Total Support Solutions Limited

St Margarets Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 6 and 7 February 2017. It was unannounced. St Margarets is registered to care for 22 people. There were 17 people living at St Margarets when we inspected. People cared for were all older people living with a range of care needs, including arthritis, breathing difficulties and heart conditions. Some people were also living with dementia. Many people needed support with their personal care and mobility needs.

St Margarets is a large domestic-style house. It is set in its own grounds on a residential street in Eastbourne. Accommodation is provided over three floors. Chair lifts are available to support people in getting between each floor. A lounge and separate dining room are provided on the ground floor, with a garden to the rear.

St Margarets has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider for the service is Total Support Solutions Limited.

St Margarets was last inspected on 7 and 8 June 2016. At that inspection, it was rated as requires improvement. The service was in breach of Regulations 9, 12, 17 and 18 of the HSCA Regulations 2014 which relate to person-centred care, safe care, governance and staffing. Following the inspection, the provider sent us an action plan to outline how they would address these areas. At this inspection, we found the provider and registered manager had been successful in making most of the necessary improvements.

Only one area required improvement. This related to ensuring all people's care records were accurate and updated when their conditions changed. There was no written agency induction to ensure temporary staff understood key areas relating to safety. Responsibilities for ensuring effective cleaning of all parts of the laundry to reduce risk of infection were not clear. This last issue was dealt with during the inspection.

The provider and registered manager had been effective in taking action in other areas. Improvements included ensuring the home environment was safe for people and risks to people, such as risk of falling, were assessed regularly. Where risk was identified, relevant action plans or care plans had been put in place to ensure people's safety.

People's safety at night had improved because of increased staffing levels. People now said they felt safe at night and were responded to when they needed assistance. People and staff said staffing levels during the day met their needs. New staff were recruited in a safe way.

The registered manager had ensured people had care plans about their needs, including people who were living with dementia and where people had continence needs. These were regularly reviewed. People were supported in taking their prescribed medicines in a safe way. District nurses commented on the effective

working relationship between the home and themselves.

Activities for people had improved since the last inspection. The activities were clearly enjoyed by people. People's families and friends were encouraged to visit.

Improvements had been made to the meals service, and meals were now a social occasion. A range of choices were offered to people at each meal. People said how much they enjoyed their meals. Where people needed additional support to eat and drink, this was provided.

People and their relatives commented on how caring staff were. They said staff respected their privacy and dignity and also encouraged them in being as independent as they wanted to be. People said they felt safe in the home. Staff had a good awareness of how to ensure people were safeguarded from risk of abuse. Staff worked within the principals of the Mental Capacity Act 2005 (MCA). They supported people in choosing how to live their lives, and also took appropriate action to safeguard people from risk of being deprived of their liberties.

Staff said they were supported in caring for people by the range of training provided and were also supported in their roles. They said they liked working in the home and could raise matters when they needed to with the registered manager.

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.

Risks to people's safety were assessed relevant actions taken.

Staffing levels were appropriate to meet people's needs.

Staff were recruited in a safe way

People were given their medicines in a safe way.

People were safeguarded from risk of abuse.

Is the service effective?

Good

The service was effective.

People could choose their meals. People commented favourably on the quality of the meals

People received the care they needed because staff were supported by training and supervision.

Where people needed additional support, staff liaised effectively with external professionals.

People were assessed in accordance with the MCA and the registered manager was aware of how to make relevant referrals where people were at risk of being deprived of their liberties.

Is the service caring?

Good

The service was caring.

People were cared for in a kind and caring way and staff made sure they protected people's privacy and dignity.

Staff supported people in being independent and sought people's agreement when providing care.

Staff were consistently polite and supportive to people.

Is the service responsive?

Good

The service was responsive.

Staff knew how to respond to different people's care needs.

People were involved in activities if they wished, and were supported in maintaining relationships with family and friends.

People and their relatives were confident action would be taken if they raised issues. The service had a complaints policy in place.

Is the service well-led?

Requires Improvement

Some areas required improvement to ensure all relevant matters were documented and audited.

The registered manager had developed they systems for review of quality of care for people and was open to developing new ideas.

The registered manager supported staff and listened to their feedback. Staff reported on the philosophy of care and effective teamwork, which supported them in their roles.

St Margarets Care 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 took place on 6 and 7 February 2017. It was unannounced. The inspection was undertaken by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and the provider's information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which 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.

