Blakeshields Limited

St Margarets Nursing Home

Inspection report

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Date of inspection visit:
20 October 2016
21 October 2016

Date of publication:
16 November 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 20 and 21 October 2016. The last inspection took place on 17 May 2016. At this inspection we identified breaches of the legal requirements. Following the inspection we asked the provider to send the Care Quality Commission an action plan outlining how they would address the identified breach. We did not receive any action plan from St Margaret's Nursing Home. This inspection was carried out to review the actions taken by the provider to address the concerns found at the last inspection.

St Margaret's Nursing home offers nursing care and support for up to 28 predominantly older people. At the time of the inspection there were 27 people living at the service. Some of these people were living with dementia. The building is a detached house over two floors. There is a passenger lift that provides access for people to the upper floor.

The service had 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.

At the last inspection we identified very hot water running from the taps in people's ensuite bathrooms and the basin in a separate toilet in the upstairs corridor. There were signs above each sink stating, "Caution very hot water." This posed a scald risk to vulnerable people using the sinks. At this inspection we found that the maintenance man had taken action to help to reduce the temperature of the water in the hot taps by reducing the temperature of the boiler. He also carried out regular checks of the temperature of water in people's rooms and toilets. We checked the temperature of hot water in two sinks on the first day of our inspection, it was over 45 degrees centigrade. We were told staff had turned on the electric immersion to override the boiler and this made the water hotter than it should be. On the second day of our inspection, the hot water was at a slightly lower temperature when checked.

At the last inspection we identified doors to people's bedrooms slammed shut very quickly and loudly. This posed a risk of injury to people using these doors. At this inspection we found the doors closed slower as they had been adjusted.

At the last inspection we identified staff training, supervision and appraisal was not being provided in accordance with the policy held by the service. Some staff had not attended mandatory updates such as health and safety and moving and handling. At this inspection we found regular supervision for most staff was being provided and annual appraisals had taken place for most staff. However, although some training had been provided to some staff since the last inspection, some mandatory training was still required by some staff. The registered manager told us they had been required to work more nursing shifts recently to cover for staff taking leave, and this had hindered their progress with this training provision. We saw staff had been provided with paper based training packages which they were working on at the time of this

inspection.We have recommended that the registered manager addresses this concern immediately

At the last inspection we identified there were a number of fire doors to people's bedrooms that were propped open with door wedges. Some people, whose bedroom doors were wedged open, were cared for in bed due to their healthcare needs. We saw that people had signed disclaimers, saying they were happy to have their doors wedged open. However, this practice was not safe and meant that people would not be protected in the event of a fire near to their bedroom. We advised the service to fit devices to the fire doors which allow the doors to be held open when needed but close when the fire alarm sounds. At this inspection we found fire doors to many people's bedrooms and corridors were still being wedged open. The provider had commissioned two independent fire professionals to carry out surveys in July 2016 and August 2016. Both reports clearly recommended that all door wedges be removed immediately and devices fitted to them to allow them to close in the event of a fire alarm being activated. This had not been done. We contacted the provider who assured us that this work would be carried out immediately. Following the inspection visits we were provided with evidence that some fire doors had been fitted with automatic closures linked to the fire system. Further assessment was being carried out to establish how many people's bedroom doors would require further door guards to be fitted. We were given assurances by the provider that this work would be carried out immediately.

The service had an internal passenger lift. This was the only internal access for people who lived upstairs to get down to the lounge and dining room and back up to their rooms. An intermittent fault to the lift had been reported. This lift had been serviced in September 2016. There had been actions advised for, "Further work to be undertaken" and specific parts that were required. The registered manager or the provider was not able to provide us with any evidence that this advice had been carried out. There were no risk assessments for the event of anyone becoming trapped in the lift, or if it ceased to work for a time. However, we were assured that there was an external route around the back, outside of the service, where a ramp would provide emergency access for people on the upper floor.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

We looked at how medicines were managed and administered. We found it was possible to establish if people had received their medicine as prescribed. Medicines were stored, recorded and administered safely. Regular medicines audits were consistently identifying when any errors occurred.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The registered manager had needed to cover more shifts than usual when nursing staff took leave. Agency staff were not used by the service.

Staff meetings were held for all staff groups. These allowed staff to air any concerns or suggestions they had regarding the running of the service. Staff told us they felt very supported by the registered manager.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Staff supported people with their meals if required.

Care plans were well organised and contained information for staff on how to meet people's needs. Care plans were reviewed regularly, however people's changing needs were not always recorded in a timely manner. This led to some care plans being inaccurate in the guidance they provided for staff. People, and where appropriate, relatives were included in the reviews.

