

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:
30 October 2019

Date of publication:
22 November 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Margaret House Care Home Ltd is a residential care home providing accommodation and personal care for 11 people, including people living with dementia or a mental ill health. At the time of the inspection, there were 10 people living in the home.

The home is an older type extended property providing facilities on two floors which could be accessed by a stair lift. There is a lounge and dining room and nine of the single bedrooms had ensuite facilities. The home is located on a main bus route on the outskirts of the town of Burnley, Lancashire. Shops, pubs, churches and other amenities, including a park, are within walking distance. There are surrounding gardens and patio areas.

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

The registered manager provided good leadership and sought the views of people about the quality of care provided. The feedback was used to make improvements to the service. The quality of the service was monitored, and appropriate action was taken to improve the service when needed. Lessons had been learned and shared with staff when things went wrong.

People told us they felt safe and were treated well. They said staff were kind and caring. Staff understood how to safeguard people from abuse and knew how to report any concerns about poor practice. There were enough numbers of staff to meet people's needs and ensure their safety. The staff team was stable with very few changes to the team; staff were happy working at the service. Recruitment checks were carried out before new staff started to work in the home; improvements were being made to this process.

People received their medicines when they needed them from staff who had been trained and had their competency checked. People were protected from the risks associated with the spread of infection. People enjoyed the meals. They were supported to eat a nutritionally balanced diet and had access to various healthcare professionals, when needed.

Risk assessments were carried out to enable people to maintain their independence and receive care with minimum risk to themselves or others. 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.

Arrangements were in place for staff to receive induction and ongoing training. Staff were supported with regular supervisions and were given the opportunity to attend regular meetings to ensure they could deliver care effectively.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People's care and support needs were assessed prior to them living in the home.

Staff knew about people's routines and preferences and people had been consulted about their needs. We observed positive and caring interactions between staff and people. People were consulted about their care needs and involved in their care plans.

People enjoyed suitable activities and entertainments in accordance with their needs and preferences and they were supported to maintain contact with friends and family. People knew how to raise a complaint or concern if they needed to and had access to a complaint's procedure.

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

Rating at last inspection

The last rating for this service was good (published 22 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Margaret House Care Home Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Margaret House Care Home Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

We contacted local authority commissioners and asked them for their views about the service. We also looked at the recent positive report from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with five people who lived in the home. We also spoke with the registered manager and two care staff.

We looked at two people's care and support records, staffing rotas, four people's medicine records, two staff recruitment records, training, induction and supervision records, minutes from meetings and complaints and compliments records. We looked at records related to the safety, auditing and monitoring of service.

After the inspection

We spoke with a relative about their experiences of the service. We also asked the registered manager to send us a copy of the training matrix. This was promptly sent.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured people were protected from the risk of abuse. People told us they felt safe and were happy living in the home. One person said, "I wouldn't want to be anywhere else. I feel safe here." A relative told us they had no concerns about their family member's safety.
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider made sure staff knew how to keep people safe and to protect them from discrimination. Staff had access to appropriate training and to policies and procedures.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager assessed and managed any risks to people's health, safety and wellbeing. Staff were provided with guidance on how to manage risks safely. We discussed further developing assessments in relation to supporting people with managing their finances. The registered manager agreed to address this.
- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. The registered manager reviewed all incidents to ensure appropriate actions were taken and to prevent any re-occurrence, where possible. Where lessons had been learned these were shared throughout the staff team.

Staffing and recruitment

- The provider made sure there were enough staff to meet people's needs in a timely way and in line with their plan of care. Risk assessments were in place for lone night working.
- The registered manager carried out checks on all new staff before they were employed. We discussed how the process could be improved, such as by requesting health questionnaires in a timely way and by consistently obtaining full employment histories. The registered manager told us they had received a new recruitment procedure and would ensure this was followed for any future recruitment and selection.

Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.

Preventing and controlling infection

- The provider had systems to help prevent the spread of infection. The home was clean and fresh smelling. Staff received training. Appropriate protective wear, to prevent cross infection, was readily available

throughout the home.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out assessments of people's needs before they moved into the home to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care.
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition and falls. This led to good outcomes for people and supported a good quality of life.
- Staff considered people's protected characteristics, such as religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 registered manager understood when an application for a DoLS authorisation should be made. Management and staff worked with the local authority and with people's authorised representatives to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interest. At the time of the inspection, one authorisation was in place with conditions being met and nine other applications were awaiting approval.
- Staff received training and demonstrated an understanding of the MCA. They made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.
- People's capacity to make decisions was recorded in the care plans. Where possible, some people had

recorded their consent. We discussed the importance in recording people's consent in areas such as supporting with management of finances. This would ensure their rights were protected. The registered manager addressed this at the time of the inspection.

Staff support: induction, training, skills and experience

- The registered manager provided staff with a range of appropriate training to carry out their role effectively. New staff were given an induction to ensure they could carry out their role safely and competently.
- The registered manager provided staff with support and supervision. Staff told us they were provided with opportunities to discuss their responsibilities, concerns and to develop their role. They were complimentary about the support they received from each other and from the registered manager. One staff said, "We are a stable team, we all get on and we support each other."

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

- The registered manager and staff made sure people's nutritional needs and dietary preferences were met. People were provided with meals, snacks and drink choices throughout the day. Some people were able to assist with the preparation of meals and drinks.
- People told us they enjoyed the meals. One person said, "That [the meal] was very good." We overheard good conversation and laughter during the lunchtime meal.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals as needed.

