthcare professionals, such as the GP and specialist nurses as necessary.

People's changing needs were met because staff were suitably trained and supported to do so People's nutritional needs were assessed and recorded. People were asked about their food preferences and were given choices to select from.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well.

People and relatives were positive about the care provided by staff.

People were encouraged to make their own choices and had

their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People received care and support that was responsive to their needs because staff knew them well.

People were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of activity inside and outside of the service.

A complaints policy was in place and people said that they would make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems were not well established to identify all areas for improvement and monitoring.

The registered manager, provider and staff were approachable and supportive.

Staff and people spoke positively of the management team's leadership and approach.

St Marguerite

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November and 8 December and was unannounced. This was undertaken by an inspector. Before our inspection we reviewed the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. 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.

Before the inspection we spoke with the local authority who commissioned care for people from the service. During the inspection we were able to talk with eight people who use the service and four relatives. We spoke with two staff members, the temporary deputy manager, registered manager and the provider. We also spoke to two local GPs, a visiting specialist nurse and the environmental health officer who was completing an inspection of the kitchen and food handling.

We spent time observing staff providing care for people in areas throughout the home and observed people having lunch in the dining room. We used the Short Observational Framework for Inspection (SOFI) during the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents which included three people's care plans and associated risk and individual need assessments. This included 'pathway tracking' three people living at the service. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at three staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.

Good

Is the service safe?

Our findings

People and their relatives were confident they were safe living at St Marguerite. They told us staff attended to all their needs and answered the bell when they rang for assistance. They trusted the staff and felt safe with them. One person said "We are all safe, warm and well fed what more could we want." One person said they could now have a bath safely because of the support staff gave them. Another person said "I would not worry if I had left money out I know staff would not take it." One relative told us the risk their family member falling at home had been serious, and were relieved now their relative was living in St Marguerite and felt safe to move. Visiting health professionals were positive about the standard of care people experienced and said staff communicated well with them which helped to ensure people received safe care. For example staff asked for advice on any increasing health needs.

At our last inspection in August 2015 the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not fully protected against the risks of abuse or improper treatment because staff did not understand their individual responsibilities in reporting concerns.

Following the inspection we received an action plan that told us how improvements would be made. At this inspection we found staff had a good understanding and how to protect people from abuse knew what they should do to safeguard people. The provider was now meeting Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff received training on safeguarding adults and understood their individual responsibilities to safeguard people. Staff were able to talk about the types of abuse, and what action they would take to respond to allegations or suspicions of abuse. Staff said they would report any concerns to the registered manager. They knew the correct reporting procedures and said they would report directly themselves if they needed to. The registered manager had a good working knowledge of the local safeguarding procedures.

People told us there were enough staff to respond to their individual needs. Comments included "When you ring your bell someone comes" and "There is always staff there if you need them." The providers and the PIR confirmed that the staffing arrangements were reviewed in accordance with people's needs. A recent review identified a second night staff was required. We found this staffing arrangement had not been fully implemented. The provider confirmed it was the intention to provide two waking staff throughout the night and by the second day of the inspection this had been established. Staffing established ensured there was enough staff to meet people's needs.

There were safe recruitment procedures in place. The registered manager and the provider were responsible for staff recruitment and ensured appropriate checks were completed before staff started working in the service. Staff records included application forms with a full employment history and confirmation of identity. The recruitment process included the sourcing of references that informed the provider of staff suitability. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identified if prospective staff had a criminal record or were barred from working with children or adults at

risk.

Risks to people's health and safety were identified and well managed. Staff and records confirmed people were routinely assessed. These included risk of falls, skin damage, nutritional risks and moving and handling. People had equipment to reduce the risk of falls and maintain independent mobility which included walking frames.

Medicines were managed safely. People told us they received their medicines when they needed them. For example, one person told us; "I have to have my medicines at certain times and staff ensure this happens". Another person told us how staff "had sorted all my medication problems out with the GP." People who wanted to administer their own medicines were able to do so once staff had assessed any risks associated with this. For example, ensuring people were able to identify what medicines they were taking safely.

People's medicines were safely stored. Medicines that needed refrigerating were locked in an allocated fridge. Both had suitable temperature monitoring in place to ensure medicines were stored correctly. People only received their medicines from staff who had completed training and had their competency to administer medicines safely checked. When staff administered medicines, they followed best practice guidelines. For example, people's medicines were administered individually, and their Medication Administration Record (MAR) chart was only signed by staff when they had taken their medicine. Staff ensured people had a drink and asked people what medicines they needed. The supplying pharmacist undertook an audit of the medicine management in the home.