We met with all 17 people who lived at St Margarets and observed their care, including the lunchtime meal. We spoke with six people's visitors and relatives. As some people had difficulties in verbal communication, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We inspected the home, including some people's bedrooms, the laundry, bathrooms and toilets. We spoke with two district nurses, seven members of staff, and the registered manager.

We 'pathway tracked' five of the people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included staff training records, staff recruitment records,

medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

At the last inspection, St Margarets was rated inadequate in relation to safety. This was because there were areas where people were not protected from risk of avoidable harm. The registered manager had put an action plan in place, and with her team, had made substantial improvements in ensuring a safe service was provided to people.

At the last inspection, some areas of risk to people had not been identified and some people's risk assessments and care plans were not accurate. At that time, we identified the service was in breach of Regulation 12 of the HSCA Regulations 2014, which relates to safe care and treatment. At this inspection, people told us they felt safe at St Margarets. One person told us, "I'm definitely safe here," and a person's relative told us their relative was, "Absolutely safe here."

Improvements had been made in the safety of the home environment. For example, all windows above ground floor had now been made safe for people. The safety of windows was monitored regularly. A recent audit had identified one window restrictor was no longer working. Action was taken to ensure the window was made safe again. All bathroom and toilet doors could now be unlocked from the outside, so if a person fell in one of these rooms when on their own, prompt action could be taken to ensure the person's safety. There were also regular checks on fire safety systems. Full records of these checks were maintained. A person told us the fire alarm was activated regularly, adding, "And the doors close automatically when it sounds." Staff knew what action they should take in the event of a fire.

People were assessed for risk, and relevant action was taken to ensure their safety. For example, a person had been assessed as being at high risk of falling. Following a review of the person's risk, the registered manager had referred them for physiotherapy, to improve their safety when walking. The registered manager was shortly to start working with a local university on a project to identify reasons why people may fall, and strategies to reduce people's risk. Staff were aware if a person was at risk of falling. They made sure they took action to reduce the risk as much as possible. For example, a member of staff noticed a person's shoe was not fastened, so they helped the person to do their shoe up, to help prevent risk of a fall. Where people were identified as being at risk in other areas, appropriate action was taken. For example, a person remained in bed most of the time and needed support to change their position. They were helped to change their position regularly, as directed by their district nurse, so they were not at risk of pressure damage.

At the last inspection, the safety of people at night was not fully ensured. We found a breach of Regulation 18 HSCA Regulations 2014 in relation to staffing. Since the last inspection, an additional member of staff had been rostered on night duty. People said there were now enough staff on duty at night. A person told us "They have two staff at night, one sleeps while the other stays alert." Another person told us "I ring my bell at night and they come up, they're great." A person told us that during the day, "I feel safe because there are always so many people about," and a person's relative told us there were "Generally enough staff, and I visit daily."

The registered manager and senior staff confirmed that if the member of staff who was sleeping-in needed

to be woken at night, this took place. A person's relative told us their relative had fallen one night and had been reassured because the sleeping-in member of staff had been woken up to ensure their relative was supported in the way they needed during that night. We looked at the records of a person who had been restless during the night. These showed the sleeping-in member of staff had been woken to support the waking member of staff so all people received the care they needed that night. All of the staff we spoke with said there were enough staff on duty to support people in the way they needed.

At the last inspection, the procedures for staff recruitment needed improvement because some staff recruitment records were not in place. This had been fully addressed by this inspection. Since the last inspection, the registered manager had been on a course about effective recruitment. She said she had found it supportive in helping develop her practice in relation to staff recruitment. All staff now had full pre-employment checks on file, including proof of identity, two references and Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. If the registered manager identified areas where action was needed, this took place to ensure people were protected. For example, a prospective member of staff's record showed gaps in their past employment. The registered manager was seeking further information about this, before they decided to employ the person. The registered manager also ensured they reviewed the continued fitness of staff in their employment, for example if a member of staff was taking frequent unplanned absences.

At the last inspection, some areas relating to medicines records needed further development. At this inspection, people told us they were supported in taking their medicines in the way they needed. One person told us "They will always give me my paracetamol if necessary." A person's relative told us, "They would not take their medication at home, they'd forget, now they are given it as part of their routine and staff keep a record, so I know they are safe and well cared for." We met with a person who told us they were allergic to a particular medicine. This was clearly documented on their medicines administration record (MAR) and all of the senior staff we spoke with knew about this person's allergy.

