Blakeshields Limited

St Margarets Nursing Home

Inspection report

Mylords Road
Fraddon
St Columb
Cornwall
TR9 6LX

Tel: 01726861497

Date of inspection visit:
15 November 2018

Date of publication:
07 December 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

St Margaret's is a care home which provides 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 service occupies a detached house over two floors with a passenger lift for access to the upper floors.

This unannounced comprehensive inspection took place on 15 November 2018. The last comprehensive inspection took place on the 5 December 2017 when the service was not meeting the legal requirements. We issued a warning notice against the service due to repeated breaches of the regulations. The service was rated overall as Requires Improvement at that time.

We carried out a focused inspection on the 8 February 2018 to review the actions taken by the service to meet the requirements of the warning notice. At that time, we inspected the service against two of the five questions we ask about services: is the service well led and is the service safe? No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The service had taken action to address the concerns we had regarding fire door closures, oxygen signage and very hot water coming from the hot taps in sinks used by people living at the service. We had been concerned that there were not enough appropriately sized moving and handling slings to meet people's needs. At the focused inspection we found the service had ensured each person had their own appropriately named sling. Infection control issues highlighted at the December 2017 inspection regarding overflowing bins without lids, and sluices which were unlocked had been addressed. Staff recruitment had been reviewed to ensure all staff had appropriate checks completed before commencing working at the service. Whilst the service had met the requirements of the warning notice we required a period of embedded and sustained improvement before the overall rating of the service was changed. We carried out this comprehensive inspection to review the service's overall rating.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect.

People told us, "There is always enough staff. I can talk to any of the staff if I was worried and they listen and help you. One carer is one of the best, they know me and I know I don't need to worry about anything whilst they are around," "They (staff) do make sure I have my medication on time especially my Insulin. They always ask if I am in pain and if so they will give me something to ease the pain."

The service was warm, comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes. The service had some pictorial signage to support people who were living with dementia, who may require additional support with recognising their surroundings. The premises were regularly checked and maintained by the provider. Equipment and services used at St Margaret's were regularly checked by competent people to ensure they were safe to use.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had no staff vacancies at the time of this inspection.

There were systems in place for the management and administration of medicines. It was clear that people had received their medicine as prescribed. Regular medicines audits were being carried out on specific areas of medicines administration and these were effectively identifying if any error occurred such as gaps in medicine administration records (MAR).

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy. People told us, "There is always plenty to drink but I like to have a beer a day and friends bring that in," "I think meals here are second to none. Fantastic and a lot of choice, I always eat in the dining room and food is hot if meant to be hot" and "I eat very little. The food here isn't too bad and you get a couple of choices. I eat in my room as the meals are at set times."

People had access to activities. An activity co-ordinator was not in post but care staff shared the provision of activities. There was little recording of who attended activities and if people enjoyed them. People told us they were bored, and "There are no activities here apart from watching TV," "I would say no activities take place here, very little goes on here. I like a singer but she only comes once a month. We do have fish and chips Fridays. which I look forward to." We discussed this with the registered manager who assured us they would discuss the provision of relevant and meaningful activities with people. We have made a recommendation about this in the Responsive section of this report.

The use of technology to help improve the effectiveness of care provision was limited. People did have call bell to summon assistance when needed.

Staff were supported by a system of induction training, supervision and appraisals. The registered manager had records that enabled them to have an overview of staff support requirements.

Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm. However, we found some care plan reviews did not always incorporate a review of all risk assessments.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly. However, some consent forms had been signed by family members who did not hold the legal power to consent on behalf of another person. The registered manager addressed this during the inspection.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by nurses and senior management staff. However, we identified that some aspects of the care plan reviews were not always robust.

The registered manager was supported by a deputy manager, the provider and a team of motivated and long standing staff. The staff team felt valued and morale was good.

Staff told us, "I am happy here, we get good support," "In all the years I have been here I think this is the best St Margaret's has ever been" and "We all get on and it's like a family."

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.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed. However, risk assessments were not always updated when the care plan was reviewed.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

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. However, some consent forms had been signed by people who did not have the legal power to do this.

Is the service caring?

Good

The service was caring. People who used the service 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.

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

Is the service responsive?

Requires Improvement

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans were well organised and regularly reviewed.

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 had access to activities. However, people told us they were bored. There was little recording of activity provision. We have made a recommendation about this in the report.

