

T M Kelly

# Margaret 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?

Outstanding



### Overall summary

This inspection was carried out on 14 July 2015 and was unannounced.

Margaret House is a care home which provides accommodation and personal care for up to 19 older people with residential needs. At the time of our inspection there were 16 people living at the home. There was 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 and associated Regulations about how the service is run.

When we last inspected the service on 21 June 2013 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

# Summary of findings

People living at the home and their relatives were positive about the home, the manager and the staff. Their feedback was sought and any suggestions were acted upon.

Staff were kind and caring and people's privacy and dignity was promoted. The care provided was outstanding and staff were knowledgeable about people's needs. Staff had received appropriate training and supervision.

People's safety was promoted and there were robust risk assessments in place to maintain this. However people were supported to take positive risks and be in control of their life. Care plans and care practices were reviewed regularly and people were involved to ensure their needs were met the way they wanted. Accidents and incidents were reviewed by the manager to ensure any action needed was taken. Medicines were managed safely and people received their medicines in accordance with prescriber's instructions. Staff knew how to recognise and respond to allegations of abuse.

People were offered a choice of nutritious food in accordance with their needs and preferences.

People had access to activities that complemented their interests and hobbies. There were links with the outside community.

Health and social care professionals were very positive about the staff team at Margaret House and the service they provided.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection nobody had been deprived of their liberty, people had capacity and the freedom to leave the home as they pleased. The manager and staff were familiar with their role in relation to MCA and DoLS.

The management team was dedicated to provide an outstanding service to people. Their ethos and values were well known to staff who had good knowledge about their own responsibilities and job roles. We received very positive comments about the management team from people who used the service, their relatives, staff team and health care professional. The provider and manager closely monitored and sought feedback about the services provided to identify areas for improvement and drive forward improvements in the home.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff members were knowledgeable about safeguarding adults from abuse and confident in acting on their concerns.

People were supported to take risks in a positive way.

People's needs were met in a timely manner by sufficient numbers of staff.

People were supported to administer their own medicines and where this was not possible they had their medicines administered safely.

Good



### Is the service effective?

The service was effective.

People were looked after by staff who had been trained and knew them well.

People's nutritional needs and health needs were met. People were involved in creating the menu. . All dietary needs were catered for.

People were supported to maintain good health.

Good



### Is the service caring?

The service was caring.

People developed long standing relationships with staff who treated them with kindness and compassion.

People planned their own care and the planning was based on their abilities and promoted independence.

People's privacy and dignity was promoted by staff who were gentle in their approach, doors and respected their individuality.

Good



### Is the service responsive?

The service was responsive.

People's needs were identified, discussed and incorporated in their care plans.

People were able to go out without restrictions and they were occupied and encouraged to pursue their hobbies and interest.

The manager had a close relationship with people and relatives and constantly sought their views and opinions on the service provided.

Good



### Is the service well-led?

The service was well led.

People had confidence in the staff and management team.

Outstanding



# Summary of findings

The management continuously monitored the quality of the service provided. They worked alongside the staff team several days in a week to monitor care practices.

The management was very involved and passionate about the care of the people living at the home. Their leadership and values were well known by staff who had confidence and respect towards them.

# Margaret 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012 and to look at the overall quality of the service.

This visit took place on 14 July 2015 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service.

Before our inspection we reviewed information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with nine people who lived at the service, two relatives and visitors, four members of staff, the deputy manager, the registered manager and two health care professionals. We viewed three people's support plans and three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

# Is the service safe?

## Our findings

Without exception people told us that they felt safe at the home. One person told us, “They are not only good at what they do but also how they do it. I always feel that I am in very safe hands.” Another person said, “There is always someone around, so I know that I am safe and can get help if I need it.”

We found that risks to people’s health and well-being were identified and plans to manage these risks were very positive and non-restrictive to people’s freedom. One person told us, “Once I accepted that I was no longer able to live on my own, I can see that under the circumstances they have helped me to be as independent as I possibly can.”

People were supported to take positive risks which made them feel in control of their lives. For example one person requested not to be checked during the night as this was disturbing their sleep. The home respected their wishes although they explained the risks associated with the decision. We saw that the issue was re-discussed with the person when their health declined and they were checked by staff during the night. Another person still drove their own vehicle and the home supported their independence on a daily basis.