Some people were on variable dose medicines and medicines that needed to be given at specific times and these were well managed. For example, some people had health needs which required a change to the medicine dose related to specific test results. These were accurately reflected on the MAR chart and we found medicines were given in accordance with any changing requirements.

The provider made sure the environment was safe. The home was well maintained and equipment and facilities were checked for safety on a regular basis. For example, the passenger lift was maintained and checked for safety by a suitably qualified person and safety checks on the electrical and gas supply were in place. A maintenance person worked in the home and responded to issues raised by people and staff. This included responding to people's requests like hanging pictures and general maintenance, as well as improvement to the premises. Staff told us any maintenance issue identified was responded to quickly. People and relatives were complimentary about the environment and the standard of cleanliness. One person said "They clean your room regularly." An area within the home was found to be malodorous and the provider increased the shampooing of the carpet in this area to address this. This along with individual continence management for one person reduced the odour problem.

Systems were in place to respond to emergencies, for example fire or flood. Contingency and emergency procedures were available for staff, and gave them information about what they should do in the case of an evacuation. Staff had access to relevant contact numbers in the event of an emergency along with staff on call contacts. The provider and registered manager were also available and lived in the local area. Fire procedures and checks on equipment were in place and an emergency information box was accessible near the front door of the home. This included personal emergency evacuation plans (PEEPs) and important information on each person including medication in case people needed to be relocated.

Good

Is the service effective?

Our findings

People told us staff were well trained and had the skills and abilities to look after them. One person said "I only need to say what I roughly want and the staff do all the rest." They told us they were not restricted in any way and were well cared for and any health needs were responded to quickly and efficiently. A relative told us; "The staff are marvellous they understand people and what care they need." Visiting health care professionals were positive about the skills and competence of the staff.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. All staff had clear job descriptions and terms and conditions of employment which clarified individual staff roles. New staff undertook an induction programme that included working alongside senior staff in a shadowing role and the completion of essential training. The induction programme covered the 'common induction' standards and staff new to the care sector completed the 'care certificate framework' which were both based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector.

Staff confirmed there was a training programme in place and they completed essential training throughout the year. This training included health and safety, infection control, safe moving and handling, safeguarding and equality and diversity. Additional training recently sourced included further specific training on dementia and behaviour that may challenge others. Staff training was co-ordinated and reviewed within the supervision programme.

Staff told us they could ask for training on areas of interest and had been supported in completing recognised training in health and social care. The training programme was varied and reflected the needs of people living in the service and ensured their care needs were met. Systems were in place to support and develop staff. Staff told us that they felt very well supported by the registered manager and the providers. Staff received supervision and were able to raise any issue or concerns at any time and had the opportunity to discuss individual training needs and development. Supervision sessions were well documented and reflected regular contact with the registered manager or the provider.

Staff had completed training on the Mental Capacity Act (MCA) and DoLS. The MCA 2005 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. There were relevant guidelines in the office for staff to follow and all staff understood the principle of gaining people's consent before any care or support was provided. People were always asked for their agreement and were given choices throughout the day. For example, a wide choice of meals was offered to each person on the day the food was provided rather than having to make decisions in advance. People were able to spend time where and with whoever they wanted to. The MCA 2005 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.

We were told that everyone living in the home had capacity to make decisions about their care and daily life. The registered manager was aware that mental capacity assessments would need to be completed if there was any concern around people's capacity. They knew any decisions made for people who lacked capacity had to be in their best interests, and would involve the relevant people to make sure this happened. People were complimentary about the food and how they were given choice and variety. The food was nutritious and met people's individual needs and preferences. One person who had a specific diet told us "If I do not like the food offered I can always have an alternative." Another person said "The food is very good. They know I like vegetables in particular and they always make sure I have plenty of these."

People could eat their meals where they wanted and were offered drinks and snacks regularly. People were able to sit in small groups in the dining room and tables were set attractively with decorations, napkins and condiments. Lunchtime was a pleasant social event with people chatting with each other and staff. Staff offered support to those people they knew needed assistance. For example, offering to cut food. A coffee bar was located in the dining area along with snacks and fresh fruit. People were able to help themselves and staff offered support and made drinks for people throughout the day.