Is the service well-led?

Good

The service was well-led. There were clear lines of responsibility and accountability at the service. Staff morale was good and staff felt well supported

There were systems in place to assess, monitor and improve the quality of the service provided.

People had been given the opportunity to share their views on the service provided. However, the approach used by the registered manager to obtain people's views was not effective in gaining a response from most people.

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 15 November 2018. The inspection was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has experience of using, or caring of a person who uses, this type of service.

Before the inspection we reviewed 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 12 people living at the service. Not everyone we met who was living at St Margaret's 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 spoke with five staff, the registered manager and the deputy manager. We spoke with two visiting professionals.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for five people living at St Margaret's, medicines records, four staff files, training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us, "Of course I feel safe here in fact it couldn't be better. I was originally only here on discharge from hospital until my family found a home nearer to them and where I used to live. The only one available currently was one I know and have visited friends there in the past. I know it is not as good as this home so I have made the decision to stay here and my family have agreed as I am so well looked after here," "I am very safe here, the staff are lovely including the night staff. I have a list which the night staff fill in stating who they are and what they did for me and at what time" and "I feel safe with the staff here and they go over and above their roles to enable me to keep in touch with friends and family."

The service held an appropriate safeguarding adult's policy. Staff were aware of the safeguarding policies and procedures. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults. Despite there being "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. Some staff were not aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. The registered manager assured us this would be discussed at the next staff meeting.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the management team robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity. Most staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk 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, what equipment was required and how many staff were needed to support a person safely. However, risk assessments were not always updated each time the care plan was reviewed. The registered manager assured us this would be addressed and amended the care plan audit to ensure this would be picked up at each audit in the future.

Equipment used in the service such as moving and handling aids, wheelchairs, passenger lifts etc., were regularly checked and serviced. Necessary service checks were carried out by appropriately skilled external contractors to ensure they were always safe to use.

The service held an appropriate medicines management policy. There were medicine administration

records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. People told us, "They changed my medication for a three month trial as per my doctors orders. I wanted to come off it and asked them to enable me to do so but they said it had to be done with the doctor's guidance. This has happened, I like the fact they listened to me and involved me in the process," "They do make sure I have my medication on time especially my Insulin. They always ask if I am in pain and if so they will give me something to ease the pain" and "Most times it is fine but they never ask me if I am in pain. I have to tell them and then they will give me a pain killer."

Some people had been prescribed creams however, it was not always possible to establish if these had been applied as there were gaps in the topical medicine administration records. The registered manager assured us this would be added to the regular medicine audit immediately. The service was holding medicines that required stricter controls. The records held tallied with the stock held at the service.

St Margaret's 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 regularly to ensure the safe storage of these medicines could be assured.

The service had ordering, storage and disposal arrangements for medicines. Regular internal audits helped ensure the medicines management was safe and effective.

Staff training records showed staff who supported people with medicines had received appropriate training. Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken. Where an error had been reported the staff member was provided with additional training, supervision and observations by senior staff to ensure staff had learned from the error.

The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. Staff told us if they had concerns management would listen and take suitable action.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. The audit did not show actions taken to help reduce risk in the future, but on discussion with the registered manager we judged appropriate action had been taken. For example, one person was frequently falling whilst attempting to use their en-suite bathroom independently. This person was offered and agreed to move from their large upstairs room, to a smaller downstairs room where staff supported them when they needed to use the bathroom. This had successfully reduced the number of incidents.

Care records were stored securely but accessible to staff and visiting professionals when required. They were accurate, complete, legible and contained details of people's current needs and wishes.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy. The registered manager understood who they needed to contact if they need advice or

assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. The wood strip flooring upstairs had gaps between the strips in which dirt had collected, this could pose an infection risk as it was not possible to clean easily.

Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency awarded the service a four star rating. Actions recommended were related to paperwork and records of checks made in the kitchen. Action had been taken and the kitchen staff were awaiting a re-inspection by the Food Standards agency.

Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

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 suitable references. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by unsuitable staff.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were met quickly. We heard bells ringing during the inspection and these were responded to effectively. People told us, "They answer my bell right away although I am pretty independent so able to come and go as I like" and "They always get to me quickly."

