Calsan Limited

St Margaret's Residential Home

Inspection report

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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 Margaret's Residential Home is a care home providing accommodation for up 21 people in one adapted building. At the time of this inspection 21 people were using the service who had a range of needs including dementia and physical disabilities.

People's experience of using this service and what we found
Improvements were needed to ensure safe processes were consistently followed regarding the use of PRN (as required) medicines and monitoring people's falls.

We also found a number of areas that would benefit from further work to promote people's safety and well-being. These included making sure cleaning products are always locked away, consent processes being followed when people share a bedroom, staff training, supporting people's communication needs and people's access to activities.

These areas had not been identified through internal quality monitoring systems. This meant opportunities to learn lessons and improve things when they went wrong were sometimes missed.

Staff understood how to keep people safe from harm and abuse. There were enough staff to meet people's needs, and checks were undertaken to make sure new staff were suitable to work at the service.

People were supported to stay healthy. Staff ensured they had enough to eat and drink and supported people to access healthcare services when they needed to. They understood how to protect people through the prevention and control of infection.

Staff were motivated and caring. They knew people well and treated them with kindness, respecting their privacy and dignity . People were supported to have maximum choice and control of their lives in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Leadership at the service was open and visible. They regularly sought feedback from people, relatives and staff; to see how well the service was performing.

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 21 September 2017).

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

During this inspection we found evidence that the provider needs to make improvements. We found no evidence that people had come to any harm from these concerns. Please see the safe and well-led sections of this full report.

The overall rating for the service has therefore changed from Good to Requires Improvement. This is based on the findings at this inspection. This is the first time the service has been rated Requires Improvement.

The provider confirmed soon after this inspection they had already acted, or had plans to address, all the issues identified for improvement.

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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

St Margaret's Residential Home

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 and an assistant inspector.

Service and service type
St Margaret's Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection, and we requested feedback from the local authority who work with the service.

We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection
We observed the care and support being provided to a number of people throughout the building at different points of the day, including lunch and an activity session.

We spoke with five people living at the service about their experience of the care provided. We also spoke with a visiting health professional, the assistant director, the registered manager, a senior care assistant and the cook.

We reviewed a range of records. This included various records for six people living at the service, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes, so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

Requires Improvement

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 now 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

● Systems were in place to ensure people received their medicines as prescribed, including PRN (as required) medicines, such as for pain relief. One person told us, "I know what I'm taking. Yeah it comes on time." Another person said, "They're good here, good with pain relief. I've got arthritis almost everywhere. I still feel it but it's their help that makes the difference."

● However, we found concerns about the use of PRN medicines for one person when they exhibited distressed behaviour. PRN protocols were in place for three separate prescribed medicines, and each protocol stated that they were to be given for 'agitation'. There was no further clarification about the dose to be given for one of these medicines, or whether the three medicines could be taken together. This placed the person at risk of receiving an unsafe dose. In addition, medicine administration records (MAR) showed the person was being given two of these medicines on a regular basis. The registered manager confirmed they had not sought guidance from the person's GP to establish if there was another reason, for example an undiagnosed health condition, that could be the cause of their agitation and the continuous use of medicines that had been prescribed for PRN use only.

● After the inspection the assistant director confirmed that the person's GP had reviewed their medicines the next day and made changes to ensure they only received the medicines they needed, when they needed them. Action was also being taken to strengthen PRN processes, including a meeting with staff to remind them of the importance of developing clear PRN protocols and seeking medical advice when appropriate.

Assessing risk, safety monitoring and management

● Risks to people were assessed to promote their safety and protect them from harm. One person told us staff had helped them to reduce the risk of accidental burns, when smoking. They said, "I used to have some holes (in their clothes) but I'm taken care off now." We saw they were wearing a protective tabard.

● People's care plans provided information on how identified risks should be managed to keep them safe, for instance not eating or drinking enough, falls, pressure damage to the skin or distressed behaviours that could potentially place them or others at risk. Staff were also observed using equipment to support people with their mobility in a safe way.

● On our arrival some cleaning products had not been locked away. People living with dementia do not always recognise household products or understand the dangers they present. The registered manager explained this was not normal practice and took immediate action to ensure these were locked away, and staff were reminded of the importance of doing this.

● The assistant decorator also took swift action based on our observations to improve people's safety in the event of needing to evacuate the building in an emergency. We noted that only staff had a key to open the front door. After the inspection a 'break glass' key box was installed, enabling people and visitors to open

the door if staff were not in close proximity.
● Checks of the building were carried out routinely, and servicing of equipment and utilities took place on a regular basis to ensure people's safety.

