

St. Marguerite Residential Care Home Ltd

St Marguerite

Inspection report

10 Ashburnham Road
Eastbourne
East Sussex
BN21 2HU

Tel: 01323729634

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Marguerite provides care and accommodation for up to 24 older people with care needs associated with older age, including dementia and memory loss. There were 18 people living at the service on the day of our inspection, including three people staying for a period of respite care. St Marguerite is an adapted building in a residential area of Eastbourne with a large patio and garden area.

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

We have made recommendations about the management of some medicines.

Audits and quality checks completed included internal and external audits. We found concerns relating to documentation which had not been identified by internal checks and audits. Actions identified in external audits had not been addressed promptly. A medicines audit identified that 'as required' or PRN medicines were not being consistently recorded when given, and a health and safety audit identified a window restrictor was required to a hallway window. However, these actions had not been addressed at the time of the inspection.

There was an over reliance on verbal information sharing between staff and management. People's daily records were not consistently recorded to include all relevant information about people's care. Staff told us they shared information and discussed people's care needs. However, this information was not consistently documented.

At the time of the inspection the registered manager had not completed up to date safeguarding training and did not have access to local authority policies. They did not demonstrate a clear understanding regarding incidents which should be referred to The Care Quality Commission (CQC) should they occur.

People felt safe living at St Marguerite. One told us "I like my room, staff are lovely they look after me very well. Relatives said the registered manager was approachable and staff were caring. Commenting, "Staff have got to know mum, they are very nice."

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

Risks to people's health had been identified and recorded in care plans to ensure risk was minimised. There were systems for staff to follow in the event of an accident or incident. Staff told us if they saw anything that concerned them they would speak to a senior member of staff. A complaints procedure was in place. People and their relatives were aware of the process.

Staff knew people well, they treated them with kindness and respect and demonstrated an understanding of their needs. People were assisted to access healthcare services when needed.

Care plans included people's care and support needs and personal preferences. The registered manager supported staff to meet people's care needs. Staff felt there were enough staff working to provide the support people needed, at times of their choice.

People were supported to continue with hobbies and activities of their choice. There was a programme of activities available for people to attend if they chose.

Recruitment procedures ensured only suitable staff worked at the home. Staff completed an induction which included mandatory training and had further training provided.

People told us staff were available when they needed assistance. Relatives felt that consistent staff meant staff knew people well.

People had the opportunity to feedback and discuss their needs. This included residents and staff meetings. Relatives told us the registered manager was available to speak to if needed.

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 8 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of governance and safety. We will 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? The service was not always safe.	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was not always well-led	Requires Improvement ●

St Marguerite

Detailed findings

Background to this inspection

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

St Marguerite is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. 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 an unannounced comprehensive inspection. The inspection was carried out on 27 and 28 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used all of this information to plan our inspection.

During the inspection-

We spoke with five people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one visiting relative and four members of staff, including the registered manager, cook and care staff and gained feedback from three visiting professionals.

We looked at a range of care records, including three people's care plans and associated documentation. We reviewed daily records and handover sheets and looked at people's medicine administration records (MAR) and observed medicines being given. We reviewed two staff recruitment files and records relating to the management of the home, procedures and quality assurance processes.

After the inspection –

We looked at training data provided by the registered manager and sought further clarification. We requested confirmation that the registered manager had booked to attend updated safeguarding training and a window restrictor had been fitted.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines documentation was not consistent in relation to PRN medicines. This had not been identified by the provider or registered manager during medicine checks. A medicine audit had been completed on 5 December 2018 by the pharmacy providing medicines to the home. Actions identified in the audit included that PRN medicines were not being documented on the rear of the MAR chart, however, this action had not been addressed by the provider.
- There were protocols in place for people's prescribed PRN medicines, for example Paracetamol prescribed for general pain relief. However, when PRN medicines were given, the reason for this was not being consistently documented. Staff did not document on the rear of the MAR chart to indicate the time medicines were given or why it was required. The registered manager told us staff wrote in people's daily records when and why people had needed PRN medicines. However, we found this was not always being completed. For example, staff had signed the MAR chart for one person which indicated they had been given PRN Paracetamol at 8am for eight days in a row, however this had only been documented on one of these days in their daily records and no information recorded on the MAR charts to explain why this had been given or the time. On the one day this information was recorded in the daily records the medicine had actually been given at 1.30am. Therefore, staff administering medicines were not documenting PRN medicines safely.
- The registered manager told us medicines information was included in the handover at the end of each shift, however, we found that medicines information had not consistently been documented on handover sheets and there was an over reliance on verbal information sharing.

