Margaret House Care Home Ltd

Margaret House Care Home Ltd

Inspection report

221 Manchester Road
Burnley
Lancashire
BB11 4HN

Tel: 01282423804

Date of inspection visit:
17 May 2016
18 May 2016

Date of publication:
20 June 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

We carried out an unannounced inspection of Margaret House Care Home Ltd on the 17 & 18 May 2016. The first day was unannounced.

Margaret House provides accommodation and personal care for up to 11 people, including people living with dementia or a mental illness. There were 11 people accommodated in the home at the time of the inspection.

This was the first inspection of the service following a change of ownership in January 2015.

During this inspection visit we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines management, providing a clean and well maintained environment, recording and managing the risks to people's health, safety and welfare and ineffective quality assurance systems. You can see what action we told the registered provider to take at the back of the full version of the report. We also made recommendations about assessing staffing levels.

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

People and relatives told us they did not have any concerns about the way they or their relatives were cared for. They were happy with the care and support provided and they felt safe. Staff were aware of the action they would take if they witnessed or suspected any abusive or neglectful practice and had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People told us they were given their medicines when they needed them. However, we found areas where improvements were needed to ensure people's medicines were always managed safely.

We found that not all risks to people's health, safety and welfare had been recognised or recorded. This meant staff may not respond quickly to any increased risks or changes to people's health.

We found some areas of the home were not clean and hygienic. We noted some improvements had been undertaken but other areas were in need of maintenance and redecoration. People told us they were happy with the facilities available in the home. They had arranged their bedrooms as they wished and had brought personal possessions with them.

The number of shortfalls we found indicated quality assurance and auditing processes had not been effective as matters needing attention had not always been recognised or addressed. This meant the provider had not identified risks to make sure the service ran smoothly.

The service had recruitment and selection policies and procedures although they needed to be reviewed to reflect current guidance. Staff had been recruited safely and received training and support to help them look after people properly. However, they had not received specialised training such as mental health awareness and dementia training.

People were happy with the staff team and told us there were sufficient numbers of staff to meet their needs in a safe way. Staff told us they had a stable team and they worked well with each other. Staffing levels were not formally assessed although staff were confident additional staff would be made available if people's needs changed.

People told us they enjoyed the meals. We noted the atmosphere was relaxed with chatter throughout the meal. Staff were aware of people's dietary preferences and professional advice and support had been sought when needed.

People were involved in the running of the home and were kept up to date. They told us they had no complaints and were aware of how to raise their concerns if they needed to.

Everyone had a care plan, which had been kept up to date about their needs and preferences. People told us they were kept up to date and involved in decisions about care and support.

People made positive comments about the management of the home and about the staff. We found a relaxed and caring atmosphere where people were comfortable and at ease.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe. Staff were aware of the procedure to follow if they suspected any abusive or neglectful practice. There were sufficient numbers of staff to meet the needs of people living in the home.

People's medicines were not always managed in accordance with safe procedures. Staff who administered medicines had received appropriate training.

We found a number of areas were in need of attention to ensure the environment was clean and a suitable place for people to live in.

Risks to the health, safety and wellbeing of people who used the service were not always assessed and planned for. There was a lack of guidance for staff regarding how to support people in a safe manner.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported by staff that were trained and supervised in their work. Staff and management had an understanding of best interests decisions and the MCA 2005 legislation.

Whilst improvements had been made we found a number of areas in need of attention to ensure the environment was safe and comfortable for people to live in.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good

People told us they were happy living in the home and with the approach taken by staff. We observed good relationships between people.

People told us they were able to make decisions and choices about their daily lives.

People and their relatives had been involved in ongoing decisions about care and support and information about preferred routines had been recorded.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs and preferences and supported people to be as independent as possible.

People were supported to take part in a range of suitable activities of their choice.

Each person had a care plan that was personal to them which included information about the care and support they needed. People were involved in the review of their care.

Is the service well-led?

Requires Improvement

The service was not always well led.

People made positive comments about the management of the home.

The number of shortfalls we found indicated quality assurance and auditing processes were not effective.

There was a relaxed and friendly atmosphere at the home.