People's medicines were safely stored, administered and disposed of. Where people's MARs were hand-written, for example if they had been newly admitted to the home, their records were signed and counter checked by a second member of staff to ensure their accuracy. If a person chose to self-administer some or all of their medicines, a risk assessment was completed to make sure they were safe to do so. If people were prescribed medicines on an 'as required' (PRN) basis, there were clear instructions in people's records. For example, a person was prescribed a painkiller, their PRN care plan documented the type of pain they experienced and where it was on their body. This meant any changes in their experience of pain could be identified and reported to their prescriber. Another person was prescribed a mood-altering medicine on a PRN basis. Their care plan documented what actions staff were to take before they gave the person the medicine. This meant appropriate support could be given to the person, so the use of mood-altering medicines was reduced as much as possible. Where people were prescribed skin creams, they had clear records about this. Skin creams were only applied by staff who had received training in administering medicines.

People said they felt safe. A person told us, "No one is ever angry or shouts, it is very calm here." Another person told us "No one hurts your feelings here." Staff were clear about their responsibilities for protecting people from the risk of abuse. A member of staff told us, "You have to remember everyone here can be very vulnerable, so we have to act in the right way to ensure their safety." Staff knew how to identify when a person may be at risk of abuse, and how to report this. They said they were confident the registered manager would take action if they reported any suspicions of abuse. Staff knew how to report any concerns to the local authority if they needed to. Information about reporting concerns of abuse was clearly displayed

on the staff noticeboard. The registered manager had experience of working with in the local authorities' adult protection procedures.

Good

Is the service effective?

Our findings

At the last inspection, improvements were required to ensure people received effective care. This was because further developments were needed to support people in choosing meals. At this inspection people told us this had been addressed. One person told us, "The food's good, good for choice too," and another "The food's great." One person's relative told us their relative "Loves the food, it's really, really good food," and another "It must be good because she eats it all, she loved cooking at home and was a good cook herself." People said if they didn't like what was on the menu, they would be offered an alternative. One person told us "If you don't like it they will make you an omelette." People said staff were aware of their likes and dislikes. Another person said they had told a member of staff how much they liked cheese. They told us they had been given extra cheese on their cauliflower cheese. They said, "Things like that, they take notice here."

There was a menu board displayed in the hall. This showed there were two choices of main course at lunchtime and a range of choices for dessert, and at supper. A member of staff went round to everyone about an hour before the meal to ask each person what they would like to have for lunch. The member of staff carefully explained the choices to each person and listened to their responses. The mealtime was a social occasion, with lively talk between some people. A few people chose to eat in their own rooms and were given their lunch on a tray. The chef had a good individual knowledge of what people liked to eat and drink. They said nobody had any specific dietary needs at the moment. They knew what they would do should this change.

Staff identified if people might be at risk in their nutrition and hydration. For example, staff had been concerned a person might not be drinking enough fluids. A fluid intake chart had been started for the person to review this. The chart was now discontinued because the person was now drinking enough. Another person needed support to eat their meals and also did not always feel hungry. Staff showed a flexible approach to the person, and gave them what they wanted, when they wanted. Records were kept of how much this person had felt like eating, so their dietary and fluid intake could be assessed.

People said staff had the right training and support, so they could meet their needs. A person told us, "Staff are well trained and look after us all very well." A person's relative told us "All staff are trained here." A district nurse told us there were, "All levels of training" given to staff at St Margarets.

We met with a newly employed member of staff. They said their induction had complied with national guidelines, but also had been flexible, depending on what they needed and how they felt they were getting on in their new role. Staff were positive about their training and said how it helped them to care for people at St Margarets. This included a domestic worker who told us they were "Fully involved in all of the training." Another member of staff told us, "I'll take any training I can," and told us their recent training had included medicines administration, care for people who had a catheter, and they were to undertake infection control training shortly. Staff also said they were supported by being supervised in their roles. A member of staff said new staff could approach "Anybody and get support." Staff said they received regular supervision from their line manager and could bring up issues during supervision meetings. We looked at a supervision record for a

member of staff, this showed they had asked for more training in medicines. There was a date planned for them to receive this training.

The registered manager had a training plan, so they could ensure all staff received regular training in mandatory areas such as moving and handling and fire safety. The plan also showed staff received training in other relevant areas such as dementia care. The registered manager also ensured staff received regular supervision, this included 1:1 meetings and observed practice. Where a member of staff needed particular support, for example if they were pregnant, a risk assessment was completed with the person during their supervision meetings, so they were fully supported.