We recommend the provider consider current guidance on giving PRN medicines to people alongside their prescribed medication and take action to update their practice accordingly.

- There were systems in place for ordering, storing, administering and disposing of medicines. We looked at medicine administration records (MARs) including controlled medicines and 'as required' (PRN) medicines and creams.
- We observed people receiving their medicines safely. Regular checks and audits of medicines took place.

Assessing risk, safety monitoring and management

- Health and safety had not been consistently maintained. During the inspection we found that a window on the first floor communal hallway was open and did not have a window restrictor. This gave access to a flat roof. A recent health and safety audit completed on 2 August 2019 by a professional consultant had also highlighted this as a risk. However, at the time of the inspection no remedial action had been scheduled and

the window was open throughout the inspection due to the hot weather. The registered manager confirmed after the inspection that work was scheduled to take place and the window had been kept closed since the inspection to mitigate further risk.

- People had risk assessments in place for identified needs. For example, mobility, risk of falls, nutrition, mental health and specific risks associated with the person's health condition, for example in relation to dementia or Parkinson's disease. Risk assessments were reviewed regularly to ensure they provided current guidance for staff.
- Where risks were identified appropriate guidance was in place to inform staff and reduce risks to people as much as possible. For example, people's mobility had been assessed including risk of falls. We saw that people were supported to walk around the home safely, using walking aids, holding onto staff's hands or linking arms.
- Equipment such as wheelchairs, bath seats and stair lifts were regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- External contractors completed checks and servicing including, electrical, gas and health and safety checks. These were completed to identify any risks associated with the safety of the environment and equipment.
- Regular checks had taken place in relation to fire safety. People had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and relatives confirmed that they felt staff provided a safe environment for people.
- Staff received safeguarding training as part of their initial induction when they began working at the home.
- Staff were able to tell us how they would safeguard people if they had any concerns. Telling us, "If I had anything that worried me or saw something I would report it to my senior or the manager."

Learning lessons when things go wrong

- Accidents and incidents were recorded by the person who witnessed them, completed forms were then given to the registered manager for review. The registered manager told us that learning from incidents was taken forward and actions or changes fed back to the staff. For example, when a person accessed the garden without staff knowledge, changes were made to ensure staff were aware of people's location.
- Referrals were made to other agencies for example mental health teams and nurse specialists when concerns arose.

Staffing and recruitment

- Staffing numbers were reviewed depending on people's needs. A tool was used to enable the registered manager to determine each person's care needs and staff required to meet these safely.
- Safe recruitment and selection procedures were in place. All required safety checks including references and Disclosure and Barring Service (criminal record) checks took place before a person could start work at the service.
- Staff told us, "We work together, it can be busy, but it is fine, we cover when people are on holiday, the manager helps out when staff are off too." We saw people were responded to in a timely manner and staff were available to assist them when needed.

Preventing and controlling infection

- Measures were in place to prevent and control the risk of infection. There was guidance for staff and they had received training in relation to infection prevention.

- Staff had access to protective personal equipment, such as gloves and aprons, if needed and there were adequate handwashing facilities throughout the home.
- Cleanliness of the home was well managed and visiting professionals told us the home always looked clean and people's rooms were well presented.
- The home had received an Environmental Health Office (EHO) food hygiene rating of 5.

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.

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well. Staff had access to training a part of their induction and further training was completed for example, mandatory training included infection control, health and safety, fire safety, basic food safety awareness and moving and handling. Further training including dementia, Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA), Parkinson's awareness and person-centred care.
- Staff told us they received the training they needed to be able to meet people's needs. If staff were in any doubt, they told us they consulted more experienced colleagues or the registered manager.
- New staff completed an induction. This included spending time shadowing other experienced staff, reading documentation and the homes policies and procedures. Staff new to care completed the Care Certificate. The Care Certificate ensures that staff new to care receive an introduction to the information, skills, knowledge and values to provide high quality, safe and appropriate care for people.
- Staff received regular one to one supervision. Staff felt supported in their roles and told us they could speak to the registered manager if they had any issues.