Margaret House Care Home Ltd

Detailed findings

Background to this inspection

This inspection took place on 17 & 18 May 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team and two health and social care professionals for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager and two care staff. We also spoke with six people living in the home and one family member. Following the inspection visit we spoke with one family member. We also spoke with the local authority infection control lead nurse and with the environmental health officer.

We looked at a sample of records including two people's care plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates, policies and procedures and audits. We looked at the results from the last customer satisfaction survey and observed care and support in the communal and dining room areas.

Requires Improvement

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for. They told us they were safe and well looked after. They said, "The staff are grand; they are lovely people and they treat me properly" and "Staff are always there when I need them; I let them know if I am going out. They like to make sure I am safe." A visitor told us, "I am confident [my relative] is safe. I can leave [my relative] and know they are well looked after."

During the inspection we did not observe anything to give us cause for concern about the way people were treated. We observed people were comfortable and happy around staff.

We looked at how the service managed people's medicines. We found some areas that needed improvement. A monitored dosage system (MDS) of medicines was in use. This was a storage device designed to simplify the administration of medicines by placing the medicine in separate sleeves according to the time of day. Care staff had received training although regular checks on their practice had not yet been undertaken to ensure they were competent to administer medicines. Policies and procedures were available for them to refer to although we noted they needed to be reviewed to reflect current practice.

MDS medicines were stored and dispensed from a secure cabinet in the office. We noted a strip of pain relief medicines was stored in the cupboard; it was unclear who the medicines were prescribed for or how they were to be administered. The registered manager placed them into the appropriate box immediately. The temperature of storage areas had not been monitored to ensure medicines were stored appropriately. External medicines such as creams and ointments were stored in a locked cabinet in the dining room and fridge items were stored in the basement in an unlocked fridge. We also noted medicines for disposal, boxed medicines and new deliveries were stored in a locked office in the basement near to the back door. These were not in a secure locked cabinet. The provider had failed to ensure people's medicines were managed safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were processes in place for the receipt, ordering, administration and disposal of medicines. The Medication Administration Records (MARs) we looked at were accurate and up to date. Staff had instructions on administering medicines prescribed "as necessary" and "variable dose" medicines. This helped make sure these medicines were offered consistently. There were records to support 'carried forward' amounts from the previous month which helped monitor whether medicines were being given properly. Most medicines were dated on opening to help make sure they were appropriate to use. We were told there were no controlled drugs in the home. Controlled drugs are medicines which may be at risk of misuse and are subject to stricter monitoring.

We observed people's medicines were given at the correct time and in the correct manner with encouragement as needed. People told us they were given their medicines when they needed them. Some

people's medicines had been reviewed by their GP which helped to ensure people were receiving the appropriate medicines. Regular internal and external audits of medicines management were being carried out.

We looked at the arrangements for keeping the service clean and hygienic. During a tour of the home with the registered manager we found areas that presented a risk of infection. We found there was a slight odour from the lounge sofa, stained carpets in two of the bedrooms, stained pillows in one bedroom and the flooring in the bathroom was not sealed. In the kitchen we found the fridges, the hob, the dishwasher and the units needed cleaning, the flooring was not sealed, the chopping boards and a work surface were badly scratched, the blinds were stained and the extractor fan was greasy. The fridges, hob and kitchen units were clean by the second day of our visit. Following the inspection the registered provider told us quotes for new bathroom and bedroom flooring were being obtained.

We looked in the basement laundry room and found there was no hand basin, the stone walls and flooring were in poor repair and could not be easily cleaned, the room was not clean and piping was exposed. The basement food store was dusty, the plaster was cracked with holes in the walls and there were cobwebs evident. In the smoking area we found a drainage pipe that was not inserted into the drain which had caused splashes onto the wall. The drain had not been cleaned recently. We looked in one of the bathrooms and found the bath seat, pedal bin and toilet roll stand were rusted. We discussed our findings with the registered manager.

We noted staff hand washing facilities such as liquid soap and paper towels were available in the bathroom and kitchen but the recommended pedal bins had not been provided. Additional items were ordered following our inspection visit. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection.