Learning lessons when things go wrong
● Opportunities to ensure lessons were learned, and improvements made when things went wrong were sometimes missed. For example, staff recorded when people had fallen. These records were reviewed monthly, to help identify ways to minimise the risk of them falling again. However, we found evidence that some people's falls had not been included in the monthly review and the registered manager was unable to account for this oversight. This meant people had been placed at potential risk of further falls, because steps to investigate the cause of their previous falls had not taken place. The registered manager confirmed that a referral for one person identified by us as being at risk, had been made to the local falls team for specialist advice, by the end of the inspection day.
● There were examples where the service had acted quickly to improve safety, in response to known incidents. One example was the purchase of new equipment that would support staff to evacuate people from the building in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse
● People confirmed they felt safe living at the service.
● Staff had been trained to recognise and protect people from the risk of abuse, and they followed agreed procedures for reporting potential safeguarding concerns to relevant external authorities, if needed.

Staffing and recruitment
● People confirmed there were enough staff to keep them safe and meet their needs. One person told us, "They (staff) come quick and a bunch of them!" We observed people's requests for assistance being met in a timely way throughout the day. Staff also told us sufficient staff were planned for on each shift. One staff member said, "We all muck in. The provider will clean toilets too if needed." Another added, "When you communicate you get things done."
● Robust recruitment checks were carried out to confirm new staff were suitable to work with people using the service.

Preventing and controlling infection
● People were protected by the prevention and control of infection. One person told us cleanliness at the service was, "Very good." We observed the service to be clean, tidy and fresh.
● Records showed staff responsible for preparing and handling food had completed food hygiene training. They maintained good hygiene by using personal protective equipment (PPE) such as disposable gloves and aprons when handling food or providing personal care.
● Hand sanitiser and notices about effective hand washing techniques supported everyone to adhere to good hygiene practices. The service had also taken swift action to restrict visitors, in an effort to stem the spread of coronavirus (Covid-19).

Good

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 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

- People's needs were assessed prior to using the service and at regular intervals after moving in, to ensure their care and support was right for them.
- The assistant director told us they kept up to date with changes in legislation and good practice in a number of ways. This included membership of relevant local and national organisations and groups, to share information and learn from each other. For example, the service had arranged for some staff to receive additional training in oral hygiene, following the publication of a report about the importance of maintaining good oral health for people living in care homes.

Staff support: induction, training, skills and experience

- Staff told us they received relevant induction and on-going training to support them in their roles, and records confirmed this. However, in a small number of cases, we saw gaps where training had not been updated recently. There was no evidence that people had come to any harm as a result. Shortly after the inspection the assistant director provided evidence that an external trainer planned to prioritise the areas where staff had not had training for over 12 months. They also confirmed there would be additional oversight of staff training in future.
- Staff were provided with extra support to carry out their roles and responsibilities through meetings, individual supervision and appraisals.

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

- People told us they enjoyed the food provided and they had enough to eat and drink. One person said, "The food, you can't beat it. I used to be in hospital and my (relative) would come up and he would encourage me to eat but here they don't have to." Another person added, "Excellent, my favourite meal today so you'll always get an excellent from me. She's a good chef."
- People's care records contained information about their dietary needs and preferences. The cook had a good understanding of these including fortified meals, for those people at risk of not eating or drinking enough.
- We saw people were offered food and drink at regular intervals, including between main meals. Staff encouraged people to eat and we saw lots of clean plates at lunch time. Good portions were provided and the food looked and smelt appetising. Condiments were offered routinely, to enhance people's meal time experience. One person said, "There's always food, too much food. I can have it whenever I want, tea and coffee too."

Staff working with other agencies to provide consistent, effective, timely care; and supporting people to live

healthier lives, access healthcare services and support

● People told us they were supported to manage their health needs. One person said, "Yeah (staff) help me. I used to have cataracts but I got them sorted here." One person told us they had significantly reduced the number of cigarettes they smoked each day and felt healthier as a result.

● A visiting health professional confirmed staff listened to and acted on their advice. They told us, "(Staff) are very helpful, they always take me to the person and help with moving and handling." They added, "There was one guy who had a pressure sore and it went so quick. When you ask them can you do this, they do it. They call you straight out if they have any problems."

● People's care records contained guidance for staff on how people's assessed healthcare needs should be met, including oral hygiene. One person said, "I brush my teeth every day, but if I ask staff will do it."