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

- People were supported to eat and drink well. Staff paid particular attention to ensuring people's hydration was encouraged with regular drinks being provided. The provider had engaged the services of a professional nutritionist to be the homes nutrition and hydration champion. The nutritionist had visited the home in July 2019 and held a session with the people living at the home about healthy eating, hydration and changing diets. They had then provided a separate session for staff.
- People were offered a choice of meals, with further alternatives provided if requested. People were supported by staff to have a healthy balanced diet and we saw people enjoying their lunchtime meal. Staff were aware of people's likes, dislikes and preferences and people's weights were monitored to ensure people were receiving adequate nutrition.
- People and relatives told us "The food is of a good standard." And, "I have no complaints about the food, it's very good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving to St Marguerite a pre-assessment took place to determine whether the home could safely meet people's needs.
- When people's needs changed, the registered manager told us a full review took place. If the person's

needs could no longer safely be met at St Marguerite, they would liaise with the local authority to find appropriate alternative accommodation.

- Reviews were completed to ensure people's outcomes were being met and they were being supported in the least restrictive way to maintain their independence. One person told us, "Staff know I will come along to the activities I chose, when I want to, they don't hassle me to attend, but support me if I do."
- The management team worked in a multidisciplinary approach with healthcare professionals as part of people's ongoing support and completed timely referrals to other agencies to ensure each person maintained a healthy lifestyle. For example, GPs we spoke with confirmed the registered manager liaised with them and requested visits for people when needed. We also saw referrals made to specialist nurses and community nursing teams via the GP when required.
- The registered manager reviewed care to ensure it was meeting people's current needs. Staff told us, "If we have any concerns about people, we speak to the manager."
- Relatives confirmed staff responded quickly to changing health needs and said they effectively communicated updates to them. A relative stated, "They keep us updated if anything changes."

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had assessed and, where applicable, applied for legal authorisation to deprive people of their liberty to safeguard them. Staff supported each person to make their day-to-day decisions, such as where to sit and eat their meals. People were enabled to freely move about the home.
- Best interest assessments demonstrated how decisions had been made. Mental capacity assessments were completed for specific decisions. For example, when people were unable to consent to their placement at the service and in relation to receiving personal care. Consideration was given to options that were least restrictive.
- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people clearly demonstrated that people's choice and involvement was considered when care was provided. We saw people being given choice and involved in decisions throughout the inspection.

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

- The home had been adapted to meet the needs of people. There was a lift to the first floor and stair lift for people to use, if needed. Doorways were wide enough to enable people using a wheelchair to access communal areas. The registered manager told us they supported people to mobilise around the home to help maintain their mobility.
- When people moved to the home they were able to personalise their rooms with their own belongings. People told us they were very happy with their rooms. One said, "I'm very happy with my room I have direct access to the garden I have the door open to come and go as I wish, I like the fresh air."

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.

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

- People and relatives spoke positively about the way people were cared for at St Marguerite. Telling us, "It's a nice home, I have no complaints," and, "People are well looked after."
- Staff demonstrated an understanding around equality and diversity. They supported people to do individual tasks and activities of their choice. When new people move into the home information sought from them and their relatives included a detailed life history. This is used to help formulate the person's care plan. Relevant information was fed back to staff to ensure they were aware of people's individual needs and preferences.
- People reacted positively when staff engaged with them. Staff communicated well with people and there was obvious fondness. The atmosphere throughout the home was relaxed. Staff knew people and there was light hearted banter and conversation.
- People were given appropriate levels of emotional support tailored to their individual needs, staff did not outpace people and ensured the individual was not pressured or rushed into making a decision, allowing them to spend their time in the way they chose.
- Staff provided care in a kind and compassionate manner. When assisting people with their mobility, staff spoke with encouragement, explaining what they were doing and giving the person simple prompts. This clearly alleviated the person's anxiety whilst they were assisted from the chair to wheelchair.
- The registered manager was able to tell us about people's mental and physical health needs. For example, one person had been experiencing specific symptoms relating to their health diagnosis. The registered manager had ensured staff had information and understanding of the condition to enable them to support the person effectively.

