

Fins Care Limited

# St Margarets Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good



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?

Good



### Overall summary

This inspection was carried out on 17 August 2015 and was unannounced. This was the first inspection of this service since Fins Care Limited had been registered with the Care Quality Commission as the provider. This change of registration occurred on 20 March 2015

St Margarets Care Home is registered to provide accommodation and personal care for 16 older people some of whom are living with dementia. There were 15 people living at the home during this inspection. The home is situated over three floors with stairs and a stair lift to access upper floors. Two bedrooms are shared double occupancy rooms, and six bedrooms have an ensuite with a basin and a toilet. There are communal

bathroom and toilet facilities for people who do not have an ensuite within their room. There are a number of communal areas within the home, including two lounges and a dining area and a garden for people and their visitors to use.

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

# Summary of findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Whilst staff respected people choices we found that some staff were not always aware of the key legal requirements of the MCA and DoLS.

People who used the service were supported by staff in a kind and respectful way. People had individualised care and support plans in place which recorded their care and support needs. Individual risks to people were identified by staff. Plans were put into place to minimise these risks to enable people to live as independent and safe a life as possible. These documents prompted staff on any assistance a person may require. Arrangements were in place to ensure that people were supported and protected with the safe management of medication.

There was an 'open' culture within the home. People, their relatives, and visitors were able to raise any suggestions or concerns that they might have with staff and registered manager and feel listened too. People were supported to access a range of external health care professionals and were supported to maintain their health. People's health and nutritional needs were met.

There were a sufficient number of staff on duty. The decision making process to determine safe staffing levels decided by people's dependency and support needs was not formally recorded by the registered manager.

Effective recruitment checks were not always in place. Staff were trained to provide effective care which met people's individual support and care needs. Staff understood their role and responsibilities to report poor care. Staff were supported by the registered manager to develop their skills and knowledge through regular supervision and training.

The registered manager sought feedback about the quality of the service provided from people who used the service and staff by sending out surveys. They had in place a quality monitoring process to identify areas of improvement required within the home. However, these checks were not always formally recorded with an action plan.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

Robust safety checks were not always in place to ensure that staff were of good character and recruited safely. People's care and support needs were met by a sufficient number of staff.

Systems were in place to support people to be cared for safely. Staff were aware of their responsibility to report any safeguarding concerns.

People were supported with their medication as prescribed.

**Requires improvement**



### Is the service effective?

The service was effective.

People were assessed for their capacity to make day to day decisions. Appropriate applications were made to the authorising agencies to ensure that people's rights were protected. Staff were not always aware of the key requirements of the MCA 2005 and DoLs.

Staff were trained to support people. Staff had regular supervisions and observations undertaken to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

**Good**



### Is the service caring?

The service was caring.

Staff were caring and kind in the way that they supported and engaged with people.

Staff encouraged people to make their own choices about things that were important to them and to maintain their independence.

People's privacy and dignity were respected by staff.

**Good**



### Is the service responsive?

The service was responsive.

People were supported by staff to take part in activities within the home and in the local community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated. People's individual needs were documented clearly and met.

There was a system in place to receive and manage people's suggestions or complaints.

**Good**



# Summary of findings

## Is the service well-led?

The service was well-led.

There was a registered manager in place.

People and staff were asked to feedback on the quality of the service provided through surveys and meetings.

There was a quality monitoring process in place to identify any areas of improvement required within the service.

Good



# St Margarets Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 August 2015, was unannounced. The inspection was completed by two inspectors and an expert by experience. An expert by experience is someone who has experience of caring for someone who has used this type of care service.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is

required to notify us about by law. We also asked for feedback on the service from a representative of the Peterborough City Council contracts monitoring team to help with our inspection planning.

We spoke with five people, one relative and one visiting friend of people who used the service, the registered manager, two senior care staff and a care assistant. We used observations to help us understand the experience of people who could not talk with us. We also spoke with a community nurse, doctor and a developing interest professional.

We looked at four people's care records and we looked at the systems for monitoring staff training, supervisions and three staff recruitment files. We looked at other documentation such as quality monitoring records, surveys, accidents and incidents records. We saw compliments and six medication administration records and the building maintenance safety checks.

# Is the service safe?

## Our findings

In two out of the three staff recruitment files we looked at we saw that pre-employment safety checks were carried out prior to staff providing care. This was to ensure that new staff were suitable to work with people who lived in the home. Checks included references from previous employment, a disclosure and barring service check (DBS). This is a criminal records check and a check that staff are not on the 'barred' list for England, Wales and Northern Ireland. We also saw photo identification and address identification had also been sought and was held on file.

