

Hereward Care Services Ltd

St Margaret's House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

St Margaret's House is registered to provide accommodation for up to 11 people who require personal care. The service provides a service for people who have a learning disability. At the time of the inspection there were 11 people living in the service.

At the last inspection on 13 October 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people living at the service and to keep them safe. This included assisting people safely with eating and drinking.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The management staff and care staff were knowledgeable about the people they supported and knew their care needs well. Staff offered people choices and these were respected and actioned by staff.

There were sufficient numbers of staff on duty to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people living at the service

People experienced a good quality of life because staff received training that gave them the right skills and knowledge to meet their needs. People were supported and assisted with their daily routines, shopping and accessing places of their choice in the community.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People received appropriate support to maintain a healthy diet and be able to choose meals they preferred. People had access to a range of health care professionals when they needed them.

Staff were clear about the values of the service in relation to providing people with kind and supportive care. People's dignity and privacy was promoted.

The provider had processes in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their

relatives and staff were provided with the opportunity to give their feedback about the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

St Margaret's House

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 checked 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 19 September 2017 and was unannounced. The inspection was carried out by one inspector.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We spoke with four people living at the service. We spent time observing the care provided by staff to help us understand the experiences of people.

We looked at records in relation to two people's care records. We spoke with the registered manager, area manager and two support workers. We also looked at records relating to the management of risk, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at St Margaret's House. One person said, "I love living here and the staff help me. Yes I always feel safe. There is always a member of staff around." Another person said, "Oh yes I feel safe here. The staff make me feel safe."

Staff confirmed they continued to receive updated training. They demonstrated an awareness of the safeguarding procedures and were able to tell us who to inform if they ever saw or had an allegation of abuse reported to them. Notifications received by CQC confirmed the service had responded appropriately to safeguarding concerns, which ensured the safety and welfare of people using the service.

People continued to be kept as safe as possible because there were up to date risk assessments for staff to follow. These were updated regularly to ensure they continue to meet people's needs. We saw examples of risk assessments, which included moving and handling, eating and drinking, assistance with medicines and being safe when out in the community. Personal evacuation plans were in place for each person in the event of an emergency occurring.

There continued to be an effective recruitment and selection process in place. Staff records showed us that an application form had been completed, references and proof of identity had been provided. Each member of staff had been subject to a criminal records check before starting work at the service.

People told us, and we saw, that there were enough staff available to meet their needs. The staffing levels were kept under continuous review by the staff team to ensure the service met people's needs. People told us they were able to talk to staff and ask for support when needed or to share any worries. The area manager told us that additional staff were brought in to accommodate people's needs. For example when people needed support to attend an appointment.

We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly. Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Medicines were reviewed by the GP and any changes were actioned as required. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help make sure people were safely administered their prescribed medicines.

Regular health and safety checks were completed and any accidents and incidents were recorded. The registered manager told us that the records were analysed to identify any trends to avoid any further occurrences. There were no current on-going issues identified.

Is the service effective?

Our findings

Staff confirmed the induction, training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. We saw that training to meet people's specific needs had been completed in areas such as epilepsy, first aid, infection control, moving and transferring and safeguarding. A support worker told us that they had shadowed experienced members of staff, which had helped them in getting to know the needs of the people they supported and cared for.

Members of staff said that they had the support to do their job and this was provided on both an informal and formal basis. One member of staff said, "I get supervision with the [registered] manager. If I have any queries or problems any member of the team are here to answer any queries or give support." There was a plan in place which had scheduled dates for staff to attend future one-to-one supervision and appraisals.

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 MCA 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 provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us, and records confirmed that they had received training in the MCA and DoLS. Staff we spoke with showed a basic understanding of promoting people's rights, choices and independence. Staff told us they would like more training in MCA and DoLS to have an even better understanding. We spoke with the registered manager and they said this could be arranged. We saw that the registered manager had made applications for DoLS authorisations. One application had been approved by the local authority. Others were still awaiting the outcome.

People's dietary needs and food preferences were recorded in care plans and people were positive about the meals. When one person was asked if he liked the food they said, "I enjoy the food here and I am able to choose what I eat." Drinks were readily available, both with meals and throughout the day. Where people had specific dietary needs these were detailed in the care plans. People had access to the kitchen and could choose to prepare and cook meals with staff assistance where required.