The provider worked with the catering staff to provide a nutritious and varied diet. Feedback received from people and staff was used to develop menus and to ensure people's likes and preferences were responded to. The inspecting Environmental Health Officer was very satisfied with the food practices within the home and confirmed the specialised combi oven used ensured food was cooked in a way that preserved high levels of nutrition within the food.

Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. For example, one person had difficulty with swallowing and this need along with their additional care and support was recorded appropriately. A nutritional risk assessment was used routinely for people, and staff monitored people's weights regularly to inform this risk assessment.

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted to and were supported to attend any health appointment. Staff had regular contact with the community health care professionals and recorded this contact within the care records. Health professionals said people's health care needs were met because they had regular and appropriate contact with staff. For example staff liaised with a local GP to ensure two people who recently moved into the service received their flu jabs, to help protect their health through the winter months.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. People their relatives and visiting professionals were very positive about the caring nature of the staff and the provider at St Marguerite. People told us staff were kind, friendly, gentle and always willing to help you. One person said "Staff are wonderful and this is a truly lovely place. Another person said "This is such a nice place, we are very lucky here, the staff are lovely." A third said "The owners are the nicest people under the sun. Lovely staff, I shall be here for the rest of my life, I would not wish to be anywhere else."

Relatives were satisfied with the care provided and the caring approach of staff to them and people living in the service. One relative told us how staff had supported them and their family through a difficult admission process. Staff had dealt with the difficult circumstances in a sensitive way ensuring the move into the service was what the person wanted. They had supported them and relatives to make sure the health and wellbeing of all people concerned was protected Visiting health professionals also commented on the approach of the staff saying they were polite, respectful and helpful. They told us the atmosphere in the home was good and people they attended to were always positive about the staff and the way they were cared for.

The service was like a home and promoted a community spirit, people were treated as an important person who lived in the home. Staff introduced people to each other and encouraged conversations between people. When staff spoke with people it was meaningful and staff made it an important interaction, taking a genuine interest in what people were saying. When people expressed a view or requested something this was responded to. For example, peoples were asked for their views on the food and any requests were dealt with immediately. This ensured people knew their views were important. The PIR confirmed "Staff understand the resident's views have to be at the heart of every decision." Staff and the providers showed a genuine kindness and a wish for people to be as happy and content as possible and demonstrated this approach was embedded into practice.

Staff were kind and attentive to people and were committed to providing a high standard of care. Staff supported each other with covering shifts to make sure people received care from people who knew them. Staff gave people time to chat and shared a joke with them. People were given space and time to do things for themselves with staff in the background ready to assist if required. Staff had a good knowledge and understanding of the people they cared for and had established caring relationships with them. They were able to tell us about peoples past life's and personal interests and choices. For example, staff knew how people liked to present themselves including ladies who like to wear makeup and jewellery.

Each person had a named keyworker. A key worker is a designated member of staff with special responsibilities for making sure that a person has what they need and takes a specific interest in their individual care and support needs. Staff told us this helped them relate to people as they had an allocated responsibility and were involved in discussions with relatives and the review of care.

Staff respected people's privacy and promoted their dignity. People's bedrooms were seen as people's own personal area and staff respected this, only entering with permission. Most rooms had en-suite facilities and

consideration had been given to privacy issues for those rooms without. One room had been provided with a discreet area with a door to use when a commode was used to promote privacy. Staff supported people to maintain as much independence as possible allowing people to take the time they needed to do things for themselves when possible. Maintaining people's independence was important to people and promoted. For example, one person had their bed lowered so they could continue to get in and out independently.

People always received consultations with professionals in private and visitors were supported to see people where they wanted to. For example, a small private seating area was available if people wanted a private room. People's rooms were individual and contained items that made the room reflect each person as an individual. This included items of furniture, pictures and photographs. People liked their own rooms and told us how much they appreciated the attractive decoration and having their own important possessions around them. The ability to personalise rooms is important to allow people to maintain a sense of identity.

People were supported to maintain their own standards of dress. People told us the laundry service was good and their clothes were returned to them quickly and well attended to. This allowed people to dress according to their individual preference. People could also have their own or a visiting hairdresser and a manicurist visited to attend to both ladies and men's nails in private if wanted.