People told us, "There is always enough staff. I can talk to any of the staff if I was worried and they listen and help you. One carer is one of the best, they know me and I know I don't need to worry about anything whilst they are around," "On the whole there is enough staff but sometimes you have to ring your bell two or three times before they come," "I think there is enough staff most of the time. If I was upset or worried I know I can talk to the deputy manager or carer."

There were no staff vacancies at the time of this inspection. We saw from the staff rota there were six care staff in the morning and four in the afternoon supported by a nurse on each shift. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the management team was very supportive.

The management were open and transparent and always available for staff, people, relatives, and healthcare professionals to approach them at any time.

Good

Is the service effective?

Our findings

People's need and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

The service had a good working relationship with the local GP practices and district nursing teams. District nurses visited some people living at the service. Other healthcare professionals visited to see people living at St Margaret's when required. We saw people had seen their optician and podiatrist as necessary.

The use of technology to support the effective delivery of care and support and promote independence, was limited. However, St Margaret's provided call bells for people to ensure they could call for assistance at any time.

The service was well maintained, with a good standard of décor and carpeting. Some people living at St Margaret's were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was some pictorial signage which clearly identified specific rooms such as toilets and shower rooms. However, some people's bedroom doors only held a number which did not help people recognise their own rooms independently.

None of the toilets at St Margaret's were accessible for wheelchair users to use independently. A person could not transfer from either side of the toilet independently. There was a small slope leading to a person's bedroom which was not marked to alert a wheelchair user. There were some obstructions to a wheelchair passing in corridors, such as hoists and a 'wet floor' alert triangle. The registered manager assured us action would be taken to address these concerns.

Some signage, was not easy to read for people with poor sight and did not support people with dementia. Some signs were in small coloured print, laminated which reflected the light back to people who used a wheelchair and at a height which did not make is easy for people to read. For example, the sign explaining the action to take in the event of a fire, displayed in the lift. The registered manager assured us they would take action to address this.

Training records showed most staff were provided with mandatory training for their roles. A few staff required updates and we saw several training sessions were booked to take place in the near future. Some staff had also undertaken a variety of further training related to people's specific care needs such as tissue viability, diabetes and Parkinson's disease. Very few staff had been provided with training to support a person at the end of their life. A visiting healthcare professional told us, "I would like to see all the staff competent in end of life knowledge."

Another visiting professional who supported staff with their training told us, "The environment is completely motivational, supporting staff to develop. The atmosphere is an open one so they feel comfortable to ask

questions and learn. They are (members of staff) very enthusiastic. I have a good relationship with the manager I know I can speak to her if I have a concern."

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 organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported by the management and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

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. People told us, "Tomorrow I am going to the hospital as I have a spot on my head that is causing problems. One of the carers is escorting me," "In two weeks' time I am going to the hospital to have my cataract removed and staff will take me," "I did have a problem with sore skin a short while ago the doctor came saw it and treated it. It seems okay now" and "The staffs have helped me a lot. I developed Diabetes so they help me with my insulin and help me control my diet."

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

In care files we saw there was specific guidance provided for staff. For example, foods to be given to people with swallowing difficulties and recognition and treatment of urinary tract infections. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

We observed a meal being provided. The menu choices were displayed, but at a height and in a print that meant it was not easily read by people with cognitive or visual impairment. People were supported to eat a healthy and varied diet. The staff were using the Reliance on a Carer (ROC) protocol, where staff assessed each person for the amount of support they needed to eat and drink sufficient quantities. Colour coded assessments were seen in care files. Kitchen staff were clearly aware of this protocol. We observed some very supportive interactions during lunch. Staff spoke with people as they supported them to eat, describing the food as they went. During the meal we noted that there was no adapted cutlery in use and some people may have benefitted from having plate guards on their plates. Plate guards help stop food from falling over the side of the plate. We were advised by the registered manager that the service did have plate guards but they were not used during this inspection.

Staff regularly monitored people's food and drink intake. These records were monitored to ensure all people received sufficient each day. Staff monitored people's weight regularly to ensure they had sufficient food. The service ensured that food was available to meet peoples' diverse needs. People told us, "I can access drinks and snacks when I like and that includes late at night or early hours of the morning," "I don't feel we do have drinks as often as I would like. I do have a juice in my room but tea and coffee is only given at specific times," "There is always plenty to drink but I like to have a beer a day and friends bring that in" and "I can have what I want when I want."