There were very few accidents in the home due to proactive staff who recognised and managed the risks to keep people safe. These were recorded and analysed by the manager. People who had accidents were monitored closely by staff a period of time after the accident to ensure people were safe. Staff observations were recorded in a ‘post-accident’ care plan for further reviews if it was necessary.

We saw that information on how to recognise and report abuse was displayed throughout the home. Staff were very confident in describing the signs and symptoms of abuse and how they would report on any concerns.

People told us that staffing levels were always consistent including nights and weekends. One person said, “They

never give you a sense that they are busy or rushed.” Another person told us, “They go at my speed and never make me feel rushed.” We found that staff and management was always visible and ensured people had instant access to their mobility aids and people’s call bells were answered instantly.

People told us they always received their medicines in time. One person said, “They have a very efficient system here, my medicines always comes on the dot.” Another person told us, “I take the same medicines every day, so I know what it’s for. If I need information, I would ask the manager, they certainly know what’s what.”

We found that people had regular medicines reviews and where it was the need medicines was changed. For example, a specialist nurse visited a person one day before our visit. The person had a medical condition and the nurse had to change the dose of the medicines the person had. The change was reflected in the care plan, the person was fully aware on what has happened. The home updated the medicines administration record (MAR) and placed a copy of the prescription on record. Although the visit happened just the previous day the person was already receiving the new dose.

People were also supported to administer their own medicines where possible. For example a person had not been able to administer their own medicines when they moved into the home. Their condition had improved and they were now able to take their own medicines with little support from staff.

We saw staff administering medicines using safe practices, locking the trolley and signing for the administered medicines. However we found that medicines were not always stored as safely as it could have been. For example, the medicines which had to be stored in the fridge was not always locked and the medicines cupboard was not secured to the wall as per medicines storage guidance. When we brought this to the manager’s attention they took urgent action and we were re-assured that this will be rectified as a matter of urgency.

# Is the service effective?

## Our findings

People described staff as very competent. One person said, “They are very experienced, they all know what they are doing.”

Staff were long standing in their employment in Margaret House and although they had gone through an induction process when they joined the service, they were re-trained yearly to keep up to date with changes in work practices and legislation. They told us that they had regular training in the home and they felt they were skilled enough to look after the people living in the home.

We found that staff training was closely monitored by the management. Staff were trained yearly in topics including: health and safety, fire training, infection control, moving and handling and none of the staff had any outstanding training.

Staff told us they had regular supervisions with their manager and they felt much supported by the management team. We found that supervisions were thorough and identified areas of improvement for staff, praised staff if they had a good performance and it was done regularly. A staff member, who had been employed recently, had an appraisal at the end of their probation period with the manager who reviewed their competency for the role they had been employed for.

Staff felt they had the opportunities to develop further if they wanted. For example a staff member felt they had the knowledge and skills necessary to work towards a management position. The manager had offered the training however later the staff member realised that the position would limit the time spent with people and they changed their mind.

Staff demonstrated skills and knowledge in their daily routine. We saw staff wash their hands before and after handling food and using protective clothing when assisting people with personal care. We saw staff keeping areas clutter free for people to be safe and they all demonstrated a strong sense of responsibility towards the people living there.

People told us that staff offered help the way they wanted and when they wanted. One person said, “They do everything I need for me when it is required.” Another person told us, “I like to be looked after, which they do very well.”

We saw that people had drinks, there were jugs of drinks available in people`s rooms and in the lounges. We heard staff offering hot and cold drinks and snacks several times during the day. One person told us, “There is always fresh fruit in the bowl in my room which they [staff] provide for me.”

People told us that the food was very good. The menu was discussed in detail in meetings to ensure they all had a say in what they would like to have. Peoples` comments about the food was, “Very good family food.”, “Good home cooking.”

People were offered a wide range of cooked meals that catered for all dietary needs. The staff working in the kitchen were very knowledgeable about people`s dietary needs. One person said,” [Name] is vegetarian, I cook something for them every day.” They also said “[Name] needs high protein diet as they are not eating very well.”

Meal times were calm and relaxed, people were chatting amongst themselves. One person said, “I enjoy going down to eat, the atmosphere is very companionable and I have made some nice friends here. My visitors can come as well when they want and eat here.”