People were encouraged and supported in maintaining links with their friends and relatives and to maintain relationships that were important to them. Relatives said they felt comfortable to visit the home as they wished and were always given a warm welcome. St Marguerite was seen as people's own home and they could invite relatives and friends for meals and to spend time in the garden as they wished. One couple living in the service had chosen to share a room and their private time together was respected.

Staff understood the importance of maintaining people's confidentiality. Records were kept securely within a staff only area and staff spoke about maintaining accurate and clear and professional records. Staff told us that information about people was only shared within the home with staff and people were not discussed outside. Records confirmed that staff received training on maintaining confidentiality.

Good

Is the service responsive?

Our findings

At our last inspection in August 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because personal records were not accurate or complete. This lack of accurate records and clear guidance for staff to follow did not ensure people's individual care needs had been identified or that they were being met in a consistent and effective way.

Following the inspection we received an action plan that told us how improvements would be made. At this inspection we found personal care records had improved.

People experienced care which was focussed on them as an individual and that reflected their choices and preferences. Everyone was treated in a person centred way that promoted their individuality. People told us their choices were respected and they had control over their lives. People were free to spend time where and with whom they wanted. This was important to people who did not want to socialise and enjoyed time in their own company. Some people preferred to start their days later and this was respected with people able to have a late breakfast when they wanted. One person told us they had been to St Marguerites before and had chosen to come back having liked the freedom and atmosphere in the service.

Staff had a good understanding of the support people needed and this ensured a personalised approach to care was maintained. Communication systems between staff were maintained and promoted the sharing of information across the staff team. These included regular discussion between staff and a formal handover between staff when changing shifts. The handover focussed on care and support provided and planned and ensured staff were responsive to people's changing needs. For example, one person had been prescribed anti biotics and staff on each shift were advised that there had been a change in this person's medication and how their health was to be monitored.

Visiting professionals said staff knew people well and were knowledgeable about people's needs. Staff were available to discuss health and care needs and responded to any recommendations that they made to improve health outcomes. For example, medicines were administered at specific times when needed and staff had recognised when the care and health needs had increased to a level that could not be met by the service. They then worked with the community services and the family in finding a suitable placement.

Before people moved into the home the registered manager or senior staff member and the provider carried out an assessment to make sure the service could provide them with the care and support they needed. The service used a computerised care plan system which included various assessments that generated corresponding care plans. There was information about who the person would like to be involved with their care and their consent to daily care.

People's care needs were assessed and individual care plans were put in place to guide staff on how to provide care for each person. People were involved in a monthly review of their care needs and their care plans were adjusted if they needed it. Everyone was admitted on a trial basis and plenty of time was given to people to make decisions about their stay and possible move into the service.

People were able to join in with entertainment and activities if they wanted to. It is important for older people who live in residential services to have the opportunity to take part in activity that is meaningful to them. This helps people to maintain or improve their health and mental wellbeing. Staff helped people to be involved in activities that interested them. For example, one person was interested in art and they were supported to pursue this interest whilst living at the Home. Staff ensured they had suitable art material and facilitated an art group which the person led. There was a dedicated staff member who worked each day to promote activity, entertainment and social interaction in the service.

There was a schedule of events and entertainment available for people, and this was promoted with the monthly newsletter. The activities on offer were varied and reflected a wide range of interests and abilities. Clubs and groups of people with particular interests had been established. These clubs included gardening, arts and crafts and card games group. This allowed people with shared interests to form friendships and work together on projects. For example, the gardening club had discussed and planned the building of a garden gazebo. This was now part of the garden and enjoyed by people and visitors to the home. Everyone made good use of the garden which was attractive and well maintained. Some people could sit outside their rooms on individual patio areas.

Feedback about the activities and entertainment was positive. Comments from people included, "I enjoy the word games and quizzes that they do here" and "We go out on outings, tea at the Hydro and we went to a garden centre recently." Relatives were encouraged to be involved with the service and supported the activities and entertainment provided. For example, relatives helped organising the garden club and this promoted an inclusive atmosphere in the service. People said that they would have no problem in raising any concern or complaint if they needed to. They expected that any complaint or concern would be dealt in a positive and constructive way. People said they were comfortable in raising concerns with any staff but for something serious they would talk to the registered manager or provider. There was a complaints procedure in place which was accessible to people. Records confirmed that formal complaints were investigated and responded to effectively. The PIR confirmed the complaints procedure was to be discussed at 'residents meetings' which will encourage further openness. With senior staff able to support people in using the complaints procedure in the future. The registered manager and provider maintained regular contact with people and their relatives and often sought them out to gain individual feedback. Communication was effective and maintained as part of the daily conversations with people. Residents meetings and satisfaction surveys were also used to gain additional feedback.