Infection control policies and procedures were available although they were brief and did not reflect the Department of Health guidance. There was no designated infection control lead who would take responsibility for conducting checks on staff infection control practice and keeping staff up to date. A domestic person worked five days each week and night staff were also responsible for some cleaning duties. A cleaning schedule was available for them to follow although this was not detailed and did not include all areas of the home. The provider had failed to ensure people were protected against the risks associated with poor infection control.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed some staff had received infection control training. The registered manager told us further training had been arranged for all staff in June 2016. Appropriate protective clothing, such as gloves and aprons and sufficient cleaning products were available. Following the inspection we discussed our concerns with the local authority infection control lead. A support and advice visit was arranged. We also discussed our findings with an environmental health officer.

We looked at how the service managed risk. Individual risks had been identified in people's care plans for falls management but not for risks in relation to pressure ulcers, nutrition and moving and handling. This meant staff may not have recognised or responded quickly to any increased risks or changes to people's health. We also noted people did not have a personal emergency evacuation plan which would record information on their mobility and responsiveness in the event of a fire. There were no risk assessments in place for people using the stone stairways to the basement, back door and laundry areas. The provider had

failed to assess the risks to people's health, safety and welfare.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Environmental risk assessments were in place and kept under review. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment.

The service supported people with the management of their finances as appropriate. We looked at the processes to manage this. We looked at one person's records and found clear records and receipts were maintained although people had not always provided a second signature for the records. We found the storage of people's monies was not safe and secure and the registered manager was unaware of the insurance stipulations in respect of this. The registered manager assured us these issues would be discussed with the provider and appropriate action taken.

Records were kept in relation to any accidents and incidents that had taken place at the service, including falls. The records were reviewed by the registered manager and follow up action, such as referral to a GP or other health care agency was clearly recorded.

The service had recruitment and selection policies and procedures although they needed review to reflect current guidance. We were told there had been no new staff recruited in the past 12 months. We looked at the recruitment records of two members of staff. We found appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, we noted information about the person supplying the reference was not clear and there were no records of the interview maintained. The registered manager told us she would review the recruitment procedures and processes.

People and staff spoken with told us there were sufficient numbers of staff to meet their needs in a safe way. They told us planned leave or long term sickness was covered by existing staff and agency staff were not used. This ensured people were looked after by staff who were familiar with their needs. Staff told us they had a stable team and they worked well with each other.

We looked at the staffing rotas. In the home there were two staff on duty all day with one care staff and an on-call staff available at night. Care staff were responsible for laundry and catering duties with a domestic staff member available five days each week. The registered manager was available during the week and was on call for any emergencies. The registered manager did not use a recognised staffing tool to help determine the required numbers of staff but told us she regularly kept people's dependency levels under review. Staff were confident the staffing numbers would be reviewed if needed. We noted most people only required prompting or encouragement from staff and carried out tasks such as shopping, cooking and cleaning with limited support from staff.

We recommend the service seeks appropriate guidance using recognised staffing tools to determine whether staffing numbers are appropriate.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. There was information about

recognising and reporting abuse displayed in the hallway for people to read.

Records confirmed all staff received safeguarding vulnerable adults training. Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff told us they were confident the management team would deal appropriately with any concerns they raised. The management team told us they were clear about their responsibilities for reporting incidents and safeguarding concerns to other agencies. We noted there had been no safeguarding concerns raised by this service in the past 12 months.

We saw equipment was safe and had been serviced. Training had been given to staff to deal with emergencies such as fire evacuation and to support them with the safe movement of people. There was a key code access to leave the home and visitors were asked to sign in and out of the home. This helped keep people safe. People living in the home used the key code to move freely in and out of the home.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the care and support they received at Margaret House Care Home Ltd. They told us staff were skilled to meet their needs and told us staff gave them the opportunity to do things for themselves. People said, "They make sure I have everything I need", "I've been here a long time; that says a lot about the place. I'm very happy here" and "I like it here. The staff are good people." A visitor said, "[My relative] was not in a good state before they came here. There is a big improvement in [my relative]. I am very happy with everything that has been done." People told us, "My room is very comfortable; I have everything that I need", "The home is comfortable; it needs a lot doing to it but that isn't everything" and "My room is bright; I like my room." A health care professional said, "The home is quite run down and in need of modernising."