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

- The registered manager and staff provided appropriate support to meet people's healthcare needs. One person told us they were attending the GP surgery and staff would be supporting them. People's physical and mental healthcare needs were documented which helped staff recognise any signs of deteriorating health.
- Staff worked closely with social and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

Adapting service, design, decoration to meet people's needs

- The provider ensured the design and layout of the home was suitable for people living there. Communal areas were comfortable and homely; bathrooms were suitably equipped.
- People were happy with their bedrooms and the communal areas. People had personalised their bedrooms with their own furniture, decorations, pictures and ornaments.
- The registered manager had identified areas where the environment needed to be improved and plans were available for ongoing redecoration and refurbishment. Maintenance processes ensured prompt attention to any reported issues. The registered manager had followed advice from the recent Fire and Rescue and Environmental Agency visits.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected and promoted people's privacy, dignity and independence. Staff knocked on people's doors and waited to enter. People told us there were no regimented routines. One person said, "I can spend time in my room. My privacy is respected. They just check to see if I'm alright."
- Staff encouraged people to maintain their independence whenever possible.
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with patience, care and kindness. Staff respected people's equality, diversity and human rights and recorded them as part of the care planning process.
- People were complimentary of the care and support they received. They described staff as nice, lovely and caring. A relative said staff and management were fantastic.
- Staff and people living in the home had developed good relationships. Staff knew about people's preferences and how best to support them. Staff took an interest in people and took time to sit and talk to them; people appreciated this. One person said, "I like to have a chat with staff about what's going on."

Supporting people to express their views and be involved in making decisions about their care

- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics. People told us staff were respectful of the choices they made. One person said, "They ask what I want to do, and they help me to sort it out."
- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations, monthly review meetings, regular resident meetings and customer surveys. Information around the home and regular newsletters helped keep people informed.
- Staff gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager and staff planned people's care and support in line with their choices and preferences. People's care plans described their health, care and support needs and included their preferences and daily routines. The registered manager was undertaking a review of the information in care plans as some of the information was duplicated.
- Staff understood people's needs well and could describe people's care and support needs in detail. People's care plans were kept under review to make sure they received the correct care and support. People, or their representatives, were involved in decisions about care needs.
- The registered manager and staff recognised the importance of supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans and shared appropriately with others. The registered manager told us information was available in a variety of formats, such as easy to read and pictorial information to meet the communication needs of people and to give people more control over their lives.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with a range of activities either on an individual basis or as a group. Some people were able to access activities independently. We observed people going to the shops, walking dogs in the local park, watching TV, exercising, playing games, drawing and undertaking household tasks such as watering plants.
- People were supported to maintain contact with their friends and family, and friendships had developed within the service. Links with local community groups, such as day centres, had been developed. People told us they enjoyed an annual holiday away from the home.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints, compliments and concerns to understand how they could improve or where they were doing well. There had been no complaints made about this service. The

complaints procedure was available in the service information guide and displayed in the hallway. However, we found the information about contacting local external agencies was incorrect. The registered manager addressed this following the inspection.

- People were happy living in the home and told us they had no complaints or concerns. People were encouraged to discuss any concerns during meetings and during day to day discussions. They also participated in a satisfaction survey where they could air their views about all aspects of the service.

End of life care and support

- The registered manager and staff had experience of caring for people at the end of their life. They involved relevant professionals, and appropriate medicines and equipment was made available to ensure people received dignified, pain free care. At the time of our inspection, the service was not supporting anyone with end of life care.

- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded, where possible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider ensured there was a good standard of organisation within the service. Records were accessible and used for auditing purposes.
- The registered manager and provider monitored all aspects of the service. When shortfalls were discovered, improvements were actioned. They were knowledgeable about their legal responsibilities. Any notifications they were obliged to make, had been made to CQC and to the local authority.
- Staff understood their individual responsibilities and contributions to service delivery. They had access to a set of policies and procedures to guide them.
- The registered manager was provided with support from other registered managers within the organisation and attended local manager forums. The provider visited the home on a regular basis to support the registered manager and to monitor their practice and standards in the home. People told us the provider always took time to dine with and speak with people living in the home and staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider ensured the culture of the service was focused on providing people with high standards of person-centred care. Management and staff knew people well and empowered people to make decisions about their care and support.
- The registered manager and staff planned and promoted person-centred care to ensure good outcomes for people. People told us the home was well managed and homely. People also said they would recommend the home.
- Staff were committed to providing high standards of care and support and felt valued and supported. Staff told us they enjoyed working at the service and received appropriate support from the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to be involved in the development of the service and feedback was sought from people living in and visiting the home. There was good evidence people were satisfied with all aspects of the home and the service provided. People felt they were listened to.
- The provider monitored the quality of the service to ensure people were happy and to ensure their diversity and personal and cultural needs were met.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider encouraged continuous learning and development within the service. Staff meetings, supervision sessions and handover meetings were used to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns with the registered manager or with the provider.
- Management and staff worked in partnership with external agencies where they could learn and share knowledge and information that promoted the continued development of the service. They attended local meetings and training presented by local commissioners.
- The service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the district nurses and the local GPs, as well as social care professionals such as the safeguarding, mental health and social work teams.