People said their healthcare needs were met and there were close working relationships with healthcare professionals, including district nurses. A person told us "District nurses come in to look after wounds and dressings. GP's come in too - I have my own family doctor." A person told us "I was very poorly when I came here but with the excellent care, I feel so much better." A district nurse told us staff called them in promptly when needed. They described the good working relationships with staff, and confirmed staff always followed their instructions about people's care. They also said they appreciated the way the registered manager worked closely with them and other healthcare professionals to improve people's care. For example, a person was having difficulties with using a prescribed appliance. Their records showed they had been referred back to the prescriber, and a review took place. The person had been prescribed a different appliance which staff reported was more effective in meeting the person's needs. Staff also effectively supported people who needed emergency care. One person had hit their head when they fell. Their accident record clearly showed staff had called an ambulance to ensure the person received prompt emergency care.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the staff we spoke with had a clear understanding of their responsibilities under the MCA and DoLS.

Where relevant, people had clear assessments of their capacity. These were completed in detail and related to each person's individual needs. Assessments were regularly reviewed. One person's condition was changing, their mental capacity assessment had been regularly reviewed to reflect their changing condition. Another person had specific needs which meant they were at risk of being deprived of their liberties. A deprivation of liberties safeguard (DoLS) application had been made to the local authority. Staff we spoke with knew about the DoLS. They also told us about other care needs where the person had capacity to make decisions, and told us how they supported them in doing this.

Good

Is the service caring?

Our findings

At the last inspection, improvements were required to ensure people's care needs were responded to effectively. This was particularly in relation to supporting people with their continence needs and in involvement with life in the home. The registered manager and staff had put much work into making improvements. A person also told us about an area which had improved for them, saying, "When I came here everyone had breakfast in their rooms, but now they can choose."

Following the last inspection, the registered manager had reviewed how they supported people who had continence needs, to ensure their dignity. People's continence assessments and care plans had been reviewed and relevant external professionals' advice had been sought where relevant. For example, a person's records showed they were having difficulties with their continence. The continence advisor had visited the home and reviewed the person's needs. Staff told us about improvements for the person now they were being cared for in a different way. Staff said recent training they had been given by the continence advisor on supporting people who had continence needs had helped them improve people's care. We saw staff discretely asked people if they wanted to use the toilet before and after meals, and regularly throughout the day, to support them in maintaining their continence.

Following the last inspection, the registered manager had ensured people, including people who were living with dementia, were supported in the way they needed in communal areas of the home. Staff actively engaged people in conversation, tacking time to sit with them, ensuring they had eye contact with them, before talking with them. When staff were walking through the sitting room, they used the opportunity to chat briefly with people. Some people clearly enjoyed back-chatting with the chef when they did this. People who wanted to could choose to sit in a quieter area of the home or remain in their own rooms, and staff respected people's preference to remain quiet and not engage with others.

People told us about the caring atmosphere of the home. One person said warmly "It's like a haven here." Another person told us "They take good care of us here, they chat and listen to you." Another person said, "We are never left on our own and everyone is very kind and considerate." Staff showed a kind and helpful approach to people. They supported people in the way they wanted. For example, we observed a member of staff support a person coming downstairs using the chair lift. They did not rush the person in any way and supported them at the pace the person wanted, explaining things to them as and when they needed.

People said how much they liked the staff. One person told us "It is like having one big family." Another person said, "The staff are kind, and dedicated." One person's relative told us "I like them all," about staff and another relative told us "Staff are lovely, they listen to what you say." One person chose to come down to the sitting room later in the morning, they were warmly and kindly welcomed by the member of staff who was leading activities. All staff knew people well and addressed them by their own preferred name.

People said their independence was supported. One person told us "I can go anywhere myself and I am very independent. I go out of the home, and for longer trips into Eastbourne, I get a taxi." Another person told us "I don't need much personal care as I am very independent. I have a beautiful room with a view and my

photos all around me." One member of staff told us "Our main aim is to ensure people remain as independent as possible." One person who's room was on the second floor said they appreciated the way staff supported them in going downstairs, using their stick. We saw staff supporting and encouraging this person in continuing to walk independently.

People said their privacy and dignity were respected. One person confirmed this, telling us, "We are all treated with dignity and respect." One member of staff told us about the importance of "Respecting people's dignity." The domestic worker told us they did not want to affect people's privacy or dignity by cleaning their room when the person was in there, unless they wanted them to. They said they knew many of the people's preferred routines, so would clean their room once they had gone downstairs. A person was visited by a relative. They did not want to go up to their room, so a member of staff helped them to move to a quieter area of the sitting room where they would have more privacy with their relative.