Staff were attentive when people finished their meals to offer seconds or clear the plates. They asked people about their food, offered alternatives and drinks. Dessert was served by the kitchen staff who actively asked people if they liked the meal. Feedback was taken seriously and improvements were made if needed. For example the manager told us that people had said on one occasion the meat was tough. The next time the kitchen staff marinated the meat before cooking it to make it tender.

People told us they had the choice to have their meals in their rooms or other areas of the home or the dining room. Although the choice for the menu was offered a day before, people were happy with this arrangement and they said, “If you change your mind, they are very obliging.”

They said, “We can have wine with our meals if we want it is an open house here and if visitors want to stay for lunch they are made very welcome.”

## Is the service effective?

People were supported to maintain good health; they had regular weekly visits from their GP who had visited the home for over twenty years and the district nursing team visited when needed. One person said, “If I need to see any sort of medical professional, they [staff] will arrange it.”

There were arrangements for chiropodists and an optician to visit regularly. We saw several times that staff communicated with people about their upcoming

appointments or health needs. For example a person complained that their dentures were not good and they found it difficult to eat. Staff reminded them about the appointment they had with the dentist the next day. This meant that people’s health needs were reviewed regularly and changes responded to in a way that promoted their health.



# Is the service caring?

## Our findings

People told us staff were very caring and took an interest in building close relationships with them. One person said, “They take a real interest, they know me very well.” Another person told us that they had been in hospital due to serious health issues and before they returned to the home the manager had visited them in hospital. They told us, “When the manager came to see me in hospital and told me ‘you are coming home’ I felt so happy, my heart leapt with joy.” They continued to tell us, “Because of my health I am very demanding, but they [staff] are so good, they are all genuine people who really care and nothing is too much trouble for them.”

People were encouraged to make their choices and be independent as much as possible. One person told us, “We can come and go as we want; we have complete freedom of choice.” Another person said, “They [staff] are very good here, they are here if you need them, but they don’t interfere. We can do what we like, when we like and how we like it.” We heard a person saying they wanted some tissues from the shop across the road. The staff member offered to go and buy some, however the person wanted to go along and they went out together.

When people moved to the home they signed a ‘care contract’ which was their care plan. The care plans were created around people’s abilities and described in detail what support they wanted, how and when they wanted staff to help them to remain as independent as possible.

People were involved not just in designing their own care plan; they were involved in the work around the home like: maintaining the garden, growing vegetables, shopping, and sewing. One person said, “They [staff] know I like needlework and so if anything needs sewing they bring it to me and ask if I would like to do it, this gives me a real feeling of independence.” Another person was involved in growing vegetables in the green house in the garden. We were told by staff, “Nobody can touch those vegetables just [Name], and she enjoys very much to be in the garden.”

There was a calm and happy atmosphere around the home and staff were smiling and interacting with people. We saw people smiling and holding hands with staff, trust was being shown both ways and staff were attentive to people’s needs but not intrusive. They were very

knowledgeable about what people liked and disliked and what their needs were. They took time and pride in respecting and involving people. One staff said, “[Person] is very private, if the door is locked we know we have to come back later.” Another staff member said, “I really know the people here very well. If I notice a change I will look in their care plan but I have the time to sit and talk to them to find out what they need.”

Without exception people, relatives and professionals told us how outstanding the care and staff were in Margaret House. One professional said, “I am coming here for a long time, fantastic home, I am recommending it to everyone.” Another person said, “It is wonderful just to have the feeling that they [staff] are lovely people really looking after me and helping me.”

We found that relatives were equally complimentary about the staff and the care they saw being delivered. Their views were captured in the surveys the home conducted, “There is a lot of interaction between staff and people and this is always very positive.” Another relative commented, “My overall impression is excellent. Staff are very caring when dealing with people.”

Staff were clear on how to treat people with dignity, kindness and respect. One person told us, “I now need a lot of help with personal care and they all treat me with tremendous respect, and make me feel really comfortable when they are assisting me.”

We saw throughout the day that staff assisted people in different ways but always discretely. One relative said, “This is not a care home this is a proper family home where staff are very caring and attentive.” Another person said, “What could anyone dislike about being here? It is ultra-pleasant and just like a much bigger version of my own home.”

We found that where people had medical conditions which in later stages could have affected their quality of life or they were nearing the end of their life they were involved in decisions about planning their care. A Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) plan was in place. This was agreed and completed by their own GP and the person when they were still able to make all important decisions about their life. The staff and management were supportive and the manager told us “This is people’s home, they have a right to be here until the end.”