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

● The service had been adapted to provide accommodation over three floors. A passenger lift and stair lift enabled people to access all areas of the building. People who used equipment to support their mobility had sufficient space to access communal areas, including a garden. There was no weather protection for anyone wanting to smoke in the garden however, the assistant director confirmed that a smoking shelter would be erected in the next couple of weeks.

● The environment was welcoming and comfortable. Photographs, pictures and plants helped to enhance communal areas, and people had been encouraged to personalise their rooms with their own belongings.

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 service had two bedrooms which had been designated as shared rooms – two people in each. Staff confirmed that the people currently sharing these rooms either lacked capacity to make a decision about sharing a room, or they had fluctuating capacity. When someone is unable to provide consent to an arrangement such as this then a decision needs to be made on their behalf. This is known as a 'best interests decision'. Although there was evidence that the decision to share a room had been discussed with people and their relatives, no one sharing a bedroom had a best interests record in place. The assistant director confirmed plans were being made to review the arrangements for all those involved, in accordance with the best interests decision process.

● In contrast, clear procedures were in place for one person to receive their medicines covertly. This was because they did not consent to taking medicines and they had been assessed as lacking capacity to make an informed decision about this. Records showed covert administration decisions had been considered in line with the Mental Capacity Act 2005 as being in the person's best interests - for each medicine prescribed for them. A DoLS authorisation was also in place because medicines given covertly, particularly when used to control someone's behaviour, may be regarded as aspects of continuous supervision and control.

Good

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 good. At this inspection this key question 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 told us they were well cared for and staff treated them with kindness and compassion. One person said, "I think the people (staff) here are nice, very kind and it rubs off in the care."
- There was a friendly, relaxed and pleasant atmosphere at the service, and we observed some positive and caring interactions between staff and people. One staff member said, "To me they (people living at the service) are like my mum and dad."
- It was a busy day as staff had just begun to implement changes to visiting arrangements, due to the world-wide Coronavirus (Covid-19) outbreak. Despite the added pressure of an inspection taking place, the staff team remained calm, providing care and support in a patient and kind manner. For example, one person was heard to say to a member of staff, "You do look after me," when the member of staff offered to adjust their sitting position to make them more comfortable. Staff also took the time to provide appropriate reassurances to people when needed, such as when they needed to transfer them from one position to another using a hoist.
- Staff knew people well and had taken time to find out more about their individual life histories, likes and dislikes. This was particularly useful for people who were not able to communicate using words, or people living with dementia.

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

- People were encouraged to express their views and be actively involved in making decisions about their care and daily routines. Throughout the day we observed staff giving people choices and giving them time to reply. Where people were not able to communicate their preferences using words, staff provided visual options for them to choose from.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence. During lunch we observed some people being given special aids to enable them to eat independently. Staff were quick to offer people clothes protectors and wet wipes, to maintain their personal hygiene and dignity.
- Under normal circumstances people's family and friends were able to visit when they wanted to. However, due to the Covid-19 situation this had temporarily been restricted. We heard staff passing messages onto people from their loved ones, reassuring them that they had been in touch. The management team were also considering how people might maintain contact during this period with their families, through the use of technology.

Good

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

● Each person had their own care plan which contained personalised information about how they should receive their care and support, to meet their individual assessed needs and personal preferences. Additional records were being maintained to demonstrate the care and support provided to people daily.

● People told us they were involved and able to contribute to planning their care and support. One person told us, "Yeah, and they (staff) talk to you about changes."

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.

● Information had been included in people's care records about their preferred communication methods. Staff provided examples of how these were met such as looking for visual clues in people's body language and facial gestures, using visual choices and photo menus to help people decide what to eat and using some basic translated phrases for one person whose first language was not English. The registered manager agreed there was scope to develop these phrases further, to enable core staff to be able to communicate in a meaningful way with the person.

● In addition, the assistant director said they planned to make food options more visible and accessible to people, such as large print, photographs and asking people what they want to eat on the day rather than the day before. It is best to avoid asking a person with dementia to choose a meal in advance as they may struggle to remember what they requested.

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

● A dedicated member of staff provided people with a choice of activities twice a week. Staff told us additional activity opportunities were provided by care staff when they had time and external entertainers. The activity member of staff visited during the inspection and we saw they were motivated and enthusiastic. They engaged with people and encouraged them to join in with a quiz and chair-based exercises. In the afternoon care staff played table top games and painted people's nails. One person told us, "Someone comes in twice a week. They do their best to keep us entertained."