Activities were provided for people both in and outside of the service. Entertainers regularly visited and planned activities happen some days. Bus trips took place every two weeks to take people out in to the local area.

The registered manager was supported by a clinical lead nurse, senior care staff and a team of motivated care and ancilliary staff.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we have told the provider to take at the end of the full version of this report.

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. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. Although recent pressures had been experienced during periods of leave of nurses. The registered manager had been required to cover some nursing shifts.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed. However, some changes to people's needs were not always recorded in a timely manner.

Is the service effective?

Requires Improvement

The service was not entirely effective. Staff were supported with supervision, appraisals and staff meetings.However, not all staff had been provided with updates in mandatory training such as infection control and health and safety.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

The management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. However, some moving and handling slings

and continence products were being shared communally.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs. However, care plans were not always updated in a timely manner, to record changes in people's care and support needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Requires Improvement

The service was not entirely well-led. Records relating to staff training, some care plans and accidents and incidents had not been monitored robustly by the manager. Some concerns identified at the last inspection and since by external professionals, had not been actioned by the registered manager and the provider until after this inspection visit.

People, or their families, were not formally asked for their views on the service. However, there were informal conversations which took place, and people who were able to raise any concerns were confident they would be listened to.

Staff felt they were well supported by the registered manager.

St Margarets Nursing 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 the 20 and 21 October 2016. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people who lived at the service. Not everyone we met who was living at St Margarets was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

We looked at care documentation for four people, medicines records for 27 people, five staff files, training records and other records relating to the management of the service. We also spoke with a visiting healthcare professional and two visitors.

Good

Is the service safe?

Our findings

People and their families told us they felt it was safe at St Margaret's. Comments included, "It feels safe here" and "Nothing would happen to me here."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Not all staff had received recent training updates on safeguarding adults and were not aware that the local authority were the lead organisation for investigating safeguarding concerns in the county. However, there were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council.

Accidents and incidents that took place in the service were recorded in people's records. Such events were audited by the registered manager. However, there were a number of incidents and accidents that had been recorded by staff and not yet audited by the registered manger. The last entry on the audit form of such events was in mid September 2016. This meant that any patterns or trends from recent events would not be recognised in a timely manner, addressed and the risk of re-occurrence may not be effectively reduced.

We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had handwritten medicines for people, on to the MAR following advice from medical staff. These entries were signed and most had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. Cream audits were also carried out each month by a senior carer. The service was holding medicines that required stricter controls. We checked these medicines for two people and the stock held tallied with the records kept. These medicines were audited each week to help ensure they were always correctly recorded.

Some people were prescribed medicines that were to be given as needed (PRN). Records showed that staff indicated when people had been offered such medicines using a code. The code indicated if the person refused, or did not require the medicine.

The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored There were no gaps in these recordings and the medicines that required cold storage were stored between 2 and 8 degrees centigrade consistently. Staff training records showed all staff who supported people with medicines had received appropriate training.

An audit trail was kept of medicines received into the service and those returned to the pharmacy for destruction. Monthly medicine audits were carried out by the clinical lead to help identify any errors or gaps in records.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, how many staff and the specific equipment to be used to move someone safely. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place. However, some risk assessments had not always been reviewed in a timely manner to take account of recent changes in people's needs. People had not experienced any impact from this oversight as staff were clear on the care currently required by the person even though it had not been documented in their care plan.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained clear information for staff on how to avoid this occurring and what to do when incidents occurred. For example one care plan stated, "Very anxious with outbursts of anger" and the guidance for staff was, "Give time to express feelings and encourage to make own choices. Encourage interaction with others to help reduce isolation."

The service was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced. However, there were some outstanding actions and recommendations from recent reports and service records, from external professionals, that had not been actioned. The registered manager and the provider assured us this would be addressed immediately.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the service including details of their next of kin.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The service did not have any staffing vacancies at the time of this inspection. During the inspection visits we saw people's needs were usually met quickly. People called for staff assistance and this was responded to effectively. We saw from the staff rota there were five care staff in the morning and four in the afternoon supported by a nurse on each shift. Staff told us they felt there were sufficient staff, they were a good team and worked well together. Visitors and healthcare professionals were positive about the staffing levels at the service.

Requires Improvement

Is the service effective?