Requires Improvement

Is the service well-led?

Our findings

People and relatives were consistent in their positive feedback about the management of the service. They were confident the registered manager and the providers had a good overview of the service. People and relatives said they were listened to and the culture of the home was open and relaxed with a pleasant atmosphere. Their comments included, "The management has bent over backwards to help us all, nothing has been too much trouble" "The owners are the nicest people under the sun" and "You are treated correctly. The owners and manager makes sure of that." Visiting professionals were also positive about the management of the service, which they felt met people's needs well and promoted a friendly atmosphere.

Whilst all feedback about the management was very positive we found the leadership of the service was not effective in all areas. We found management systems that included quality monitoring did not always ensure safe and best practice was followed in all areas. For example, records relating to topical creams were not always accurate. The provider could not demonstrate that these medicines were always delivered in a consistent way. We also found some care documentation was not completed in a consistent way. For example, when people had more complex care needs they were not always clearly reflected within the plan of care. We found when people had diabetes, how their care needs were monitored and responded to was not recorded within their plan of care. Staff were not provided with clear guidelines on what care was to be provided to meet individual needs. However we did not find that these areas impacted on people's care because staff had a very good understanding of people's individual needs. There were no internal quality audits to review and monitor medicine management and care records. These areas were identified as requiring improvement.

There was a clear management structure in place at St Marguerite that staff were familiar and comfortable with. The registered manager took the lead on all care matters within the service. The providers worked with them and supported them with the overall management of the service and staff. The providers took the lead on finances and maintenance. The providers had contracted support from health and safety and employment law consultants to ensure appropriate advice was available when needed. When the registered manager took extended leave the providers had ensured suitable alternative management arrangements were established. This had recently included the recruitment of an experienced manager to cover.

The registered manager and providers fostered an open positive culture that supported and engaged with staff. Staff were very positive about working at St Marguerite and told us how much they enjoyed their work and felt appreciated and encouraged in their roles. Staff talked about how approachable the providers and the registered manager were and how they could speak to them at any time. Staff felt they were listened to and that their views were taken into account. If they asked for anything from the provider this was provided. The team spirit and willingness to work together for the benefit of people was strong throughout the whole team. This was demonstrated with staff working extra shifts to cover annual leave and sickness often at short notice.

.

Information on the aims and objectives of the service along with its philosophy of care were recorded within the 'statement of purpose' which was available to people, staff and visitors. The philosophy of the home was 'to create a secure, happy, relaxed and homely atmosphere for the residents to live in and for the staff to work in.' Discussion with people and staff and responses to surveys confirmed this commitment was well established and reinforced by the management team. Staff were aware of the homes philosophy and values and regular staff meetings ensured staff were involved in discussions around service development. One staff member talked about improvements to the laundry service which now allowed for sheets to be laundered externally. They felt they had been involved in the decisions around this improvement. The PIR recorded the emphasis within staff supervision to encourage staff to express their opinions and when discussions covered required improvements this was undertaken in positive way to maintain staff motivation. Staff also recently had the opportunity to share their views through a staff survey.

People and relatives were involved in developing and improving the service. People were involved in regular meetings where they could raise any issues and provide feedback. One person said "You can say what you want here without being contradicted." People and relatives felt they were consulted and gave examples including discussion around activities and food which were raised within the 'residents meetings'. The annual surveys were reported on giving a visual report on how the service was performing. The providers were in the process of analysing this along with the comments made by individuals ensuring these were followed up with a recorded outcome. Overall it demonstrated a high satisfaction with the service provided at St Marguerite.

The providers did have some systems to monitor and analyse the quality of the service people experienced. These included regular review and monitoring by the providers who visited the home regularly spending time with people and their visitors who they knew well and had formed trusting relationships with. The providers planned to record this feedback in a more formal way. Contact was maintained with all staff and management meetings were held with the registered manager. These recorded operational aims and proposed developments that included spending on redecoration and furniture replacement. The provider had used the PIR as a quality tool and had completed it thoroughly and objectively. External quality monitoring systems had also been used and included an independent healthcare consultant. A new self – assessment operational checklist was being completed and the PIR confirmed the use of another external quality auditor in the future.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.