People continued to have access to a range of health services. We saw that where people needed to access hospital services a member of staff accompanied them, when required. We saw that there were records in people's care plan documents, which detailed appointments that they had received with a variety of

healthcare professionals such as their GP, dentist and chiropodist.

Is the service caring?

Our findings

Interactions between staff and people living at the service were kind, caring and friendly. Throughout the inspection we saw staff attentively supporting people in a reassuring manner. Staff continued to assist people with their daily routines and supported them to access the local community during the day. A number of people attend daily activities at a local day centre. One person said, "The staff look after all of us very well. We are able to choose whatever we want. [Name of staff] help me when I go shopping."

Staff continued to communicate effectively with people to assist them in making choices and decisions about their care. People's requests were promptly dealt with in a caring and supportive way. One person needed to be reassured and a member of staff responded to them quickly and attentively. The staff member explained where they would be going and when it would happen. This showed that staff were able to respond and act upon people's care and support needs.

We observed that people were at their ease and comfortable with staff. Staff demonstrated an affectionate and caring approach. They also demonstrated they were knowledgeable and enthusiastic regarding the people they supported. One member of staff said, "I really enjoy working here, it's such a lovely place. The residents [people who live at the service] are able to choose what they do and where they go." Another member of staff said "I enjoy helping people to become as independent as possible. Everyone likes to do different things and it's good they are able to choose."

People were treated with dignity and respect and staff explained and checked with people before assisting them with any personal care. Staff told us people were encouraged to maintain relationships with people who were important to them and were supported to do this. Staff told us and people confirmed that they are supported to attend local events where they could meet up with friends.

Is the service responsive?

Our findings

People continued to have access to the community. One person said, "I enjoy going to the day centre." Another person had planned a trip out for lunch and they had already planned what they were going to eat. One member of staff said, "It's nice ensuring that people are supported go out to activities such as going for walks, visiting cafes and going shopping."

People's needs were assessed, planned and delivered in a way that met their health and social support needs. People's care records contained personalised information about them, such as their day time and evening care and personal support routines, hobbies, interests, food preferences and family/ life history. Staff told us that this detailed information helped inform them when supporting and assisting people with their personal care and their preferred activities. People told us that they felt involved with planning their care and support. They said they regularly met with their 'keyworker' (member of staff who is responsible for overseeing their care) to review and organise their plans and timetables.

We saw that people's care was reviewed to ensure that their support needs were kept up to date. Staff completed monthly reviews regarding each area of the care plan and changes were noted and implemented where needed. Daily records were completed detailing the care that had been provided and how people had spent their day and to record any significant events or appointments.

People and the staff told us that they were in regular contact with a variety of care professionals. Examples included appointments with hospital outpatient's staff, local GPs and therapists to assist with people's particular healthcare needs.

People had access to the complaints process which staff assisted/guided them if they wished to raise any concerns. Staff confirmed they were aware of the complaints policy and knew the process to respond to any complaints made. There had been no formal complaints received in the last year. We saw throughout the inspection that people's on-going queries or concerns were dealt with swiftly and attentively by the staff. This showed people were listened to and their concerns were responded to.

Is the service well-led?

Our findings

There continued to be a registered manager in post. 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 manager was supported by senior carers and support workers to ensure care and support for people was well coordinated and delivered.

People and staff told us the registered manager was approachable and listened to what they had to say. People knew who the registered manager was and told us that they chatted and had cups of tea with them. We observed that people were listened to by staff who reacted to their needs and wishes in an attentive manner.

We saw that staff were dedicated in providing a good service and were enthusiastic about supporting people living at the service. Staff we met described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. The staff told us that the registered manager worked alongside them to monitor the service. This helped to identify what worked well and where improvements were needed.

Staff confirmed staff meetings took place to share information and ideas on how to improve the service and to ensure people's needs were being met. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service. Examples of areas for improvement included access to a more suitable vehicle to transport people in the service and they were waiting a delivery of a new vehicle.

The provider had a range of systems in place that assessed and monitored the quality of the service, including shortfalls and the action taken to address them. This included carrying out surveys to obtain feedback from people using the service, their relatives and staff.

The registered manager had informed the CQC of significant events in a timely way. This included notifications about accidents and incidents and where people had a DoLS in place. This meant that CQC was able to monitor the overall health, safety and wellbeing of people who used the service.

The registered manager monitored accidents and incidents and made an analysis of incidents to look at any trends and take the interventions necessary to reduce these reoccurring.