Our findings

At the May 2016 inspection we identified very hot water running from the taps in people's ensuite bathrooms and the basin in a separate toilet in the upstairs corridor. There were signs above each sink stating, "Caution very hot water." Whilst it was not possible to accurately record the temperature of this hot water we asked the registered manager to accompany us, to several sinks at the service, and experience the hot water coming from the taps. The registered manager agreed it presented a potential scald risk to people. Some people used their ensuite bathrooms independently. These people were living with a varying degree of physical and mental impairment which meant they were at increased risk from being scalded by very hot water.

At this inspection we found that the maintenance person had taken action to help ensure the temperature of the hot water in the sinks was not a scald risk to people. They had carried out regular checks of the hot water temperatures throughout the service. On the first day of this inspection we found hot water in a bathroom was over 45 degrees centigrade. The maintenance person showed us that staff had turned on the electric immersion manually which had increased the temperature of the water. On the second day of this inspection we found the temperature of the water was reduced. This meant the service had taken action to address our concerns.

At the May 2016 inspection we identified fire doors to people's bedrooms that slammed shut very quickly and loudly. This posed a risk of injury to people using these doors. There were also a number of fire doors to people's bedrooms that were propped open with door wedges. Some people, whose bedroom doors were wedged open were cared for in bed due to their healthcare needs. We saw that people had signed disclaimers to having their doors wedged open. However, having fire doors wedged open was not safe and meant that people would not be protected in the event of a fire near to their bedroom. We advised the service to fit devices to the fire doors which allow the doors to be held open when needed but close when the fire alarm sounds.

At this inspection we found that bedroom doors no longer slammed shut very quickly and loudly as they had been adjusted to close more slowly. However, following our last inspection the service sought the advice of the fire service and a private fire survey. Both agencies produced reports clearly stating that all the door wedges should be removed immediately and replaced by an automatic closing device linked to the fire alarm. This work had not been done at the time of this inspection. On the first day of our inspection we saw many bedroom doors remained wedged open, as well as two fire doors in a corridor leading to a person's bedroom. We raised this concern with the provider. On the second day of our inspection there still were many bedroom doors wedged open occupied by vulnerable people who were confined to bed due to their healthcare needs. In a upstairs corridor two fire doors were still wedged open leading to a bedroom. This room was occupied by a person with limited mobility whose bedroom door was also wedged open. This posed a considerable risk to people in the event of a fire. We spoke with the provider who assured us this work would be done immediately. We were contacted by the provider the week after this inspection visit to evidence that the corridor fire doors had been fitted with automatic door closures linked to the fire alarm system. A further risk assessment was to be carried out to identify how many bedroom doors were required

to be held open most of the time and we were given assurances that these doors would be fitted with automatic closures.

This meant the service had taken the necessary action to meet the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "I am doing my level 3 and covering all the training areas" and "I have just started a three year course, I am well supported to do this here."

Training records showed some staff were not always provided with updates in mandatory training, such as health and safety and infection control. All staff had attended moving and handling training. Some staff had undertaken a variety of further training related to people's specific care needs such as, Parkinsons training, and training in the use of specialised feeding equipment. Not all staff had undertaken health and safety and infection control training. There was no planned training in the Mental Capacity Act 2005, for staff who were not undertaking the Diploma in Social Care. We have recommended that the registered manager address this concern immediately.

We recommend that the mandatory training requirements for all staff are reviewed and updated as soon as possible to help ensure they have the necessary current knowledge and skills to carry out their roles.

In care files we saw there was specific guidance provided for staff. For example, how to support people living with diabetes. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service.

A visitor told us, "(the person's name) comes regularly here for a break, it is very nice, I have no concerns. The staff are always around and very kind."

A visiting healthcare professional told us, "I have no concerns about St Margaret's, I have been visiting for a long time and there have been some concerns in the past, but now I would recommend it to anyone. The staff are very good at calling us appropriately and take our advice and carry out any actions we ask of them. It's very good."

The premises were in good order. Bathrooms and toilets were clearly marked with pictures and some bedroom doors had nameplates with people's name on or pictures to help a person identify their own room. This helped people who were living with dementia and needed support to identify their surroundings. People were able to decorate their rooms to their taste, and were encouraged to bring in their personal possessions to give their rooms a familiar feel.

Staff received supervision and most had had recent appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work.This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and

procedures. However, some inductions of recently employed staff, were not always recorded in their files. Staff confirmed to us that an induction did take place.This meant there was no evidence of what was covered in the induction. Staff told us there was also a period of working alongside more experienced staff until such a time as they felt confident to work alone.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met. An authorisation had been applied for but had not yet been assessed and granted. People, and where appropriate their families, had been asked to sign in agreement with the content of their own care plans. However, people's ability to make specific decisions for themselves was not always clear in the files we reviewed.