However, two out of three staff we spoke with said that they had not applied for a new (DBS) check before starting work at the home. They told us that they had been asked to bring in their most recent version of this document. Documents we looked at showed that staff were not part of the DBS 'update scheme' which meant that this updated record could be checked on line by the potential new provider. We spoke with the registered manager about this. They told us that they had thought that all DBS documentation were transferable between different providers. They were not aware that to do this staff had to be specifically signed up to the 'update scheme.' We saw that one staff member who started work at the home in June 2015 did not have an up to date DBS check in place before they started work in the home. This document was from their previous employer and was dated 2012. We also found that they did not have a reference from their previous employer. The most up to date reference on their file was dated 2005.

This meant that the registered manager did not have robust recruitment checks in place to make sure that staff employed were of a good character. This was a breach of Regulation 19 (1) (a) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they or their family member/friend felt safe. One person told us, "Oh yes I feel safe here." Another person confirmed that they, "Feel safe," their relative went on to say that this was because, "Communication was good (we are) well informed." A friend said that they felt the person they were visiting was, "Safer here (in the care home) than they were at home."

People we spoke with told us that communication was good. A visiting friend told us that they would, "Feel very comfortable talking to staff if concerned."

Staff demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor practice. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. The registered manager informed us, and training records confirmed that staff received training in respect of safeguarding adults. We also saw that safeguarding was discussed during staff supervisions with the registered manager. This showed us that there were processes in place to reduce the risk of harm to people living in the home.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who lived in the home.

People had detailed risk assessments within their care and support plans which had been reviewed and updated. These records gave clear information and guidance to staff about any risks identified and the support people needed in respect of these. Risks identified included, people at risk of falls, moving and handling risks, poor skin integrity, and being at risk of heatstroke and dehydration. When people were deemed to be at risk of malnutrition or dehydration, action was taken to reduce the risk. Records were kept of the measures taken by staff so that they could monitor this and take action where concerns had been identified. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

People said who were able to tell us, said that they had no worries about their medication. One person said, "(I) have no concerns around medication, I'm on half the medication I used to be on." A visiting friend told us, "(There) was an issue, where the pharmacy had sent the wrong tablets, staff sorted it out with the doctor, (it) got sorted." Our observations showed that people were supported by staff with their medication in a discreet, unhurried and safe manner. The medicines trolley was attended at all times and it was observed that the staff member did not sign to say that medication had been given until people were

## Is the service safe?

observed swallowing their medication. We saw that staff who administered medication had received appropriate training and their competency was assessed by the registered manager and records confirmed this.

Records of medication administered were complete and we saw that all medication was stored securely and at the correct temperature. Staff we spoke with who administered medication were clear on how medication was to be administered. This included medication that had to be administered at least 30 minutes before food. However, we noted that there was no care plan or risk assessment in place for one person's medication prescribed as a 'sedative'. This medication was prescribed to manage their anxiety and behaviour that challenged others. A lack of care plan or risk assessment around this prescription meant that there was a absence of formal guidance for staff to follow.

We saw that there were sufficient staff on duty to meet people's care and support needs throughout the day. One relative confirmed that staff being present to support their family member when needed gave them, "Peace of mind." Staff said that there was enough staff on duty to meet people's care and support needs. One staff member told us that they, "Very rarely," worked without enough staff and

that this would be only after every other possibility to cover the absence had been explored. They said that staff worked as a, "Team." Our observations showed that people's needs were met in a timely manner and care call bells responded to promptly. This showed that the registered manager had enough staff available to deliver safe support and care for people who lived in the home.

The registered manager told us that they assessed regularly the number of staff required to assist people with higher dependency support and care needs. However, they confirmed that this decision making process was not formally documented.

We found that people had a personal emergency evacuation plan in place in the care records we looked at. This showed that there was a plan in place to assist people to be evacuated safely in the event of an emergency. However, the registered manager told us that there was no overall business contingency plan in case of an emergency.

We looked at the records for checks on the home's utility systems and the buildings fire risk assessment. These showed us that the registered manager made regular checks to ensure people were, as far as practicable, safely cared for in a place that was safe to live, visit or work in.

# Is the service effective?

## Our findings

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Assessments to establish people's capacity to make day to day decisions had been determined and appropriate applications made to the supervisory body (local authority).

