

HC-One Limited

St Margaret's Care Home

Inspection report

St Margarets Garth
Crossgate
Durham
County Durham
DH1 4DS

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Tel: 01913868949

Website: www.hc-one.co.uk/homes/st-margarets/

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Summary of findings

Overall summary

About the service

St Margaret's Care Home is a care home providing personal and nursing care to up to 60 people. The service provides personal and nursing support to older people including people who live with a dementia. At the time of our inspection there were 47 people using the service.

People's experience of using this service and what we found

People's nutritional well-being was becoming better-monitored to support improved nutritional health. The provider's systems for monitoring potential risk had been improved where people were at risk of weight loss.

Records provided guidance to ensure people received safe, person-centred care and support from all staff members.

Staff contacted health professionals when people's health needs changed. Staff followed good infection control practices and the home was clean and well maintained.

People and relatives were positive about the caring nature of staff and had good relationships with them. They trusted the staff who supported them. People said they felt safe with staff support.

There was a welcoming, cheerful and friendly atmosphere at the service. Staff spoke positively about working at the home and the people they cared for. They said communication was more effective to ensure they were kept up-to-date about any changes in people's care and support needs.

People's diversity as unique individuals with their own needs was respected by staff. The staff team knew people well and provided support discreetly and with compassion.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 February 2020).

Why we inspected

The inspection was prompted in part due to concerns received about people's nutritional health. A decision was made for us to inspect and examine those risks.

The provider had taken effective action to mitigate the risk. We found no evidence during this inspection that people were at risk of harm from these concerns.

Please see the safe and effective sections of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed following this targeted inspection and remains good.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Margaret's Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

St Margaret's Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a targeted inspection to check on concerns we had about how people's nutritional and hydration needs were being met.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

St Margaret's Care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Margaret's Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and one relative about their experience of the care provided. We spoke with 16 members of staff including the senior regional director, regional director, registered manager, one nurse, three senior carers, eight carers and one activities person.

We reviewed three people's care records and medicines records. Some records relating to the management of the service, including staffing records, weekly weights overview, weight loss/gain data and people's nutritional scores were also reviewed.

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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check concerns we had received about some aspects of people's care. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Systems to manage risks to people's health, safety and well-being were becoming better-managed after a recent complaint had identified concerns with regard to some people's nutritional health. The registered manager had introduced improvements to ensure people at risk of weight loss were monitored effectively and appropriate action taken.
- Record keeping had become more robust to ensure risks to people's well-being including their nutrition and hydration were better-managed. Care plans and risk assessments were detailed and reviewed regularly.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Staff understood where people required support to reduce the risk of avoidable harm.
- Staff had strategies they used when people became anxious and upset. This helped people to manage their emotions and minimise the impact to them and others.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The registered manager managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately, and the manager investigated incidents and shared lessons learned.
- The registered manager analysed incidents and near misses on a regular basis so that trends could be identified, and appropriate action taken to minimise any future risk.
- Lessons had been learnt and some aspects of service provision had improved as a result of the learning.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The registered manager followed government guidance with regard to visiting during the pandemic or an outbreak of Covid-19.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the effective key question at this inspection.

The purpose of this inspection was to check a concern we had received about how people's nutritional needs were being met where they were at risk of weight loss. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service and reviewed on an ongoing basis.
- Care plans were developed for each identified care need and staff had guidance in care records on how to meet those needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's nutrition, hydration and pressure area care.
- Care plans were reviewed regularly, or if there was a change in people's care and support needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to ensure their nutrition and hydration needs were met. One person told us, "The food is very good, there is a choice and plenty to eat."
- Systems to support people's nutritional needs had been improved due to the recent concerns received about nutrition where people were at risk of weight loss. The registered manager had updated all nutrition records and some in-house training had been arranged for staff in applying the nutritional scoring tool. This was so all staff could identify, report and act on weight loss or other nutritional changes.
- Record keeping and communication had improved to ensure risks to people's well-being were communicated effectively and better-managed.
- Care plans and risk assessments were in place to provide guidance to staff about people's nutrition needs and any support they may require.
- Where needed, staff monitored people's food and fluid intake and took appropriate action if concerns were noted.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service supported people to access health services, when necessary.
- Staff worked with a range of other professionals, including GPs, dieticians, tissue viability nurses, speech and language therapy, social workers and the mental health team.
- Referrals were made as required to make sure people received effective and consistent care.
- There was communication between staff and visiting professionals and staff followed the guidance they

provided to ensure people's needs were met.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care and treatment was sought in line with the MCA.
- DoLS applications were submitted and a log of submissions and authorisations was maintained and monitored.
- Mental capacity assessments and best interest decisions were appropriately made and documented.