Margaret House Care Home Ltd was a detached older property set in its own gardens. It was situated in the town of Burnley, on a main bus route and close to many local amenities including a park. Accommodation was provided on two floors with chair lift access. A stone basement area housed a pool table and was the designated smoking area. The garden and patio areas at the front and rear of the home were overgrown. The registered manager told us the gardener had been contacted.

We looked around the home. We did not look in all rooms but found a large number of areas in need of attention. We found mould around most of the window frames and faulty glazing in some of the rooms. The basement steps to the laundry were not well lit although this was addressed following our inspection. The basement laundry and store room walls were not in good condition and there was a rotted patch in the store room ceiling. We found broken handles on kitchen units and bedroom furniture. The dining room radiator covers had been damaged and not replaced. We saw damp patches to some of the ceilings; the registered manager told us the roof had recently been repaired and ceilings would be painted. We saw areas where wallpaper needed replacing.

Communal areas were comfortably furnished although the décor was dated. Bathrooms were within easy access of communal areas and aids and adaptations had been provided to help maintain people's safety, independence and comfort. People told us they were happy with the communal areas and were seen relaxing in the various comfortable chairs in the main lounge.

People told us they were happy with their bedrooms and some had been personalised with pictures, photographs, ornaments and keepsakes. Each person's room was decorated differently which helped to ensure a sense of comfort and familiarity. All bedrooms were single occupancy and some had en-suite facilities. People could have keys to their bedrooms. We found two bedrooms were not provided with appropriate privacy locks and lampshades were missing in three people's bedrooms.

There was a system of reporting required repairs. However, the service did not employ a maintenance person which meant there had been a delay in getting routine repairs and maintenance done. Following the inspection we were told an advert had been placed for a part time maintenance person and interviews were underway.

We were told recent improvements had been made to the home such as repairs to the roof and a replacement boiler. We noted there were gaps in the wallpaper following installation of the new emergency lighting system. Without a formal development plan it was difficult to determine what improvements would be made and the expected timescales for completion. Following the inspection visit we were told the registered manager and the provider had reviewed all areas of the home and a plan for improvement would be developed. The provider had failed to provide a safe and properly maintained environment for people to live in.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a range of appropriate training to give them the necessary skills and knowledge they needed such as fire safety, nutrition and moving and handling. The training matrix showed a number of gaps. Some staff had been provided with mental health awareness and dementia training and further training for all staff had been booked. Staff told us they had the training they needed. They said, "The training is useful" and "We've had plenty of training."

No new staff had been employed since the introduction of the Care Certificate in April 2015. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. A member of staff explained the induction process. All of the staff had completed or were working towards a nationally recognised qualification in care.

Staff told us they felt supported by the registered manager and they received regular supervision. We noted staff attended regular meetings and they told us they were able to express their views and opinions. Staff told us handover meetings and communication diaries helped keep them up to date about people's needs. We saw staff had a good understanding of people's needs.

We looked at how the service addressed people's mental capacity. 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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found there were policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The registered manager expressed an understanding of the processes relating to MCA and DoLS. Staff had received training in this subject and understood the importance of gaining consent from people. At the time of the inspection DoLS applications had been made in respect of five people which helped ensure people were safe and their best interests were considered.

Care records showed that information about people's capacity to make decisions for themselves had been included on admission and useful information about their preferences and choices was recorded. The registered manager told us the care records would be reviewed to ensure people's capacity to make decisions and the reasons for making a DoLS application was more clearly recorded. During our visit we observed people being asked to give their consent to care and treatment by staff. Records showed people

were supported by family members if they had some difficulty expressing their wishes. People's consent or wishes were discussed at their monthly meetings. This helped make sure people received the help and support they needed and wanted.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The meals are great; very tasty", "We get plenty to eat" and "If I don't like it they will make me something else." Visitors said, "There are never any complaints about the meals; everyone seems to enjoy them", "The staff always offer seconds" and "[My relative] was given the encouragement he needed with the meals; they would offer something different if [my relative] didn't like it." One person told us the food at times appeared a little unappetising.