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

- Not everyone living at St Marguerite was able to express their views verbally but were able to make their choices known to staff and staff respected their choices. People were involved in decisions throughout the day and offered choices including how they spent their time. People were able to move around the home freely and spend time in their rooms or communal areas as they chose. One told us, "I spend my time doing what I wish, I like to sit in my room and do my own things but go out and join in things that I want to."
- Staff communicated well with people and communication was tailored to the individual. Care plans included specific information regarding people's communication needs.

Respecting and promoting people's privacy, dignity and independence

- We observed that respecting people's privacy, dignity and independence was a key value at St Marguerite,

and each person was treated as an individual.

- Doors were always closed before people were assisted with personal care, and conversations regarding people's care and support needs took place discreetly.
- People's independence was supported and encouraged, for example staff always included people in tasks and activities to enable them to do as much for themselves as was possible. The registered manager told us maintaining people's independence was a priority. We treat people how we would treat our own mother, with respect at all times."
- People's personal preferences were respected including how they dressed and how they liked their rooms to be. A relative told us, "There is a hairdresser, so she can get her hair done if she wants, they know she prefers to be in her room and they respect that, she likes her privacy."

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 as Good. 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

- Before people came to live at the service a full assessment was completed to ensure their needs could be met. People and their relatives were invited to look around to see if they felt the service would meet their needs. One person staying at St Marguerite for a period of respite told us if they could not return home then they would be happy to stay living at the home.
- Care plans were person centred and included information on people's background, hobbies, interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were reviewed by the registered manager every six monthly or more frequently if any changes occurred. Changes to people's health or care needs were fed back to staff to enable them to provide appropriate care and support.

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.

- Care plans identified people's communication needs and staff knew how to support people.
- People had access to information. The registered manager confirmed that information would be made available in an appropriate format, for example large print if needed.
- Staff picked up non-verbal indicators, for example one person became fidgety and restless whilst sat in the lounge. Staff told us the person liked to have a nap in the afternoon and they recognised when the person wanted to return to their room.

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

- Staff supported people to maintain regular contact with people who were important to them. Relatives were encouraged to visit the home and people went out with relatives when possible.
- Relatives told us they felt welcome visiting St Marguerite. One told us, "They know her well, and if we are taking her out at a certain time she's always ready, no issues at all, staff are great."
- A programme of activities were provided by visiting entertainers and in-house activities supported by part time activity staff. Activities included a choir, flower arranging, dominoes, knitting and cards club, musical afternoon, weekly piano, music and exercise. A visiting Parke church service was also available for people to attend if they chose. A 'Wish Tree' had been introduced. This was a way of encouraging people to share their wishes and help them to achieve these. One person wanted to go to New York. On their birthday part of

the home had been decorated to represent New York and a virtual reality headset sourced. This gave the person a 'virtual' tour of Manhattan and Times Square. People told us they enjoyed the activities provided, one person told us they enjoyed the choir and another said they enjoyed playing Bingo.

- Staff encouraged people to participate and were aware of people who were reluctant to take part. Staff told us they always asked people if they wanted to take part and even if they only joined in for a few minutes, it was worthwhile.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, a copy of this was displayed and given to people and relatives when people moved into the service.
- There were no complaints at the time of the inspection. The care manager told us if complaints were received, these would be dealt with following procedure. There was an open door policy at the home and relatives could speak to the care manager at any time if they had any worries or concerns.

End of life care and support

- End of life care and support was provided at St Marguerite, when appropriate.
- The service received support from community nurses and other health professionals to support people receiving palliative or end of life care.
- People's end of life care wishes and preferences had been recorded, including people to contact in the event of their death and funeral arrangements.
- Whenever possible people would be able to stay at the service until they died, however, the care manager was aware that any changes to people's health would need to be reviewed to ensure that the service was able to safely meet the person's needs and provide appropriate support.