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 with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The service had made appropriate applications to the DoLS team.
There were some capacity assessments held on people's care files to demonstrate that a capacity assessment had been carried out. However, there was little evidence of the best interest process to show that DoLS applications were in the person's best interests and the least restrictive option. There were no authorisations approved by the local authority in place at the time of this inspection.

People were asked to consent, where they were able, to their care and to have photographs of them displayed in their records. Where people were unable to consent themselves due to their healthcare needs, family had been asked to sign on their behalf. Some family who had signed consent forms did not have the legal power to do this. The registered manager addressed this at the time of the inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us, "I can choose when I go to bed and when I get up," "I choose my own bedtimes" and "I go to bed when I like, it could be 1am as I am a night bird. I sit with the night girls and they make me a cup of tea if want one. The time I get up is dictated by medication." The staff were aware which people living at St Margaret's had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves. These people were clearly recorded people's care files.

Good

Is the service caring?

Our findings

People and their relatives were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. Comments included, "I have found all the carers kind and respectful. They never just walk into my room they always knock first or shout if it is alright to come in. I don't like having my door shut it has to be open even through the night and the night staff check on me twice during the night," "Staff here are very respectful" and "They (staff) always knock on my door before coming in this includes the cleaner who for example will wait until I have finished cleaning my teeth before coming into my room."

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at St Margaret's. Relatives and healthcare professionals told us staff and management were kind and caring. One person was recently bereaved. They said, "I can talk to the staff if upset or worried and know they would help me get over it. For example two days ago the registered manger took me to one side and told me my sister had passed away. She talked to me for quite a while and asked if I would be able to attend her funeral. This morning I was a bit upset as I am the last one of my siblings alive. She (registered manager) came and gave me a reassuring hug."

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time.

People's dignity and privacy was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. People told us, "I am able to make my own bed and shower myself but they would not just walk in on me when doing these things they would respect it if I told them to wait and come back later," "Always protect my dignity when doing my personal care," "They always shut the door when helping me wash or shower" and "Luckily I can do my own personal care and they encourage me to carry on doing it."

If people required the use of moving and handling slings these were provided, named solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

We spent time in the communal areas of the service. 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.

When people came to live at the service, the manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was variable.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

People were able to visit at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People told us, "My friends and relatives visit me regularly. They are always made to feel welcome and asked if they would like a cup of tea. Up until now I have not been able to go out with them but I hope to do so soon now the staff have helped me get more use to being in a wheelchair and escorted me on a couple of trips to hospital," "My wife comes in every day, I keep in touch with family and we speak every day via Facebook and the Wi-Fi," "My family and friends come to see me and are made to feel very welcome. They always get offered a cup of tea."

The service had attempted to hold a resident meeting recently which had not been attended by any people or families. A questionnaire survey had been sent out to all the people and their families to seek their views, with only nine responses. The registered manager assured us they would consider different approaches to ensure all people were supported to give their views of the service they received.

Requires Improvement

Is the service responsive?

Our findings

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. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health.

The care plans were regularly reviewed. It was not possible to establish if people had been involved in their own care plan reviews. People, and where appropriate family members with appropriate powers of attorney, were not always given the opportunity to sign in agreement with the content of care plans. People told us they did not know about their own care plans, comments included, "I have never seen one or discussed one with anybody," "I haven't got a clue what a care plan is" and "I don't know if I have one and I have not seen one or been asked about one." We discussed this with the management team. We were assured that people would be provided with the opportunity to see their own care plan and, if appropriate, would be asked to sign it in agreement with its contents.

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. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. Wound care plans were recorded clearly and gave appropriate detail. This meant people's changing needs were met.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. At the last inspection we made a recommendation that the service improve the monitoring of pressure relieving mattresses. At this inspection some mattresses were correctly set for the person using them. However, there were some that were not set correctly. We discussed this with the registered manager at feedback and they confirmed to us at the time and in writing following the inspection, that there would be a regular check of the setting of these devices put in place immediately. We checked on the people who were using the mattresses which were not correctly set and found that they did not have any skin damage. This meant there was no impact on people due to this issue.