During our visit we observed lunch being served. The dining experience was a social affair with friendly chatter throughout the meal. Most people sat around a large table in the main dining room discussing their plans for the day. There was also a smaller, quieter table available in the lounge. The dining tables were appropriately set and condiments and drinks were made available. The meals looked appetising and hot and the portions were varied for each person. Staff were attentive and we observed people being given encouragement to eat their meals. Drinks and snacks were made available throughout the day. Most people were able to make their own drinks in the communal kitchen.

The records indicated people were offered alternatives to the menu on request. We saw the menu was a regular feature on the 'resident meeting' agenda and staff knew what people's food likes and dislikes were. Care records included information about people's dietary preferences although risks associated with their nutritional needs were not recorded. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their health. People's healthcare needs were discussed as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses, the mental health team and the chiropodist.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received. They told us staff were caring, friendly, pleasant and supportive. People told us, "Staff are very good and very caring", "I'm treated well and they listen to what I want." Visitors said, "The staff are very good; they make everyone seem like part of a big family" and "This is a good place." A health care professional said, "The staff come across as really caring."

People confirmed they were made welcome in the home and were treated in a friendly and respectful way. Visitors said, "Staff understand what people need and want" and "Everyone gets on; it's a very nice atmosphere."

We observed staff responded to people with care, patience, good humour and consideration. The atmosphere in the home was happy and relaxed; people were relaxed around the staff who supported them and they were happy to chat with us about their experience of living in the home. It was clear staff knew people and their visitors well and were knowledgeable about people's individual needs, preferences and personalities.

Staff spoke about people and to people in a respectful, confidential and friendly way. People told us communication was good. Information was available about people's personal preferences and choices which helped staff to treat people as individuals. We looked at records and found staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way which helped staff to understand how they should respect people's privacy and dignity in a care setting.

All staff had been instructed on confidentiality of information and were bound by contractual arrangements to respect this. This meant people using the service could be confident their personal information would be kept private. We noted people had not consented to their information being shared with other agencies. The registered manager told us she would include this as part of the next monthly review meetings.

People told us they were able to make choices and were involved in decisions about their day and about the way the home was managed. We observed people engaged in discussions with staff about what they wanted to do and where they wanted to go. Staff were knowledgeable about the decisions people could make for themselves and about the support they needed to help them make decisions. Staff offered people support and encouragement to do as much as possible for themselves and to maintain their independence. People said, "I can go out when I like. I just need to let staff know. They worry about me", "Staff are okay with what I want to do" and "I can do what I like as long as I am safe."

There was information about advocacy services in the hallway. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People were encouraged to express their views during day to day conversations, reviews, meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave

people the opportunity to be consulted and make shared decisions. People made recent decisions about where to go for their annual holiday, attendance at the luncheon club and changes to the menu. Visitors told us they were kept up to date with any changes to their relative's health or well-being.

Good

Is the service responsive?

Our findings

People told us they were very happy with the service provided but could raise their concerns with staff if needed. People said, "I have no complaints at all; I am very happy here but I would say if I wasn't" and "They listen to what I have to say and sort anything out there and then." Visitors said, "If I was unhappy, which I'm not, I would speak to the staff. I'm sure they would sort it out" and "I have no complaints. I am very happy."

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales although not the contact details for external organisations including social services and the local government ombudsman. We noted there was a complaints procedure displayed in the service user guide although the contact information was not up to date. We also noted there were four different versions of the complaints procedure; the registered manager assured us the procedures would be reviewed to remove any confusion. Records showed the service had not had any complaints in the last 12 months. People were encouraged to discuss any concerns with staff at their monthly review meetings.

Before people moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered about all aspects of the person's needs. People were encouraged to visit the home and meet with staff and other people living in the home before making any decision to move in. This allowed people to experience the service and make the right choice. A relative confirmed they had been involved in this process.

People had an individual care plan which included information about their likes, dislikes and preferences and routines. The information was sufficiently detailed to help ensure they received personalised care and support in a way they both wanted and needed. Daily records were maintained of how each person had spent their day; these were informative and written in a respectful way.

We saw evidence to indicate the care plans had been reviewed and updated each month or in line with changing needs. Visitors and people using the service told us they were kept up to date and involved in decisions about care and support. Records showed people using the service were able to discuss important issues such as staffing, concerns and future wishes. One visitor said, "[My relative's] care plan is fully up to date." There were systems in place to ensure staff could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

We observed staff taking time to talk to and listen to people. We noted staff checked on people's welfare throughout the day to ensure they were comfortable and safe and whether they needed anything. One person said, "I sometimes like to spend time in my room; staff check on me to see if I need anything."