# Is the service responsive?

## Our findings

People told us they could spend their days doing what they wanted. We saw people planning their days to go out shopping, to go out for coffee with family members or to spend the day at the home.

People had different areas in the home where they could choose to spend their time. There was a quiet conservatory, a lounge area, a reading area which provided a wide selection of large print books and a generous garden with a fish pond and a green house.

People told us, "There is every sort of entertainment that you could want." We saw people engaging with each other, playing scrabble and they all knew what entertainment the home organised for the weeks and the months ahead. They were involved in quiz games, carpet bowls, board and card games. One person said, "I like to have a walk in the garden, play scrabble, read my paper and nothing else. The beauty here is that I can do exactly this." Another person said, "You can choose what you want to do, there is no pressure to join if you don't want to."

Staff engaged with people throughout the day. The in-house activities were conducted by staff and this made the bond between people and staff even stronger. One person said, "The staff join in and it is a lot of fun."

The home completed a 'personal story book' for each person capturing memories from their early childhood to present. This included likes, dislikes, most liked famous person, greatest invention of their life, hobbies and other topics. This information was then used to provide the person with the activities or the occupation they enjoyed doing. For example we saw that the favourite famous character for a person was the Queen and the most important invention of their time was the airplane. When we talked to staff about this person they told us, "The [person] really likes the Royal family, they have a magazine about them. And they are really fascinated by airplanes."

We found that a person was from a different part of the country and they often felt home sick. The manager told us "[Name] cannot come out of their room anymore so when we have the musical sing along we open the doors for the entertainer to sing for them a song specific to the area they originated from. She often cries but she takes great comfort from it." We saw that staff spent time with this person talking about their homeland, looking at pictures. One staff

told us, "We know when the [name of TV show] is on and the presenter has the same accent as [person], we always make sure the TV is on as they thoroughly enjoy listening and watching."

We found that the home organised several events: cheese and wine evenings, barbeque afternoons and invited relatives and visitors. The manager involved the local community and was in the process of starting a bridge club where people from the local church could attend for people to feel part of the local community.

People were supported to maintain close relationships with their relatives. For example a visitor was accommodated at the home whilst visiting the person living there. They were visiting from a different continent and the manager arranged for them to stay at the home to spend as much time with the person as possible. They told us, "Family is very important, we do as much as we can to make sure they are always welcome. People are so happy when they come."

People were involved their care, they were asked to provide information of likes and dislikes when they moved in and regularly after. One person said, "I can discuss my care when I want to, everything is open for discussion here." Another person said, "I am always kept informed of what is happening and I say what I think and they take a note."

People were invited to regular meetings to discuss ways of improving the service. They were very involved in how the home was organised, what was on the menu, what activities they wanted. One person said, "Everything we say is listened to and acted on if necessary. You don't have to wait until the meeting, whatever you mention is always done. I feel I really have a voice here. We are encouraged to have opinions and are listened to."

People told us that they were confident to raise any issues or concerns with the staff and management, however they had none. One person said, "If I would have any grumbles I would not be here." Another person said, "I have no reasons to complain at all. I cannot find anything wrong with what they do here." We saw the home had a complaints log and that in each instance the complaints were investigated and responded to. We also saw the home displayed the complaints procedure in visible areas for visitors and people's reference.

## Is the service responsive?

We found that regular surveys were sent to people, relatives and other professionals to gather feedback and ideas how to improve the service.



# Is the service well-led?

## Our findings

The service had a sustained history of providing good quality service to people. People knew the manager very well and spoke highly of her. One person said, “[Name] is always around, [manager] is quite fun, happy to do anything for us and join in with us.” Without exception people, visitors, staff and professionals said the manager was “exceptional”. One person who was staying in the home for a respite short stay told us, “Even though I am here just for a short time the manager has taken the trouble to get to know me.”

The manager and deputy manager had a long standing working relationship and had worked together in the home for 18 years. They demonstrated their passion and dedication to the people using the service by building efficient systems where there was a senior manager present in the home seven days a week. They also worked as part of the staff group several days in a week to guide and monitor staff performance and to lead by example. This meant that they knew both the people using the service and the staff well; they were visible and available to people using the service and to staff; and they made management decisions based on a thorough understanding of people’s needs and preferences.