People said that staff respected their choices. People told us that they felt listened to by staff. One person said, "I get up when I want to." Another person told us, "(Staff) give (you) a choice if you don't want what's on the menu." Staff we spoke with showed they understood the importance of asking about and respecting people's choices. The majority of staff were able to demonstrate to us an understanding that they knew how to ensure people did not have their freedom restricted. However, staff were unable to identify people who were subject to a DoLS authorisation or demonstrate an understanding of the legal process in place. However, records confirmed to us that some staff were booked to complete training on MCA 2005 and DoLS in November 2015.

People where appropriate, were assisted by staff with their meal and drinks. One person said how staff cut their food up into small pieces to make it easier for them to swallow safely. At meal times we saw that people were encouraged by staff to sit and eat in the dining room to promote social inclusion. We also saw that people were supported to eat out in the garden or in their rooms should they choose to do so. One person told us that, "I usually have my meals in the garden or in my room." Another person said, "The food here is excellent, if anything it's a bit too much for what I want. One person said that the, "Food is not bad." Their relative told us that the food supplements given to their family member by staff had meant that their family member had a healthy weight increase. They said that prior to living in the home their family member had been, "Very underweight," and that they now, "Had to buy them bigger clothes." A visiting friend said that staff really communicated and encouraged people to eat and that drinks were available on request.

We saw that people were given breakfast of their choice and at varying times in the morning depending on when they had got up. Our observations showed that people were offered drinks throughout the day. One person said, "You can have a drink at any time you want to, you just have to ask for it. There is always a jug of juice here (In the communal rooms)."

Staff told us that they were supported by the registered manager. One staff member said that staff were, "Supported all the way." Records we looked at showed us that staff had regular supervisions with the registered manager. Staff said that when they first joined the team they had an induction period which included training and support. This was until they were deemed competent and confident by the registered manager to provide effective and safe care and support. One staff member said that when they started work in the home they felt, "Very welcomed," and that, "They (staff) all helped me."

A person said, "The staff here are very good and the young staff are excellent – whoever trains them does it very well." Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the registered manager's record of staff training undertaken to date. Examples of training included; the care certificate induction programme, dementia awareness, fluids and nutrition, food hygiene, equality and diversity, communication, safeguarding, and moving and handling. This showed us that staff were supported to provide effective care and support with regular training.

A relative said that staff were quick to involve external health care professionals. They said that the, "GP is called when needed." We saw that external health care professionals were involved by staff to provide assistance if there were any concerns about the health of people using the service. A community nurse told us that, "(Staff) are good at managing (people's) skin integrity. They listen to guidance given. (The) registered manager is passionate about what they do; (staff) are proactive in seeking advice." A doctor we spoke with confirmed to us that staff followed advice given well and were pre-emptive in getting a doctor to visit if concerned. This showed that staff were quick to involve external health care professionals when needed.



# Is the service caring?

## Our findings

People and their visitors had positive comments about the care and support provided. A community nurse told us that the staff were, “Very friendly and the atmosphere is good.” We were told that staff supported people in a kind manner and our observations throughout the day demonstrated this. One person said, “You are looked after and the staff are all very pleasant.” A visiting friend told us that, “(It is) really nice that there are staff like this – caring.”

We saw that people were assisted by staff to be as independent as possible. Observations showed that staff encouraged people to do as much for themselves as they were able to and prompt people when needed, in a respectful way. On the day of our visit we saw people’s relatives and friends visiting the home. A friend told us that they were made to feel welcome when they visited and that they were always offered a drink by staff. A relative said that, “Visitors were made to feel welcome.”

We saw that staff supported people in a kind and patient manner. Staff took time to support people when needed. We saw staff reassure people, who were becoming anxious, in an understanding manner to help them settle. We saw good examples of how staff involved and included people in their conversations throughout our visit. One person said, “You can tell them what you like or don’t like – they are very approachable.” A visiting professional told us that, “The staff here are really great – they work very hard.”

People told us that staff respected their privacy and dignity when supporting them. One person said how staff knocked on their bedroom door when they wanted to enter. Care

records we looked at that had clear prompts for staff to respect people’s dignity at all times including a reminder for staff to make sure that people’s glasses were kept clean. Our observations throughout the day showed that people were dressed appropriately for the temperature within the home. One staff member described to us how they enabled a person to choose their own clothes to wear. They told us how they would get garments out of the wardrobe and showed them to the person so they could make their own choice. This meant that people were supported by staff to be involved in making their own decisions and that staff respected these choices.