People said they could choose how they spent their days. One person told us "I like to plan my own day. I get up, wash, go for breakfast, read the paper. I can go to bed whenever I want to." Another person told us "I like to have a bath and don't like showers. I put the date when I want my weekly bath in my diary." One person told us they became afraid if their bedroom door was shut at night and they appreciated the way staff ensured it wasn't. One member of staff said they needed to make sure "Everyone can make their own decisions." We saw staff asking people where they wanted to sit when they came into the sitting room and awaiting their reply, before they supported them in going to where they wanted to sit. A person's daily records clearly showed they were offered choice on a daily basis about if they wanted to remain in their room or come downstairs.

The home provided palliative care to people, under directions from the district nurses. We met with one of these people. The person looked calm and peaceful. Staff followed the district nurses' directions about meeting their needs. All of the staff were keen to keep to support the person in remaining as comfortable as possible. Staff were aware of what the person was still able to do for themselves and how to support them in doing this, when that was what they wanted. The registered manager said as soon as further equipment was needed to support the person, this would be provided. Staff made sure the person's mouth was kept clean and moist on occasions when they declined drinks. The person's records showed their GP had clearly set out which medicines the person needed to be given if possible and what to do if they declined other medicines. All of the staff we spoke with who gave out medicines knew this information.

Good

Is the service responsive?

Our findings

At the last inspection improvements were required because people's care was not always planned in a way which was responsive to their needs. This was particularly for people who were living with dementia. It also related to the provision of activities for people. We identified that the service was in breach of Regulation 9 of the HSCA Regulations 2014, person centred care. The registered manager and her staff had put much work into making significant improvements in this area.

People told us staff responded to them in the way they wanted. One person said, "They always ask is there anything more you need?" A person's relative said if any changes happened in their relative's condition, staff always informed them. Another person's relative said "There's always someone here who knows them and how they're getting on." A member of staff said the key area of care was to "Always put them first and plan their care round them." We looked at people's care plans, they were written in a person-centred way and were related to their individual needs. For example, one person who was living with dementia had a clear care plan about how they were to be supported, including when they felt restless at night. Another person had difficulties with hearing. Their care plan documented when in the day they wanted to be supported in putting on and taking out their hearing aids. Staff followed this care plan.

We met with one of the people who had been newly admitted to St Margarets. They told us they and their relative had chosen to move into St Margarets, adding, "I love it here." They also told us, "Oh yes, I want to stay here – absolutely." The registered manager had completed an assessment of the person's needs before they had decided to come and live at St Margarets. The registered manager showed us some areas of the person's care plans which had not yet been completed in full. This was because they were taking time to get to know the person properly and to allow them a full settling in period.

People said they enjoyed the activities. One person told us "I like to join in the lounge activities." Activities were provided from late morning and carried on throughout the rest of the day. The member of staff leading on activities was enthusiastic and supported people in engaging with what was going on. There was lots of smiling and laughter throughout the activities, with people clearly enjoying participating in them. People's relatives said how much they enjoyed the activities. One of them said they appreciated the way "There's always something going on, and we can join in too." An activities programme was displayed in the main hall, so people could decide what they wanted to participate in. Some people said they did not want to be involved in activities. Where this was the case, people said they could chose not to be involved. One person told us "I am never bored, my daughter takes me out. I don't need entertainment. I like to read and walk around."

People also said they liked the range of other activities provided. One person told us "We have a lovely garden and I go out in warm weather, I like the chickens, the fountain and the birds in the beautiful trees." Another person told us "Animals come in once a month, we had a Shetland pony visit recently, and we have our own cat." The registered manager said they had identified some people had difficulties with engagement, and some preferred quieter activities. They had purchased some personal music players and were planning to put people's favourite music on them. The registered manager had already done this for

one person who had specific tastes in music. The person was able to listen to the music they preferred, which had helped them to become more relaxed and content.

People's relatives and friends said they were encouraged to visit when they wanted to. One person's visitor told us "I am made to feel very welcome, always offered tea and have never felt in the way." Another person's relative brought their dog in with them when they visited, this was clearly enjoyed by everyone. We met with a person who said their relative could not visit as often as they wished, but as they had their own phone, this was not a problem as they could contact them whenever they felt they needed to. Links were encouraged with the local community, which included local churches. One person said they were pleased that "Two churches from CofE and RC visit and administer communion."