Staff were not routinely provided with training on the MCA and DoLS. However, from our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care. We observed staff providing people with choices about where they wished to sit, what to eat and drink and if they wished to watch TV. The registered manager was aware of the legislation, processes and best practice. The service held an appropriate policy which was available to staff.

We observed the lunch time period throughout the service. The food looked appetising. The menu was displayed in the dining area and a choice of meals was provided. People told us they enjoyed the food and could ask for an alternative if wished. The cook was knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences. The service had received a five star rating from the last Food Standards Agency inspection.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. No one living at St Margaret's was having their food and fluids intake recorded at the time of this inspection. People's weight was regularly checked to help ensure people were having an adequate diet.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

Good

Is the service caring?

Our findings

During our inspection we walked around the premises. On both days we found unnamed toiletries in one bathroom, together with unnamed continence pads. This meant these items were being shared communally. Some people had their own slings for being moved safely. However, other people were moved by staff in unnamed slings which were shared communally. This did not respect people's dignity and could pose an infection risk. The registered manager told us there were more than sufficient numbers of slings for each person to have their own named sling for personal use. We were assured this would be addressed immediately. Continence pads are assessed and ordered specifically for each person depending on their individual needs and should not be shared communally. The registered manager assured us this would be addressed and pads would only be held in people's bedrooms.

Not everyone at St Margaret's was able to verbally tell us about their experiences of living at the service due to their healthcare needs. Relatives told us they were positive about the care and kindness provided at the service by staff.

We spent time in the communal areas of the service during our inspection visits. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. Staff were seen providing care and support in a calm, caring and relaxed manner.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were supported to have things around them which were reminiscent of their past as this gave their rooms a familiar feel.

Privacy was respected by care staff who ensured doors and curtains were closed during personal care visits. We heard staff ask people in a low and respectful way if they wished to be supported to use the bathroom.

People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. Staff told us they were able to have relevant conversations with people according to their knowledge of their past.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and make up and had their nails painted by care staff.

Families told us they knew about their family members care plans and the registered manager would invite them to attend any care plan review meeting if they wished.

Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided.

We saw people moving freely around the service spending time where they chose to. Staff were available to support people to move to different areas of the service as they wished.

Good

Is the service responsive?

Our findings

Care plans were detailed and informative with clear guidance for staff on how to support people. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed. However, they were not all updated in a timely manner to help ensure they were accurate and up to date. For example, one person had deteriorated over the past few weeks and required increased care and support. Their care plan did not reflect this recent change. However, staff were clear on this person's current care and support needs and there was no impact on the person as a result of this information not being reflected accurately in their care plan. Their needs were being met at the two inspection visits we made.

Some people required to have dressings applied to specific areas of their skin to help a wound to heal. The nurses kept a wound care file which detailed each person who had a wound, what dressing was to be used on the wound and when it should be reviewed/redressed.

A survey had been carried out to seek the views and experiences of people, and their families in September 2015. This year's survey had not been sent at the time of this inspection. The registered manager confirmed they did not hold residents meetings but spoke regularly to people, and their families, about the service provided.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us about the specific needs of people.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs.

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen chatting to visitors throughout the inspection visits and chatting knowledgeably to them about their family member.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. Such records were a more accurate picture of people's needs which was not always reflected in all care plans.

There was a staff handover meeting at each shift change. During this meeting staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. This helped ensure was a consistent approach between different staff and that people's needs were met in an agreed way each time

People had access to some activities both within the service and outside. An activities co-ordinator was not

employed but a carer had taken responsibility for setting up events including regular trips out and visits from entertainers. There was not a planned programme of activities advertised within the service. There was a poster advertising an external entertainers who was coming to the service in the next few weeks. The registered manager told us that activities had increased since our last inspection. On the two days we visited we did not see any activities taking place. We saw people were able to come and go around the service as they wished. Some people spent time in the front entrance garden area of the service enjoying the sun.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were provided upon admission to the service. People told us they had not had any reason to complain. The registered manager told us they had not received any formal complaints since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

Following our last inspection we told the provider to take action to address the concerns found. The provider was asked to send us an action plan advising us how they would address the issues. We did not receive an action plan.

The registered manager told us they had been required to do an increasing number of clinical nursing shifts to cover for nurses taking leave. Agency staff were not used by the service. This had led to a decrease in the amount of time available to the registered manager to carry out their management tasks.