From looking at records and from our discussions we found people were able to participate in a range of

suitable activities. Each person had a weekly activity plan which included information about their chosen routines and activities. Some people were independent of staff and would go shopping or to the gym, meet with friends, go for a meal or to various clubs and attend their GP surgery or clinics. Others were involved in activities such as completing puzzles, reading newspapers and painting. One person had been able to bring their dog into the home but was unable to walk it themselves. We observed other people living in the home happily taking the dog to the local park for regular walks. One person told us, "I used to have a dog; I enjoy taking him out." People were also involved in domestic tasks including shopping and assisting with making meals. People living in the home, their relatives and staff were planning celebrations for the Queen's birthday. A visitor said, "It's not easy but they try to involve [my relative] in things."

Requires Improvement

Is the service well-led?

Our findings

People told us they were happy with the way the service was managed. They told us the registered manager was 'approachable' and would work with staff delivering care and support. We observed the registered manager interacting warmly and professionally with people living in the home, relatives and with staff. One person said, "[The registered manager] is not just good she is fantastic." Staff told us, "The manager is very caring" and "The manager works hard and tries to make sure everyone is happy."

The registered manager told us the provider was in day to day contact and would visit at least every month. We saw records of the provider's visits although shortfalls found during the inspection such as environmental issues had not been noted. The registered manager told us they felt supported by the provider and was confident the necessary resources were available to achieve and maintain appropriate standards of care and safety at the home.

The registered manager was able to keep in contact with registered managers from other homes to share best practice. Throughout our discussions it was clear the registered manager had a thorough knowledge of people's needs and circumstances and she attended daily handover meetings to discuss any concerns or issues. The registered manager was able to describe some of the improvements needed although there was no business and development plan available to support this.

We found some systems were in place to assess and monitor the quality of the service in areas such as medicines management, records, environment and care plans. However, during the inspection we found shortfalls in a number of areas. This meant the quality monitoring systems were not effective. We did note that the registered manager and the provider were very approachable and where improvements were identified during our visit, they were swiftly acted upon to ensure people's safety. However these matters had not been identified and addressed as a result of any internal governance or monitoring systems prior to our inspection. The provider had failed to operate effective quality assurance and auditing systems.

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

People were involved in the running of the home and were kept up to date with any changes. We saw meetings had been held. The minutes of recent meetings showed a range of issues had been discussed, such as food, holidays and activities. We looked at the last customer satisfaction survey from September 2015. The results of the survey showed people were satisfied with the service, the facilities, care and support, mealtimes and the staff. The management team reviewed the results of the surveys to help improve practice. However the results of the surveys had not been shared with people at resident's meetings or in report form for people to read. The registered manager assured us they would review this for the next survey.

Staff told us they were very happy working at Margaret House Care Home Ltd. Staff told us, "It is a lovely home; a nice place", "We have a team of staff that really care about people" and "I absolutely love working here." They told us there was good communication between them, the registered manager and the provider

and they were well supported. Staff felt they could raise their concerns with either the registered manager or with the provider and were confident they would be listened to. They had been provided with job descriptions and contracts of employment which outlined their roles and responsibilities. Staff had access to a range of policies and procedures to support them with safe practice although a number of them were out of date. The registered manager assured us they would review them.

Staff meetings were held regularly and minutes of the meetings were made available to all staff. Staff told us they were able to voice their opinions and share their views. Staff were aware of who to contact in the event of any emergency or concerns. There was always a senior member of staff on duty with designated responsibilities that could be contacted at any time in an emergency.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC.

The registered provider had achieved the Investors In People (IIP) award. IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. The service was due a review of this award in September 2016.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had failed to ensure the proper and safe management of medicines. Regulation 12 (2) (g) The registered person had failed to ensure people were protected against the risks associated with poor infection control. Regulation 12 (2) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered person had failed to provide properly maintained premises. Regulation 15 (1) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to operate effective quality assurance and auditing systems. Regulation 17 (1) (2) (a).