People said they could raise issues of concern if they wanted to. One person told us "I've no complaints whatsoever." No-one we spoke with said they had made a complaint, but said they would speak to the registered manager if they had any concerns. One of them said "I would speak to the manager, who is very approachable." Everyone had their own copy of the home's complaints policy provided to them, so they knew what to do if they had concerns. People's relatives also said they would approach the registered manager with any concerns. A person's relative told us "If I'm not happy, I'm more than happy to go to her – no hesitation," and another said about the registered manager, "She listens, and then would do something." A person's relative told us they could see the registered manager "At any time and discuss care plans or family concerns."

We looked at the complaints records. No complaints had been made since the last inspection. The registered manager said this was because they had an open door policy, so people felt able to come and see her and discuss any matter they wanted to. While we were in the office, a person came into the office, sat down and started talking to the registered manager about something they wanted them to know about. The registered manager listened to them and discussed what the person wanted to happen next.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, improvements were required because although the provider had systems for reviewing the quality and safety of care, these required further development, and some matters had not been documented. At that time, we identified the service was in breach of Regulation 17 of the HSCA Regulations 2014, good governance. The provider and registered manager had put much work into making improvements in this area.

Some areas of practice continued to require improvement. These included ensuring accurate records were maintained. For example, one person's condition had changed, but their risk assessments had not been updated to reflect this change. Another person's care plan had not been updated following revised directions from the continence advisor. All of the staff we spoke with knew about these changes, but as the changes were not documented, the information would not be readily available to agency staff, who were employed from time to time. One person had a fall documented in both the accident book and shift handover notes, however their own daily record stated they had 'slept well.' Another person had a skin tear documented in the handover notes, but not their own records. As this information was not documented in these people's own records, it would not be readily available in future to support accurate review of their changes in risk.

Agency staff were employed in the home from time to time. The registered manager confirmed all new agency staff received a verbal induction. This induction was not completed in writing. Because of this, the registered manager could not ensure all agency staff had received the same induction. They also could not confirm all agency staff and understood their responsibilities for key areas of safety and provision of care. Before this inspection, effective cleaning of the laundry had not been identified by the provider or registered manager in their cleaning audits, to reduce potential infection risk to people. The laundry area was dusty, including many cob-webs hanging from the ceiling and pipes. The registered manager agreed presence of dust could have the potential to present infection risk to people as it provided an environment where microorganisms could live. The laundry was fully cleaned while we here in the home.

The provider and registered manager had taken action in other areas and had met a range of breaches in Regulations of the HSCA Regulations 2014, in relation to safe care and treatment, staffing and person centred care. The registered manager had started delegating responsibilities for drawing up and revising assessments and care plans to senior staff. This meant she could review that assessments and care plans were accurate and effective for people. The provider continued to visit the home once a week and they now performed a written review of these visits once a month, including issues identified and actions taken. Regular audits of health and safety, maintenance and medicines now took place. The registered manager had introduced accident audits, these included factors such as time of day and where accidents had occurred in the home, so risk to people could be assessed and action taken if relevant. Other improvements included a new shower to support people who were living with mobility difficulties. A person told us how much this new shower had helped them, saying, "I now like it when I have my shower." The registered manager said the next area to improve was the laundry and general storage area and they were currently considering a range of options for this.

A district nurse told us about improvements made by the registered manager since the last inspection saying, "She's done such a lot of work." People told us that St Margarets was well run. One person said, "You could do a lot worse than live here." Another person told us, "The manager is very efficient, the carers all refer to her and they seem happy to work here." One person's relative told us, "This is a well-run care home , I have worked in one and know the difference," another person's relative told us the registered manager, "Has a good relationship with us."

The registered manager had reviewed the home's philosophy of care since the last inspection. There was now improved clarity about the aims of care and meeting the needs of people living at St Margarets. When a person was considering coming to live at St Margarets, the registered manager now made sure the person and their supporters understood the types of care they provided. The registered manager fully assessed a person before admission, reviewed how they were once they had moved into the home and regularly thereafter. If they felt they could no longer meet a person's needs, they took relevant action. Staff we spoke with all understood about the philosophy of care at St Margarets. They said if issues arose with meeting a person's needs, they discussed this with the registered manager and appropriate action was taken. A member of staff told us, "Manager's good, you can talk to her about anything."

Staff said they liked the working environment and felt supported. A member of staff told us, "I like the place, it's a good environment to work in." Staff also told us about the effective teamwork and support they received from more experienced and senior staff. Where issues were raised during staff meetings or staff supervision, it was clear action was taken. For example, staff had raised issues about performance of certain members of staff. The registered manager had taken action to support certain staff in developing their skills and improving their performance.