At our last inspection we had identified fire doors which were wedged open and would not close in the event of a fire. The recommendation from that inspection, together with the clear recommendations from two fire specialists subsequently, had not been actioned at the time of this inspection. We found many bedroom doors and corridor fire doors continued to be wedged open. People using these rooms were often confined to bed due to their healthcare needs and unable to raise the alarm or close their door in the event of a fire. We raised our concerns to the registered manager following the end of the first visit of this inspection. On the second day of this inspection, we found all the doors remained wedged open. The registered manager was aware we were returing for a second day and told us they were on a nursing shift that day. We discussed our concerns with the registered manager who told us they had tried to remove the wedges, but staff had replaced them. We were told the provider was also aware of the need to take action to reduce the risks to people living at St Margarets, in the event of a fire. This necessary work had not been done. We spoke with the provider after the two inspection visits who assured us this work would be done immediately. We were contacted a few days later and we were provided with evidence that some of this work had been carried out. Further assessment was being carried out to assess which people's bedroom doors required to be held open and then extra automatic door closures would be fitted to these doors.

Advice following a service to the only passenger lift at the service, had not been carried out. This posed a risk to the people whose bedrooms were upstairs, with no other internal option available for leaving the building, should the lift breakdown. The registered manager had not identified, assessed or addressed the potential risk of the lift breaking down, or someone becoming trapped inside. There was an external route which could be used by people to get up and down from the upper floor in an emergency. There was no guidance for staff to inform them this was the action they should take in an emergency.

There was a back log of paperwork which had not been attended to, incuding accidents and incidents reports which had not been audited recently. Staff meeting minutes had not been typed up and distributed to those who were unable to attend. The staff training matrix was not up to date and did not enable the effective monitoring of staff training requirements. Some staff had not been provided with mandatory training updates in a timely manner.

Some care plans did not accurately reflect the current care and support needs of some people whose needs had changed. One care plan stated that a person was, "Unable to stand." Later in the same care plan it stated that two staff were to use a stand-aid to support them to move and transfer. In order to use a stand-

aid the person has to be able to weight bear. We asked the registered manager about this person and were told that they were able to stand. Staff were aware of this person's needs. This meant the care plan was inaccurate. The records were amended during the inspection by the registered manager.

Changes of dressings were prompted by an entry in the daily diary to the nurse on duty from information held in the wound care plans. This was not a robust process as we found a dressing that was due to be reviewed on the first day of our inspection visit which was not in the diary. We spoke with the nurse on duty and they were not aware of the need to attend to this dressing. However, the wound had improved and was healing well, according to the care plan. We found three further dressings which were due to be reviewed on specific days in the coming week and none were recorded in the diary. This meant there was not an effective process to review peoples care needs. This could be detrimental to people's health if a dressing was not changed on the appropriate day and specific care not delivered.

Other than the previous years survey, there were no records to show people were regularly asked for their views on specific issues at the service such as the food, activities, cleaning and laundry. This meant that any changes that needed to be made to improve the service were not always identified and addressed to continually improve the service provided at St Margaret's.

Records relating to the attendance of individuals at various activities had been kept up until early September 2016. There were no further records relating to who attended specific activities and if it was enjoyed by them, since early September 2016. The registered manager was not aware that such records were no longer being kept. This meant activities were not being monitored and effectively reviewed to help ensure they were relevant and met people's individual needs.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Relatives and staff told us the registered manager was approachable and friendly. All the people we spoke with were positive about the registered manager, stating that 'Things were better since they had taken the post.'

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a clinical lead nurse and senior care staff. The team of care staff told us they felt well supported by the registered manager and could approach them at any time if needed.

Management were visible in the service and known to staff and people. The registered manager did clinical nursing shifts so was aware of people's needs and the culture of the service.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Senior care workers also had regular team meetings and were given an opportunity to meet up, share ideas and keep up to date with any developments in working practices.

Daily staff handovers provided each shift with a clear picture of every person at the service and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

There were some systems in place to monitor the quality of the clinical service provided. Monthly audits were carried out on medicines administration, storage and recording and pressure areas.

There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. The environment was clean and well maintained. People's rooms and bathrooms were kept clean.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Providers must monitor progress against plans to improve the quality and safety of service, and take appropriate action without delay where progress is not achieved as expected. Providers must have systems and processes that enable them to identify and assess risks to the health, safety and welfare of people who use the service.Records held must be complete accurate and up to date, this includes changes to care plans. Regulation 17 (2) (a) (b) (c)