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 requires improvement. At this inspection this key question has remained as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection we found that the leadership of the service was not effective in all areas as management systems including quality monitoring did not always ensure safe and best practice was followed in all areas. At this inspection we found a system was in place to monitor the quality of care provided and a number of audits and checks were completed. However, actions had not been addressed and management of some areas of the home needed to be improved. This included the two examples previously discussed in safe in relation to a window restrictor identified in a recent health and safety audit completed on 2 August 2019 by a professional consultant, and PRN medicines not being documented as identified in an external pharmacy audit completed in December 2018. Neither issue had been identified as part of the provider or registered managers internal quality checks and audits.
- Systems and audits had not ensured that PRN medicines were managed safely. Or that records were an accurate, complete and contemporaneous record of people's care.
- People's daily records were not completed by all care staff. Staff told us that assistant carers passed information to the senior person on shift, or the registered manager, who updated the daily records. Some daily records were detailed and included information about people's mood, behaviours, medicines and activities attended. Others only included personal care tasks completed by staff. Daily records were not regularly reviewed to ensure they were completed consistently and included all relevant information regarding people's health, care and support provided.
- Staff received safeguarding training as part of their initial induction. For staff more recently employed, induction training would include changes to the safeguarding protocols, however for staff who had worked at St Marguerite for many years, their knowledge and understanding was not up to date. This included the registered manager. Although the service had its own safeguarding policy, the registered manager did not have access to the East Sussex Safeguarding Adults Policy and Procedures, so was unaware of recent additions and changes to safeguarding procedures and was unclear of the local authority safeguarding reporting criteria.
- Although the registered manager had access to The Care Quality Commission (CQC) guidance, they were not able to demonstrate a clear understanding regarding incidents which should be referred to CQC should they occur.

The provider had not ensured good governance had been maintained to ensure systems were assessed monitored and used to improve the quality and safety of the services provided. This is a breach of

- The registered manager accessed safeguarding information during the inspection and informed us they had attended safeguarding training after the inspection.
- At a recent residents' meeting safeguarding was covered as a topic where people living at St Marguerite had been able to discuss safeguarding themselves from abuse.
- Care plans included information and guidelines to support staff to meet people's care needs.

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

- There was a relaxed atmosphere and staff told us they were happy and enjoyed working at St Marguerite.
- People were seen to engage readily with staff. Interactions were relaxed with friendly banter and conversation taking place. Staff encouraged people to participate in day to day activities and offered support at a pace that suited the individual. The registered manager told us, "We treat people like you would your own relative."
- Staff confirmed that the registered manager was at the service most days and often worked on the floor to cover when staff were off. This was observed on the first day of the inspection, the registered manager was answering people's call bells and giving medicines as a member of staff had recently left employment and others were on holiday.
- All staff worked together to provide peoples care. People were able to tell us they were happy living at the home, telling us, "I have been here a long time now, I am quite content here." And, "I am happy here, they look after me very well."

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

- Residents' meetings took place to discuss upcoming events and activities. The registered manager used resident meetings as an opportunity to ensure people were happy with all aspects of their care and the day to day running of the home. For example, people were asked if they had any concerns regarding the registered managers conduct or concerns relating to any staff members.
- Staff meetings were an opportunity to discuss updates and changes to people's care and support. Staff told us they enjoyed working at the home. Telling us "I feel supported I can speak to the manager if I need, it is a nice team we help each other."
- All staff had a handover before commencing their shift. This was an opportunity to discuss changes to people's needs that day and any planned appointments or visits.
- People told us there was an open atmosphere at St Marguerite. People were kept updated when things happened, and relatives confirmed that they were notified if an incident occurred. For example, if a person had a fall or became unwell.
- A number of cards and emails had been received by the home. We saw that comments received were positive from relatives. People living at St Marguerite told us they were happy living at the home, and we received positive feedback from visiting professionals.

Working in partnership with others

- The service worked effectively in partnership with health care professionals from multidisciplinary teams. This ensured people were integrated into their local community and had their health and social care needs met. For example, the registered manager had engaged with a clinical nurse specialist when they needed support.
- Any advice by health professionals was used to ensure the safety and wellbeing of people was maintained.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured good governance had been maintained to ensure systems were assessed monitored and used to improve the quality and safety of the services provided. Regulation 17 (1) (2)(b)(c).</p>