The manager ensured they were supporting all the staff equally. They worked early mornings and late evenings and weekends to offer support to staff who worked nights as well as to day staff. We saw that the management team assisted and served people at busy mealtimes and supported staff who worked in the kitchen. This gave the manager a thorough understanding of the issues faced by staff at different times of the day and night. Staff told us they felt members of the management team were their role models, and that they felt valued and respected as a member of the team.

The administration work was equally shared between the management team and completed efficiently within timescales to prevent any back log. The manager explained that this approach allowed managers time to spend with people. The manager said, “I am a big fan of these people, I enjoy being with them.” Another member of the management team said, “We are on the floor all the time to get to know the people and their families. We just love being there.”

People, relatives and staff told us that both the manager and deputy manager were in the home at key times. For example, we saw, and the manager told us, they come in early mornings, evenings, and they regularly worked weekend’s to ensure the home was running to a high standard at all times. One professional told us, “[Manager’s name] is here all the time, she is outstanding. I sometimes think she is doing too much.”

Staff told us they knew the management very well, they all worked together for a long time and they were clear on what their role was. They had confidence in the manager and were able to raise any issues they had. One staff member said, “When you ask for her help you get it.”

We found that regular staff meetings were held in the home not just by the manager but the provider as well which gave staff the opportunity to raise issues at provider level if they wanted. This also meant that the provider was aware of the key issues in the home. We found that the provider visited the home regularly and had meetings with staff and supported the management team to keep high standards in the home. The management told us, “The provider listens to us, if we need something they will make sure we got it.”

The manager developed a very positive culture at the home. Their values and philosophy were clearly explained to staff through their induction programme and training. These included putting people first, working as a team, taking responsibility for actions, promoting dignity and privacy, developing staff through training and support and being open, honest and responsive.

Staff told us, “[The manager] wants us to really care for these people very well and be responsible for what we are doing. If we do something, we need to do it well.” We saw that these values were put into practice throughout our inspection which resulted people’s dignity, autonomy and independence being promoted and people’s high levels of satisfaction with the service.

The manager had developed a very efficient auditing system. They undertook quality audits daily, weekly, monthly, six monthly and yearly. For example infection control was monitored daily in observing staff using their protective clothing when offering personal care and observing handwashing. Cleanliness of the home was monitored daily by the housekeepers and manager. The daily monitoring was then linked with the weekly audit and



## Is the service well-led?

the weekly with the monthly one. In this way the manager was able to identify and deal with any issues promptly as well as monitoring any issues which were reoccurring and had to be further investigated or actioned.

The manager regularly had individual meetings with relatives and visitors where they discussed different aspects of the service such as laundry, food, activities and any changes in people's health. The discussions were then analysed monthly and the manager discussed with staff if there were any actions needed or anything needed to improve. They told us, "It is so hard to get the relatives and visitors all together for a meeting. In this way I talk with most of them in a month and the system is very effective and more people centred."

The manager sent out annual surveys earlier in the year and these were analysed individually and actioned if any suggestions were made. For example we saw that a relative had mentioned that would be nice to have a patio with wheelchair access as this would enable more people to sit outside to watch and feed the birds or watch the fishes in the pond. We saw that the patio was under construction when we visited. People told us that their feedback was acted on without delay. One person explained, "Everything we report is done efficiently. Once I had no hot water in my room. I reported to the manager and it was done in ten minutes." Another person said, "Everything here is spotless all the time. I don't know how and when they do staff but it's always done."

The management team monitored the service they provided against current best practice. All the evidence they collected was organised under the five question areas CQC check against and they used their systems to ensure they met their legal requirements at all times. The manager was collaborating with an outside agency to help them deliver training which reflected current best practice and they were aiming to deliver the service at much higher standard than required.

The management team was dedicated to progress and develop the service. They were an active member of a reputable care provider association. They were highly regarded as members and rewarded with a 'Golden Member' title. They achieved qualifications like: learning champions and had a national vocational qualification assessor award. This meant that they were able to offer in-house vocational training for staff and assess their ongoing competency.

Working in partnership with this care provider association enabled the management to be up to date to best practice guides, offer training which was delivered by recommended training providers. Management told us, "By offering staff training which is recommended and follows best practice we ensure that people receive the best possible care. This is how we improve the quality of care by being current, have the information and constantly monitoring staff skills and knowledge."