Staff were required to complete monitoring charts, such as when food and fluids were provided and when people were re-positioned. Whilst most staff had recorded the support they had provided, the recording on some charts was not consistent. People told us they were happy with the care and support they 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 detailed information about people's current needs.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was

sufficient time to exchange any information. This helped ensure there was a consistent approach between different staff and this helped ensure that people's needs were met in an agreed way each time.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us, "I have nothing to complain about. Not one bad thing to say about the place but if I did have a complaint I would voice it and I am sure they would resolve it," "I do disagree with some of the carers here and I give carers as good as I get if I am unhappy with what they are doing or what they say," and "I don't have any complaints but I wouldn't tell anyone if I did. I am happy here at the moment." Where concerns that had been raised to the management team these had been investigated fully and responded to in an appropriate time frame. All were resolved at the time of this inspection.

At our last comprehensive inspection we made a recommendation about the provision of activities. At this inspection we found there was an increased focus on activities and some were being provided by care staff. There were posters advertising specific activities on the board in the entrance hall and in the dining room. There were boxes of resources seen in the lounge. A senior member of the care staff assured us that activities took place on most days. Entertainers came in from outside the service to provide some activities, such as singing. However, it was not clear how these events were chosen and people were not aware of the planned events. Staff recorded little evidence of who attended events and if they were appreciated. This meant that there was no evaluation process in place to help ensure that future events were what people wanted. People were currently not able to go out supported by staff, to have coffee or visit local attractions as the previous transport arrangements had ceased. The service was trying to source an alternative way of taking people out in to the local area. People told us, "There are no activities here apart from watching TV," and "I would say no activities take place here, very little goes on here. I like a singer but she only comes once a month. We do have fish and chips Fridays. which I look forward to," One person told us, "I am lucky as I am reasonably independent. Every Wednesday I walk to the garage to get my TV times. This time of the year a friend takes me but if he can't then one of the staff take me."

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. Some people either chose to remain in their rooms or were confined to bed because of their health needs. Staff told us they spent time with people in their bedrooms, but we were unable to evidence this from the records.

We recommend that the service take advice and guidance from a reputable source regarding the provision and recording of suitable, relevant and meaningful activities provided for people with different abilities and interests.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses or hearing aids and details of any support people might need to understand information.

People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were requested from people each day for the next days meals. Staff were seen sitting with people going through the menu to help people to make a choice.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Some people had an end of life care plans which outlined their preferences and choices for their end of life care. However, we identified that not all staff had received specific training to ensure people always received suitable medical care during this period of their lives.

Good

Is the service well-led?

Our findings

The 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager in post.

People told us, "The manager here is good, you can talk to her and she would resolve any difficulties," "I can talk to her 100%. She is efficient and lovely. I think any problems she would resolve quickly" and "The manager is very nice and so easy to talk to. She tries her best to do a good job and encourage the carers to do likewise."

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals had access to the files to help ensure the care plans were kept up to date with changing situations.

The registered manager spent time within the service so was aware of day to day issues. The manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The manager was supported by a deputy manager, a team of nurses and a stable team of care and ancillary staff.

Staff told us they felt well supported through supervision and regular staff meetings. Staff felt valued and commented, "I am happy here, we get good support," "In all the years I have been here I think this is the best St Margaret's has ever been" and "We all get on and it's like a family."

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. Nurses also had regular team meetings. This was an opportunity to meet up, share ideas and keep up to date with any developments in working practices.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed.

The provider had a quality assurance policy. People, their relatives and staff had recently been given a survey to ask for their views on the service provided at St Margaret's. Few responses were received but they were positive. The management team assured us they would in future approach people in a more one to one manner to try to obtain their views and experiences of living at St Margaret's as traditional methods were not proving effective.

There was a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included, accidents and incidents, care plans, the medicines system and checking property standards were to a good standard.

There was a maintenance person with the responsibility for the maintenance and auditing of the premises. The environment was clean and well maintained. The provider carried out regular repairs and maintenance work to the premises. Previous concerns identified at inspections, such as fire door closures and very hot water, had been addressed and were being effectively monitored.

Lessons were learned by events, any comments received both positive and negative we seen as an opportunity to constantly improve the service it provided. The service had an open and transparent culture. Some issues identified at this inspection had been addressed by the end of the visit. The registered manager had bought about significant improvements in the service provided since the last comprehensive inspection. However we discussed further areas for improvement, which were identified at this inspection, where the overall governance of the service could be more robust. For example, the management of pressure relieving mattresses and the provision of relevant and meaningful activities that meet the needs of people living at St Margaret's. The registered manager assured us these areas would be robustly audited from now on and we will check on the action taken by the service at our next inspection.