● However, some people were not engaged with these activities and we didn't see any evidence of people who were being cared for in bed receiving social interactions, beyond the care tasks staff assisted them with. In addition, the service was in a temporary state of quarantine due to the Covid-19 pandemic. This meant

there was a risk that people might feel more isolated as their friends and family were not able to visit. Shortly after the inspection the assistant director confirmed they had secured additional funding to free up care staff time in the afternoons to increase social opportunities for people.

Improving care quality in response to complaints or concerns

● People were clear they knew how to raise a concern if they needed to. One person said, "I haven't got a grumble at all." Another person said, "If I have any complaints, I take it to [name of registered manager] anyhow. But I don't have many problems with anybody."

● Records showed that people were listened to and their concerns were dealt with in a timely way. There was a clear audit trail of how each complaint was investigated and any actions that had been taken.

End of life care and support

● Information had been included in people's care records about their end of life wishes. Where needed, the service was able to support people at the end of their life. Relatives confirmed this through written feedback. One relative had written, 'I just wanted to write to thank you for looking after (relative) in her last few weeks of life. Knowing she was being so well cared for was a great comfort…The kindness shown to us at such a difficult time was very much appreciated; the cups of coffee, the kind words of comfort and the time spent just listening and sitting with us.'

Requires Improvement

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 now deteriorated to 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.

Continuous learning and improving care

● Quality monitoring systems were in place, to enable the management team to check if the service was providing safe, good quality care. This included management meetings and regularly seeking feedback from people, through meetings and satisfaction surveys. We saw surveys that had recently been returned from people, relatives and external professionals. There was positive feedback about activities, the food, cleanliness at the service and staff being knowledgeable, friendly and welcoming. A number of people said they would recommend the service to others.

● Audits were taking place which demonstrated the management team had some oversight of service provision. We looked at recent audits, carried out at both service and provider level. These did not reflect all the areas we look at when we inspect. They also did not evidence the depth of the checks being undertaken. For example, audits stated that 'full compliance to all relevant legislation' had been checked. But there was no further information about what legislation had been checked against, and no actions for improvement had been identified. Similarly, falls audits only listed the numbers of falls per month for the whole service. They did not identify the specific people involved, to see if there was a potential pattern.

● We found areas during this inspection which required improvement and had not been identified through the provider's audits. This included a lack of clear guidance for the use of some PRN (as required) medicines, not seeking medical advice in a timely way for the regular and frequent use of some PRN medicines and missed opportunities to seek specialist advice to minimise the risk of falls. This raised questions about the quality and robustness of the existing quality monitoring systems.

● The assistant director acknowledged our findings and responded swiftly to our feedback. Shortly after the inspection they provided evidence that they had already acted to address all our findings or had plans in place to do so. In addition, they showed us they had revised the current auditing tool, to include all the areas that we (CQC) check against when inspecting services.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and relatives were complimentary about the management team. They confirmed that leadership at the service was visible, and we observed this on the day. One person told us, "She's (registered manager) always around. When she gets in in the early morning she comes around and sees us all, makes sure we're alright." A relative echoed this in some written feedback, 'My (relative) received excellent care at St Margaret's by a lovely team of staff…The staff were not only wonderful with (relative) but were there for me

at such a difficult time for us, always having time to sit and chat and offer support (and bring a welcome cup of coffee too!) The food provided was excellent, fresh and home cooked. (Relative's) room was homely and comfortable. The manager is always available and very much involved in the care of the residents. Having to consider a care home for a loved one is such a difficult thing to have to do, but I would recommend St Margaret's to anyone'.

● Staff spoke positively too. They told us they enjoyed working at the service and they pulled together as a team. One staff member told us, "We all club together here." Another added, "There is good communication between us." We observed staff working cohesively together. They were confident, motivated and inclusive.

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

● We found that when things went wrong people were kept informed. In addition, the management team spoke openly throughout the inspection and responded to all our requests for information. They continued to do this after the inspection and kept us updated on key developments. This demonstrated an open and transparent approach.

● Records showed that legally required notifications were also being submitted to us (CQC) as required.

Working in partnership with others

● The service worked in partnership with other key agencies and organisations such as the local authority and health care services to support care provision, service development and joined-up care in an open and positive way. The local authority had written to thank the service for their recent support and efforts in providing emergency shelter for a number of people from a nearby care home who needed to be evacuated due to a fire. They told us the service had 'helped out enormously'.