Care records we looked at were written in a personalised way which collected social and personal information about the person, including individual needs. People also had their end of life wishes documented should they choose to. These plans included a wish to not be resuscitated. Records we looked at showed that people or their appropriate relative were involved in the agreeing and review of their care and support plans. A visiting friend said that they visited often and that staff made them, “Feel involved.” People’s care and support plans were in place for staff to refer to so that staff had a greater understanding of the needs of the person they would be supporting.

Advocacy services were available for people where required. Information on independent mental capacity advocate services (IMCA) was seen on the communal notice board for people and their visitors to refer to if needed. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

# Is the service responsive?

## Our findings

During this inspection we saw people maintaining their interests by reading newspapers and magazines, knitting and watching television. We also observed a person completing a word search which they told us was one of their interests. Records and our observations showed that people were also supported to maintain their links with the community. We saw people being assisted by a staff member to visit a local hairdresser and saw people with their relatives going out for the morning. An external 'developing interests' professional also visited the home during this inspection. They told us how they offered individual support to people to encourage them to maintain their interests. By working with the person they were supporting or their family, they could learn about people's particular interests and tailor an activity for them. The person they were supporting on the day of our visit had an interest in cars and that they told us that were going out to look at different types of cars.

We looked at three people's care plans during our inspection. Records we looked at documented that people had signed to agree their plan of care and support. Reviews were carried out each month to ensure that people's current support and care needs were documented. Records included information on people's social history

and any interests they may have documented in an 'all about me' document. We saw that people's preferences were recorded and how the person wished their care to be provided. This information helped staff to get to know and understand the individual they were supporting. One person told us, "I'm independent – I have my own way of doing things." Another person said, "I can look after myself but I do need help with the shower because I can't manage the temperature."

Staff demonstrated a good understanding of each individual person's care and support needs. One relative told us that, "The care here has meant that the [family member's] health has much improved – the difference is incredible." They went on to say that, "Communication is good," and that they felt, "Well informed."

People and relatives we spoke with told us that they knew how to raise a concern but had not had to do so. They told us that they would speak to staff if they were concerned about anything. We asked staff what action they would take if they were aware of any concerns. Staff said that they knew the process for reporting concerns and would inform the registered manager. Records of compliments showed that people and their relatives were complimentary about the care they or their family member had received. The registered manager told us that they had not received any complaints in the last twelve months.

# Is the service well-led?

## Our findings

The home had a registered manager who was supported by care staff and the provider. We saw that people who lived at the home and staff interacted well with the registered manager. People, we spoke with had positive comments to make about the registered staff and manager. One person told us that, "I mainly talk to [registered manager] she's an angel."

Staff told us that the culture in the home was 'open' and that the registered manager was approachable and supportive. One staff member said that the registered manager was, "The best manager I've ever had." Another staff member told us that, "The manager is brilliant."

Records showed that people could attend residents meetings to discuss and update what was going on with the service. These meetings discussed what activities people would like to do, food menus and people's comments. Minutes from these meetings showed that people's feedback was positive overall, with a suggestion for more entertainment which was discussed at the meeting.

People, their relatives and professional stakeholders were given the opportunity to feedback on the quality of the service provided. We saw that this information was used to improve the quality of service where possible. Surveys for people were in an easy read/pictorial format to ensure that the majority of people could give their opinion on the

quality of the service. Feedback which had been received showed positive comments about the quality of the service provided. The provider took note of suggestions raised by this feedback which included comments that the interior of the home needed updating and a facelift. The registered manager talked us through their current plans to redecorate the home

Staff meeting records showed that staff meetings happened and that they were an open forum where staff could raise any topics of concern they wished to discuss. Meeting minutes demonstrated to us that staff were encouraged at the meeting to make any suggestions that they may have to improve the service.

The registered manager notified the CQC of incidents that occurred within the home that they were legally obliged to inform us about. This showed us that the registered manager had an understanding of the registered manager's role and what this entailed.

The registered manager said there was on-going quality monitoring process with actions taken on any improvements needed. Monitoring included; medicine administration records, cleanliness of the home and people's rooms and people's care and support plans. However, these checks were not always formally documented and did not always have an action plan in place to provide robust written evidence of any actions taken.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.</p> <p>How the regulation was not being met:</p> <p>Recruitment checks on new staff were not robust enough to determine that they were of good character and suitable to work with people who used the service, as appropriate checks were not in place. Regulation 19 (1) (a) (2).</p>